



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

**SECTION 1: DESCRIPTION**

<i>General Tracking</i>		<i>Contract Terms</i>	
FILE ID#:	RFP, BID, QUOTE OR RENEWAL #: 23-077-TRES	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$172,920.00
COMMITTEE: FINANCE	TARGET COMMITTEE DATE: 07/18/2023	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$691,680.00
	CURRENT TERM TOTAL COST: \$172,920.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: TITAN IMAGE GROUP	VENDOR #: 11753	DEPT: SUPERVISOR OF ASSESSMENTS	DEPT CONTACT NAME: HELEN KRENGEL
VENDOR CONTACT: JEFF KREY	VENDOR CONTACT PHONE: (630)679-0400	DEPT CONTACT PHONE #: (630)407-5083	DEPT CONTACT EMAIL: Helen.Krengel@dupageco.org
VENDOR CONTACT EMAIL: JEFF@TITANIMAGE.COM	VENDOR WEBSITE:	DEPT REQ #:	
<i>Overview</i>			
DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Procurement of assessment mailers to DuPage County taxpayers, per lowest responsible bid #23-077-TRES.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Per IL property tax code counties are required to send out notifications of asset value.			

**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. LOWEST RESPONSIBLE QUOTE/BID (QUOTE < \$25,000, BID ≥ \$25,000; ATTACH TABULATION)
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**

STRATEGIC IMPACT	Select an item from the following dropdown menu of County's strategic priorities that this action will most impact.
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

<b>JUSTIFICATION</b>	Select an item from the following dropdown menu to justify why this is a sole source procurement.
<b>NECESSITY AND UNIQUE FEATURES</b>	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.
<b>MARKET TESTING</b>	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.
<b>AVAILABILITY</b>	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: TITAN IMAGE GROUP	Vendor#: 11753	Dept: SUPERVISOR OF ASSESSMENTS	Division:
Attn:	Email: JEFF@TITANIMAGE.COM	Attn:	Email: Helen.Krengel@dupageco.org
Address: 305 W BRIARCLIFF DR SUITE 105	City: BOLINGBROOK	Address: 421 N COUNTY FARM RD	City: WHEATON
State: IL	Zip: 60440	State: IL	Zip: 60187
Phone: (630)679-0400	Fax:	Phone: (630)407-5083	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: TITAN IMAGE GROUP	Vendor#: 11753	Dept: SUPERVISOR OF ASSESSMENTS	Division:
Attn:	Email: JEFF@TITANIMAGE.COM	Attn:	Email: Helen.Krengel@dupageco.org
Address: 305 W BRIARCLIFF DR SUITE 105	City: BOLINGBROOK	Address: 421 N COUNTY FARM RD	City: WHEATON
State: IL	Zip: 60440	State: IL	Zip: 60187
Phone: (630)679-0400	Fax:	Phone: (630)407-5083	Fax:
<b>Shipping</b>		<b>Contract Dates</b>	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Jul 18, 2023	Contract End Date (PO25): Jul 17, 2024
Contract Administrator (PO25):			

**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	EA		Mailing Services	FY23	1000	1800	53830		65,670.00	65,670.00
2	1	EA		Postage	FY23	1000	1800	53804		107,250.00	107,250.00
<b><i>FY is required, assure the correct FY is selected.</i></b>										Requisition Total	\$ 172,920.00

<i>Comments</i>	
HEADER COMMENTS	Provide comments for P020 and P025.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.

The following documents have been attached:  W-9  Vendor Ethics Disclosure Statement