



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#: 26-1862	RFP, BID, QUOTE OR RENEWAL #: quote	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$65,566.47
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 07/07/2026	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$65,566.47
	CURRENT TERM TOTAL COST: \$65,566.47	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: EZ Way, Inc.	VENDOR #: 51632	DEPT: DuPage Care Center	DEPT CONTACT NAME: Nursing
VENDOR CONTACT: Caryn Stull	VENDOR CONTACT PHONE: 712-542-1841	DEPT CONTACT PHONE #: 630-784-4254	DEPT CONTACT EMAIL: Connie.Pureza@dupagecounty.gov
VENDOR CONTACT EMAIL: cstull@ezwaylifts.com	VENDOR WEBSITE:	DEPT REQ #: 7587	
<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.). Replacement Lifts with stands and Smart stands with scales, batteries, slings and harnesses for the DuPage Care Center, for the period July 15, 2026 through November 30, 2026, for a contract total not to exceed \$65,566.47, per Sole Source (Sole Source - sole provider of items that are compatible with our existing equipment)			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished The DuPage Care Center owns the patient lifters that are utilized on a daily basis to provide resident care. These will be replacement, as parts are now obsolete for repairs.			

**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. SOLE SOURCE PER DUPAGE ORDINANCE, SECTION 2-350 (MUST FILL OUT SECTION 4)
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

<b>JUSTIFICATION</b>	Select an item from the following dropdown menu to justify why this is a sole source procurement. SOLE PROVIDER OF ITEMS THAT ARE COMPATIBLE WITH EXISTING EQUIPMENT, INVENTORY, SYSTEMS, PROGRAMS OR SE
<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.  Service parts are unique to the EZ Way brand of patient lifters and stands that are owned by DuPage Care Center
<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.  N/A
<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.  N/A

## SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: EZ Way, Inc.	Vendor#: 11607	Dept: DuPage Care Center	Division: Nursing Department
Attn: Caryn Stull	Email: cstull@ezwaylifts.com	Attn: Connie Pureza	Email: connie.pureza@dupagecounty.gov
Address: 807 E Main, PO Box 89	City: Clarinda	Address: 400 N. County Farm Road	City: Wheaton
State: Iowa	Zip: 51632	State: IL	Zip: 60187
Phone: 712-542-1841	Fax:	Phone: 630-784-4254	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: EZ Way, Inc.	Vendor#: 11607	Dept: DuPage Care Center	Division: Nursing Department
Attn: Caryn Stull	Email: cstull@ezwaylifts.com	Attn: Annabel.Leonida	Email: Annabel.Leonida@dupagecounty.gov
Address: 807 E Main, PO Box 89	City: Clarinda	Address: 400 N. County Farm Road	City: Wheaton
State: Iowa	Zip: 51632	State: IL	Zip: 60187
Phone: 712-542-1841	Fax:	Phone: 630-784-4250	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): July 15, 2026	Contract End Date (PO25): November 30, 2026

**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		Replacement Lifts with stands and Smart stands with scales, batteries, slings and harnesses	FY26	1200	2050	54110		65,566.47	65,566.47
<b><i>FY is required, ensure the correct FY is selected.</i></b>										Requisition Total	\$ 65,566.47

<i>Comments</i>	
HEADER COMMENTS	Provide comments for P020 and P025. Replacement Lifts with stands and Smart stands with scales, batteries, slings and harnesses for the DuPage Care Center, for the period July 15, 2026 through November 30, 2026, for a contract total not to exceed \$65,566.47, per Sole Source (Sole Source - sole provider of items that are compatible with our existing equipment)
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. July 7, 2026 Human Services Committee July 14, 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.