



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 #: 25-112-CS	INITIAL TERM WITH RENEWALS:	INITIAL TERM TOTAL COST: \$53,800.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 02-03-2026	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$53,800.00
	CURRENT TERM TOTAL COST: \$53,800.00	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: C4 Innovations, LLC	VENDOR #:	DEPT: Community Services	DEPT CONTACT NAME: Lisa Snipes
VENDOR CONTACT: Rachel Ehly	VENDOR CONTACT PHONE: (781)247-1741	DEPT CONTACT PHONE #: 630-407-64136	DEPT CONTACT EMAIL: Lisa.Snipes@dupagecounty.gov
VENDOR CONTACT EMAIL: Rehly@c4innovates.com	VENDOR WEBSITE: https://c4innovates.com/	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.). Vendor will conduct an evaluation, solicit feedback from stakeholders, and provide recommendations to improve the DuPage County Continuum of Care Coordinated Entry System (CES) which connects people experiencing homelessness to housing programs using clear prioritization criteria, while also honoring client choice and ensuring providers assist each household in securing housing, per RFP #25-112-CS.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished This outside evaluation is both required and funded by the granting agency			

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 RFP (REQUEST FOR PROPOSAL)	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. Request for Proposal # 25-112-CS
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). <ol style="list-style-type: none"> 1. Award. C4 Innovations LLC is qualified to deliver the required service. 2. Do nothing. This action would not utilize the grant nor meet the requirements of an external evaluation. 3. Award a different vendor through another RFP process. This action would use staff time and effort and risk timely use of the grant.

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: C4 Innovations. LLC	Vendor#:	Dept: Community Services	Division: CoC Planning
Attn: Rachel Ehly	Email: mailto:rehly@c4innovates.com	Attn: Joan Fox, Administrator	Email: joan.fox@dupagecounty.gov
Address: 405 Waltham Street #231	City: Lexington	Address: 421 N County Farm Road	City: Wheaton
State: MA	Zip: 02421	State: IL	Zip: 60187
Phone: (781) 247-1741 or (617)467-6014	Fax:	Phone: 630-407-6426	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: C4 Innovations, LLC	Vendor#:	Dept:	Division:
Attn: Same	Email:	Attn:	Email:
Address:	City:	Address:	City:
State:	Zip:	State:	Zip:
Phone:	Fax:	Phone:	Fax:
<i>Shipping</i>		<i>Contract Dates</i>	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): 03/1/2026	Contract End Date (PO25): 03/01/2027

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		Professional Services		5000	1510	53090		53,800.00	53,800.00
FY is required, ensure the correct FY is selected.										Requisition Total	\$ 53,800.00

Comments	
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.