



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#:<br>26-0129  | RFP, BID, QUOTE OR RENEWAL #:           | INITIAL TERM WITH RENEWALS:<br>OTHER      | INITIAL TERM TOTAL COST:<br>\$36,579.85               |
| COMMITTEE:<br>HUMAN SERVICES  | TARGET COMMITTEE DATE:<br>01/06/2026    | PROMPT FOR RENEWAL:<br>3 MONTHS           | CONTRACT TOTAL COST WITH ALL RENEWALS:<br>\$36,579.85 |
|   | CURRENT TERM TOTAL COST:<br>\$36,579.85 | MAX LENGTH WITH ALL RENEWALS:<br>ONE YEAR | CURRENT TERM PERIOD:                                  |
| <i>Vendor Information</i>   |   | <i>Department Information</i>             |   |
| VENDOR:<br>Medline Industries, Inc.   | VENDOR #:<br>10299                      | DEPT:<br>DuPage Care Center               | DEPT CONTACT NAME:<br>Vinit Patel                     |
| VENDOR CONTACT:<br>Brian Guth   | VENDOR CONTACT PHONE:<br>800-633-5463   | DEPT CONTACT PHONE #:<br>630-784-4273     | DEPT CONTACT EMAIL:<br>vinit.patel@dupagecounty.gov   |
| VENDOR CONTACT EMAIL:<br>bguth@medline.com  | VENDOR WEBSITE:                         | DEPT REQ #:<br>7554                       |   |
| <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.).<br>Furnish and deliver chaise mobile recliners for the DuPage Care Center, for the period January 14, 2026 through January 13, 2027, for a contract total not to exceed \$36,579.85, contract pursuant to the Intergovernmental Cooperation Act OMNIA Partners Cooperative Contract #2021003157. |   |   |   |
| JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished<br>Replacement chaise mobile recliners for the DuPage Care Center, as needed.  |   |   |   |

### 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.  |
| DECISION MEMO REQUIRED     | Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.<br>COOPERATIVE (DPC2-352), GOVERNMENT JOINT PURCHASING ACT (30ILCS525) OR GSA SCHEDULE PRICING |

### SECTION 3: DECISION MEMO

|                                     |   |
|-------------------------------------|---|
| SOURCE SELECTION                    | Describe method used to select source.<br>Quality of Life   |
| 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).<br>1) Approve contract to furnish and deliver chaise mobile recliners, for the DuPage Care Center, for the period January 14, 2026 through January 13, 2027, for a contract total not to exceed \$36,579.85, contract pursuant to the Intergovernmental Cooperation Act OMNIA Partners Cooperative Contract #2021003157.<br>2) Do not approve contract to furnish and deliver chaise mobile recliners, for the DuPage Care Center, for the period January 14, 2026 through January 13, 2027, for a contract total not to exceed \$36,579.85, contract pursuant to the Intergovernmental Cooperation Act OMNIA Partners Cooperative Contract #2021003157, however, replacement chaise mobile recliners will need to be purchased to continue with safe and effective quality of care for the residents. |

## 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:<br>Medline Industries, Inc. | Vendor#:<br>10299             | Dept:<br>DuPage Care Center                     | Division:<br>Laundry                          |
| Attn:<br>Brian Guth                 | Email:<br>bguth@medline.com   | Attn:<br>Vinit Pate                             | Email:<br>vinit.patel@dupagecounty.gov        |
| Address:<br>Three Lakes Drive       | City:<br>Northfield           | Address:<br>400 N. County Farm Road             | City:<br>Wheaton                              |
| State:<br>Illinois                  | Zip:<br>60093                 | State:<br>Illinois                              | Zip:<br>60187                                 |
| Phone:<br>800-633-5463              | Fax:                          | Phone:<br>630-784-4273                          | Fax:  |
| <i>Send Payments To:</i>            |                               | <i>Ship to:</i>                                 |   |
| Vendor:<br>Medline Industries, Inc. | Vendor#:<br>10299             | Dept:<br>DuPage Care Center                     | Division:<br>Laundry                          |
| Attn:<br>Customer Services          | Email:<br>service@medline.com | Attn:<br>Vinit Patel                            | Email:<br>vinit.patel@dupagecounty.gov        |
| Address:<br>Dept CH 14400           | City:<br>Palatine             | Address:<br>400 N. County Farm Road             | City:<br>Wheaton                              |
| State:<br>Illinois                  | Zip:<br>60055-4400            | State:<br>Illinois                              | Zip:<br>60187                                 |
| Phone:<br>800-633-5463              | Fax:                          | Phone:<br>630-784-4273                          | Fax:  |
| Shipping                            |                               | Contract Dates                                  |   |
| Payment Terms:<br>PER 50 ILCS 505/1 | FOB:<br>Destination           | Contract Start Date (PO25):<br>January 14, 2026 | Contract End Date (PO25):<br>January 13, 2027 |

| Purchase Requisition Line Details                                |     |     |                            |   |      |         |      |           |                             |                   |              |
|--|-----|-----|----------------------------|---|------|---------|------|-----------|-----------------------------|-------------------|--------------|
| LN   | Qty | UOM | Item Detail<br>(Product #) | Description   | FY   | Company | AU   | Acct Code | Sub-Accts/<br>Activity Code | Unit Price        | Extension    |
| 1  | 1   | EA  |                            | Durable 650 Series Chaise<br>Mobile Recliners, grade 5 (12) | FY26 | 1200    | 2075 | 54110     |                             | 36,579.85         | 36,579.85    |
| <b><i>FY is required, ensure the correct FY is selected.</i></b> |     |     |                            |   |      |         |      |           |                             | Requisition Total | \$ 36,579.85 |

| Comments             |  |
|----------------------|--|
| HEADER COMMENTS      | Provide comments for P020 and P025.<br>Furnish and deliver chaise mobile recliners for the DuPage Care Center, for the period January 14, 2026 through January 13, 2027, for a contract total not to exceed \$36,579.85, contract pursuant to the Intergovernmental Cooperation Act OMNIA Partners Cooperative Contract #2021003157. |
| SPECIAL INSTRUCTIONS | Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.<br>January 6, 2026 HS Committee January 13, 2026 County Board  |
| 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.   |