



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#: 23-2583	RFP, BID, QUOTE OR RENEWAL #: 23-084-FM	INITIAL TERM WITH RENEWALS: 2 YRS + 1 X 2 YR TERM PERIOD	INITIAL TERM TOTAL COST: \$70,000.00
COMMITTEE: PUBLIC WORKS	TARGET COMMITTEE DATE: 08/15/2023	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$140,000.00
	CURRENT TERM TOTAL COST: \$70,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Arlington Glass & Mirror Co.	VENDOR #: 19952	DEPT: Facilities Management	DEPT CONTACT NAME: Mary Ventrella
VENDOR CONTACT: Dan Foxgrover	VENDOR CONTACT PHONE: 773-283-0737	DEPT CONTACT PHONE #: 630-407-5705	DEPT CONTACT EMAIL: mary.ventrella@dupageco.org
VENDOR CONTACT EMAIL: dfoxgrover@arlingtonglass.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.). Recommendation for the approval of a contract to Arlington Glass & Mirror Co., for on-call window glazing, repair, replacement, window adjustment, and board up services, as needed, for County facilities, for Facilities Management, for the two-year period October 1, 2023 through September 30, 2025, for a contract total amount not to exceed \$70,000, per lowest responsible bid #23-084-FM.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished County facilities' windows, frames and doors routinely require glazing, repairs and adjustments and replacement due to breakage, settlement and window age to maintain a tight fit and prevent leakage. Board up services are also necessary in the event of door or window breakage to secure facilities.			

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

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: Arlington Glass & Mirror Co.	Vendor#: 19952	Dept: Facilities Management	Division:
Attn: Dan Foxgrover	Email: dfoxgrover@arlingtonglass.com	Attn:	Email: FMAccountsPayable@dupageco.org
Address: 4547 N Milwaukee Avenue	City: Chicago	Address: 421 N. County Farm Road	City: Wheaton
State: IL	Zip: 60630	State: IL	Zip: 60187
Phone: 773-283-0737	Fax:	Phone: 630-407-5700	Fax: 630-407-5701
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Arlington Glass & Mirror Co.	Vendor#: 19952	Dept: Facilities Management	Division:
Attn: Accounting	Email: accounting@arlingtonglass.com	Attn:	Email:
Address: 4547 N Milwaukee Avenue	City: Chicago	Address: various locations	City: Wheaton
State: IL	Zip: 60630	State: IL	Zip: 60187
Phone:	Fax:	Phone:	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Oct 1, 2023	Contract End Date (PO25): Sep 30, 2025
Contract Administrator (PO25): Mary Ventrella			

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	LO		Labor & Material	FY23	1000	1100	53300		1.00	1.00
2	1	LO		Building Maintenance Supplies	FY23	1000	1100	52270		1.00	1.00
3	1	LO		Labor & Material	FY24	1000	1100	53300		29,999.00	29,999.00
4	1	LO		Building Maintenance Supplies	FY24	1000	1100	52270		4,999.00	4,999.00
5	1	LO		Labor & Material	FY25	1000	1100	53300		30,000.00	30,000.00
6	1	LO		Building Maintenance Supplies	FY25	1000	1100	52270		5,000.00	5,000.00
<i>FY is required, assure the correct FY is selected.</i>										Requisition Total	\$ 70,000.00

<i>Comments</i>	
HEADER COMMENTS	Provide comments for P020 and P025. Provide on-call window glazing, repair, replacement, window adjustments & board up services, as needed, for County Facilities
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. Send PO to Vendor, Mary Ventrella, Cathie Figlewski, & Clara Gomez.
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO. Public Works Committee: 08/15/23 County Board: 08/22/23
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