



Procurement Review Comprehensive Checklist
Procurement Services Division
This form must accompany all Purchase Order Requisitions

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 24-2634	RFP, BID, QUOTE OR RENEWAL #: 22-112-FM	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$131,061.70
COMMITTEE: PUBLIC WORKS	TARGET COMMITTEE DATE: 10/15/2024	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$479,835.94
	CURRENT TERM TOTAL COST: \$112,688.36	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: SECOND RENEWAL
Vendor Information		Department Information	
VENDOR: Valdes Supply	VENDOR #: 36338	DEPT: Facilities Management	DEPT CONTACT NAME: Angela Bolton
VENDOR CONTACT: Shahir Ahmed	VENDOR CONTACT PHONE: 847-657-6000	DEPT CONTACT PHONE #: 630-407-5705	DEPT CONTACT EMAIL: angela.bolton@dupagecounty.gov
VENDOR CONTACT EMAIL: shahir.ahmed@valdessupply.com	VENDOR WEBSITE:	DEPT REQ #:	
Overview			
DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Recommendation for the approval of a contract to Valdes Supply, to furnish and deliver restroom tissue and paper towels to the Judicial Office Facility, JTK Administration Building and the Jail on a monthly basis, and as needed for the Power Plant, Children's Center, Office of Emergency Management, and the Coroner's Office, for Facilities Management, for the period December 01, 2024 through November 30, 2025, for a total contract amount not to exceed \$112,688.36, per renewal option under bid award #22-112-FM, second of three options to renew.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Restroom tissue and paper towels are necessary for the operation of campus facilities restrooms.			

SECTION 2: DECISION MEMO REQUIREMENTS

DECISION MEMO NOT REQUIRED	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is not required.
RENEWAL	
DECISION MEMO REQUIRED	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.

SECTION 3: DECISION MEMO

SOURCE SELECTION	Describe method used to select source.
RECOMMENDATION AND TWO ALTERNATIVES	Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including status quo, (i.e., take no action).

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

JUSTIFICATION	Select an item from the following dropdown menu to justify why this is a sole source procurement.
NECESSITY AND UNIQUE FEATURES	Describe the product or services that are not available from other vendors. Explain necessary and unique features or services. Attach letters from manufacturer, letters from distributor, warranties, licenses, or patents as needed. Be specific.
MARKET TESTING	List and describe the last time the market has been tested on the applicability of the sole source. If it has not been tested over the last 12 months, explain why not.
AVAILABILITY	Describe steps taken to verify that these features are not available elsewhere. Included a detailed list of all products or services by brand/manufacturer examined and include names, phone numbers, and emails of people contacted.

SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: Valdes Supply	Vendor#: 36338	Dept: Facilities Management	Division:
Attn: Shahir Ahmed	Email: shahir.ahmed@valdessupply.com	Attn:	Email: FMAccountsPayable@dupagecounty.gov
Address: 667 Chaddick Drive	City: Wheeling	Address: 421 N. County Farm Road	City: Wheaton
State: IL	Zip: 60090	State: IL	Zip: 60187
Phone: 847-657-6000	Fax: 8547-235-6869	Phone: 630-407-5700	Fax: 630-407-5701
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Valdes Supply	Vendor#: 36338	Dept: Facilities Management	Division:
Attn:	Email:	Attn:	Email:
Address: 667 Chaddick Drive	City: Wheeling	Address: various locations	City: Wheaton
State: IL	Zip: 60090	State: IL	Zip: 60187
Phone:	Fax:	Phone: 630-407-5700	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Dec 1, 2024	Contract End Date (PO25): Nov 30, 2025

Purchase Requisition Line Details											
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	LO		Restroom Tissue / Paper Towels	FY25	1000	1100	52280		112,688.36	112,688.36
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 112,688.36

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Furnish and deliver restroom tissue and paper towels as needed, for County facilities, for Facilities Management.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. Send PO to Vendor, Mary Ventrella, Cathie Figlewski, and Clara Gomez.
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO. Public Works Committee: 10/15/24 County Board: 10/22/24
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.