



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

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 23-2029	RFP, BID, QUOTE OR RENEWAL #: 23-045-HR	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$29,992.00
COMMITTEE: FINANCE	TARGET COMMITTEE DATE: 06/13/2023	PROMPT FOR RENEWAL: 6 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$119,968.00
	CURRENT TERM TOTAL COST: \$29,992.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		Department Information	
VENDOR: Physicians Immediate Care Chicago, PLLC	VENDOR #: 32407	DEPT: Human Resources	DEPT CONTACT NAME: MarGaret Mason-Ewing
VENDOR CONTACT: Demetri Dongas	VENDOR CONTACT PHONE: 815-222-1697	DEPT CONTACT PHONE #: 630-407-6300	DEPT CONTACT EMAIL: MarGaret.Mason-Ewing@dupageco.org
VENDOR CONTACT EMAIL: demetri.dongas@wellnow.com	VENDOR WEBSITE: visitphysicians.com	DEPT REQ #: N/A	
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.). Pre-employment drug screens, functional job screens, and TB tests for applicants, random drug and alcohol screens and TB tests for current employees. Requesting an estimate of \$29,992.00 to accommodate cost for applicants and current employees. Amount requested based on annual activity. This will be an initial contact with three (3) 1-year options to renew.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Drug screens, alcohol screens, and TB tests are a necessary part of the hiring process. Conducting these screens prevents negligent hiring and potential dangers in the workplace.			

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	
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			
Send Purchase Order To:		Send Invoices To:	
Vendor: Physicians Immediate Care Chicago, PLLC	Vendor#: 32407	Dept: Human Resources	Division: N/A
Attn: Demetri Dongas	Email: demetri.dongas@wellnow.com	Attn: Human Resources	Email: dpchumanresources@dupageco.org
Address: PO Box 8799	City: Carol Stream	Address: 421 N County Farm Rd	City: Wheaton
State: IL	Zip: 60197-8799	State: IL	Zip: 60187
Phone: 815-222-1697	Fax:	Phone: 630-407-6300	Fax: 630-407-6301
Send Payments To:		Ship to:	
Vendor: Physicians Immediate Care Chicago, PLLC	Vendor#: 32407	Dept: Human Resources	Division: N/A
Attn: Demetri Dongas	Email: demetri.dongas@wellnow.com	Attn: Human Resources	Email: dpchumanresources@dupageco.org
Address: PO Box 8799	City: Carol Stream	Address: 421 N County Farm Rd	City: Wheaton
State: IL	Zip: 60197-8799	State: IL	Zip: 6017
Phone: 855-631-4563	Fax:	Phone: 630-407-6300	Fax: 630-407-6301
Shipping		Contract Dates	
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): MarGaret Mason-Ewing			

Purchase Requisition Line Details

LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	8	EA	N/A	Drug Screen 5 Panel (Non-DOT)	FY23	1000	1120	53090	N/A	52.00	416.00
2	5	EA	N/A	Functional Job Screen	FY23	1000	1120	53090	N/A	94.00	470.00
3	17	EA	N/A	DOT Drug Screen	FY23	1000	1120	53090	N/A	67.00	1,139.00
4	50	EA	N/A	TB Test - T-Spot, Quantiferor Gold	FY23	1000	1120	53090	N/A	101.00	5,050.00
5	4	EA	N/A	Chest X-Ray - Two (2) Views PA & Lat	FY23	1000	1120	53090	N/A	97.00	388.00
6	15	EA	N/A	DOT Breath/Alcohol Screen	FY23	1000	1120	53090	N/A	41.00	615.00
7		EA									0.00
8	2	EA	N/A	Random Pool Drug Screen Prog Admin Fee (DOT/PW)	FY24	1000	1120	53090	N/A	440.00	880.00
9	13	EA	N/A	Drug Screen 5 Panel (Non-DOT)	FY24	1000	1120	53090	N/A	52.00	676.00
10	15	EA	N/A	Functional Job Screen	FY24	1000	1120	53090	N/A	94.00	1,410.00
11	8	EA	N/A	Qtrly On-Site Random Drug & Alcohol Screen Collections	FY24	1000	1120	53090	N/A	200.00	1,600.00
12	65	EA	N/A	DOT Drug Screen	FY24	1000	1120	53090	N/A	67.00	4,355.00
13	120	EA	N/A	TB Test - T-Spot, Quantiferor Gold	FY24	1000	1120	53090	N/A	101.00	12,120.00
14	9	EA	N/A	Chest X-Ray - Two (2) Views PA & Lat	FY24	1000	1120	53090	N/A	97.00	873.00
15		EA									0.00
16		EA									0.00
17		EA									0.00
18		EA									0.00
19		EA									0.00
20		EA									0.00
21		EA									0.00
22		EA									0.00
23		EA									0.00
24		EA									0.00
FY is required, assure the correct FY is selected.										Requisition Total \$	29,992.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. This contract service agreement is to provide pre-employment TB tests, chest x-rays, drug screens and functional job screens for applicants and random drug & alcohol screens, TB tests, and chest x-rays for current employees. This is an initial contract with three (3) 1-year optional renewals.
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