



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#: JPS-P-0017-24	RFP, BID, QUOTE OR RENEWAL #: 0227436881	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$47,819.00
COMMITTEE: JUDICIAL AND PUBLIC SAFETY	TARGET COMMITTEE DATE: 06/18/2024	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$47,819.00
	CURRENT TERM TOTAL COST: \$47,819.00	MAX LENGTH WITH ALL RENEWALS:	CURRENT TERM PERIOD:
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Insight Public Sector	VENDOR #: 10809	DEPT: Sheriff	DEPT CONTACT NAME: Commander John Putnam
VENDOR CONTACT: Bob Erwin	VENDOR CONTACT PHONE: 480-366-7058	DEPT CONTACT PHONE #: 630-407-2050	DEPT CONTACT EMAIL: john.putnam@dupagesheriff.org
VENDOR CONTACT EMAIL: bob.erwin@insight.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.). One time purchase of equipment necessary to implement electronic medical records for the Correctional Center. All items are on the OMNIA OMNIA PARTNERS (COBB COUNTY) IT PRODUCTS AND SERVICES(# 23-6692-03)			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished In order to utilize electronic medical records and use to its full capacity, staff will need rugged equipment capable of being utilized in a mobile format throughout the facility.			

**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.
COOPERATIVE (DPC2-352), GOVERNMENT JOINT PURCHASING ACT (30ILCS525) OR GSA SCHEDULE PRICING	

**SECTION 3: DECISION MEMO**

SOURCE SELECTION	Describe method used to select source. OMNIA PARTNERS IT PRODUCTS & SERVICES(# 23-6692-03).
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). Proceed with purchase or maintain status quo and discontinue EMR implementation

## 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: Insight Public Sector	Vendor#: 10809	Dept: Sheriff	Division: Budget support
Attn: Bob Erwin	Email: bob.erwin@insight.com	Attn: Colleen Zbilski	Email: collee.zbilski@dupagesheriff.org
Address: 2701 E insight way	City: Chandler	Address: 501 N County Farm RD	City: Wheaton
State: AZ	Zip: 85286-1930	State: IL	Zip: 60187
Phone: 480-366-7058	Fax:	Phone: 630-407-2122	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Insight Public Sector	Vendor#: 10809	Dept: Sheriff	Division: Corrections
Attn:	Email:	Attn: Commander John Putnam	Email: john.putnam@dupagesheriff.org
Address: 2701 E Insight Way	City: Chandler	Address: 501 N County Farm RD	City: Wheaton
State: AZ	Zip: 85286-1930	State: IL	Zip: 60187
Phone: 800-467-4448	Fax:	Phone: 630-407-2050	Fax:
<b>Shipping</b>		<b>Contract Dates</b>	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Jun 25, 2024	Contract End Date (PO25): Jun 24, 2025

**Purchase Requisition Line Details**

LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/Activity Code	Unit Price	Extension
1	15	EA	VSCPPJABDBA	Getac V110 Convertible tablet	FY24	1000	4410	52100		2,802.00	42,030.00
2	15	EA	GE-SVTBNFX4Y	Getac bumper to bumper +extended warranty-extended service agreement	FY24	1000	4410	53806		258.00	3,870.00
3	10	EA	GBM3X1	Getac notebook battery	FY24	1000	4410	52100		79.00	790.00
4	1	EA	GCECUC	Getac Multi bay charger	FY24	1000	4410	52100		1,129.00	1,129.00
<b><i>FY is required, ensure the correct FY is selected.</i></b>										Requisition Total	\$ 47,819.00

<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.