

Procurement Review Comprehensive Checklist Procurement Services Division

This form must accompany all Purchase Order Requisitions

SECTION 1: DESCRIPTION						
General Tracking		Contract Terms	Contract Terms			
FILE ID#: 25-2580	RFP, BID, QUOTE OR RENEWAL #: Quote #26707298	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$155,994.59			
COMMITTEE: TECHNOLOGY	TARGET COMMITTEE DATE:	PROMPT FOR RENEWAL: 6 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS:			
	CURRENT TERM TOTAL COST:	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	\$155,994.59 CURRENT TERM PERIOD:			
\$155,994.59 Vendor Information		Department Information				
VENDOR: SHI International Corp.	VENDOR #: 14389	DEPT: Information Technology	DEPT CONTACT NAME: Joe Hamlin			
VENDOR CONTACT: Precilla Lin	VENDOR CONTACT PHONE: 732-564-8143	DEPT CONTACT PHONE #: 630-407-5063	DEPT CONTACT EMAIL: Joe.Hamlin@dupagecounty.gov			
VENDOR CONTACT EMAIL: Precilla_Lin@shi.com	VENDOR WEBSITE: www.shi.com	DEPT REQ #:				

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.). Adobe licensing being purchased from SHI via Sourcewell Contract #121923-SHI pricing for \$155,994.59

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Many departments in the county utilize adobe applications such as Adobe Acrobat to create, review, and sign PDFs. This procurement includes that software, as well as other Adobe applications.

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 COOPERATIVE (DPC2-352), GOVER	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required. NMENT JOINT PURCHASING ACT (30ILCS525) OR GSA SCHEDULE PRICING			

	SECTION 3: DECISION MEMO			
SOURCE SELECTION Describe method used to select source.				
	SHI International Corp. via Sourcewell Contract #121923-SHI			
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). 1. Take no action and the county cannot operate. 2. Purchase the licenses and keep our users operating with PDF files.			

	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: Purch	ase Requisition Informat	ion			
Send	Purchase Order To:	Send	Send Invoices To:			
Vendor: SHI International Corp.	Vendor#: 14389	Dept: Information Technology	Division:			
Attn: Precilla Lin	Email: Precilla_lin@shi.com	Attn: Sarah Godzicki	Email: ITAP@dupagecounty.gov			
Address: 290 Davidson Ave	City: Somerset	Address: 421 N. County Farm Road	City: Wheaton			
State: NJ	Zip: 08873	State:	Zip: 60187			
Phone: 732-564-8143	Fax:	Phone: 630-407-5037	Fax: 630-407-5001			
Send Payments To:		Ship to:				
Vendor: SHI International Corp.	Vendor#: 14389	Dept: Information Technology	Division:			
Attn:	Email:	Attn: Joe Hamlin	Email: Joe.Hamlin@dupagecounty.gov			
Address: P.O. Box 952121	City: Dallas	Address: 421 N. County Farm Road	City: Wheaton			
State: TX	Zip: 75395-2121	State:	Zip: 60187			
Phone: Fax:		Phone: 630-407-5000	Fax: 630-407-5001			
Shipping		Contract Dates				
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): 12/10/2025				

					Purcha:	se Requisi	tion Lin	e Details			
LN	Qty	UOM	ltem Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA	65318659	Adobe Sign for Enterprise Subscription - Each Subscription (# Specified Below) - 12 Months **Inclusive of Up To 5,000 Transactions (Subscription Limit)**	FY26	1000	1110	53807		12,242.27	12,242.27
2	515	EA	65286686	Adobe Acrobat Pro Enterprise Term License - Per User - 12 Months	FY26	1000	1110	53807		123.71	63,710.65
3	53	EA	65330520	Adobe Creative Cloud (All Apps) Pro with Adobe Firefly Enterprise Term License - Per User - 12 Months	FY26	1000	1110	53807		1,061.86	56,278.58
4	10	EA	65330514	Adobe Creative Cloud Single App Pro with Adobe Firefly Enterprise Term License - Per User - 12 Months	FY26	1000	1110	53807		469.07	4,690.70
5	1	EA	65315954	Adobe Sign for Enterprise Subscription - Professional Services	FY26	1000	1110	53807		5,154.64	5,154.64
6	75	EA	65286686	Acrobat Pro (Additional Licenses)	FY26	1000	1110	53807		123.71	9,278.25
7	75	EA	65286686	Acrobat Pro True Up (6 Months Prorated)	FY26	1000	1110	53807		61.86	4,639.50
FY is required, ensure the correct FY is selected. Requisition Total \$						155,994.59					

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. Please send PO to Sarah Godzicki & Joe Hamlin and copy both when emailing PO to vendor.		
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.		