



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

### SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 23-1304	RFP, BID, QUOTE OR RENEWAL #: 21-006-CARE	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$900,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 04/04/2023	PROMPT FOR RENEWAL: 6 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$1,740,000.00
	CURRENT TERM TOTAL COST: \$120,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: SECOND RENEWAL
Vendor Information		Department Information	
VENDOR: Maxim Healthcare Services, Inc.	VENDOR #: 13962	DEPT: DuPage Care Center	DEPT CONTACT NAME: Annabel Leonida
VENDOR CONTACT: Jeff Pieroni	VENDOR CONTACT PHONE: 630-551-6411	DEPT CONTACT PHONE #: 630-784-4250	DEPT CONTACT EMAIL: annabel.leonida@dupageco.org
VENDOR CONTACT EMAIL: jepieroni@maximhealth.com	VENDOR WEBSITE:	DEPT REQ #: 7378	
<b>Overview</b>			
DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Supplemental Nursing Staffing Services for the DuPage Care Center, for the period April 13, 2023 through April 12, 2024, for a total contract amount not to exceed \$120,000.00, per RFP #21-006-CARE, second of three one-year optional renewals. NOTE: This contract is partially funded by ARPA Funding.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished RN's, LPN's and CNA's are vital front line positions in the operation of the DuPage Care Center. Staffing levels have been established based on resident census and acuity, workload, and regulatory guidelines. Staffing is utilized to maintain staffing levels in light of attrition (i.e. vacancies), scheduled time off, unscheduled time off (i.e. call-ins), medical leaves and Covid-19 assistance. In order to ensure that DPCC is able to meet the prescribed staffing plan regardless of these issues, secondary staffing contracts will allow for adequate staffing when the existing pool of qualified DPCC staff is not available.			

### 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.
RENEWAL	
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

<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: Maxim Healthcare Services, Inc.	Vendor#: 13962	Dept: DuPage Care Center	Division: Nursing
Attn: Jennifer Heymann	Email: jeheyman@maximhealth.com	Attn: Connie Pureza	Email: connie.pureza@dupageco.org
Address: 7227 Lee Deforest Drive	City: Columbia	Address: 400 N. County Farm Road	City: Wheaton
State: MD	Zip: 21046	State: IL	Zip: 60187
Phone: 312-577-7522	Fax:	Phone:	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Maxim Healthcare Services, Inc.	Vendor#: 13962	Dept: DuPage Care Center	Division: Nursing
Attn:	Email:	Attn: Annabel Leonida	Email: annabel.leonida@dupageco.org
Address: 12558 Collections Center Drive	City: Chicago	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60693	State: IL	Zip: 60187
Phone: 410-910-1500	Fax:	Phone: 630-784-4250	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): April 13, 2023	Contract End Date (PO25): April 12, 2024
Contract Administrator (PO25): Christine Kliebhan			

**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		Supplemental Nursing Staffing	FY23	1200	2050	53090		60,000.00	60,000.00
2	1	EA		Supplemental Nursing Staffing (ARPA)	FY23	1100	1215	53090	covid-19-DCC	15,000.00	15,000.00
3	1	EA		Supplemental Nursing Staffing	FY24	1200	2050	53090		35,000.00	35,000.00
4	1	EA		Supplemental Nursing Staffing (ARPA)		1100	1215	53090	covid-19-DCC	10,000.00	10,000.00
<b>FY is required, assure the correct FY is selected.</b>										Requisition Total	\$ 120,000.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Supplemental Nursing Staffing Services for the DuPage Care Center, for the period April 13, 2023 through April 12, 2024, for a total contract amount not to exceed \$120,000.00, per RFP #21-006-CARE, second of three one-year optional renewals. NOTE: This contract is partially funded by ARPA Funding.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. 04/04/23 Human Services Committee 04/11/23 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.

The following documents have been attached:    ☐ W-9    ☒ Vendor Ethics Disclosure Statement