



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

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 23-3680	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS: 4 YRS + 0 TERM PERIOD	INITIAL TERM TOTAL COST: \$35,859.36
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 11/21/2023	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$35,859.36
	CURRENT TERM TOTAL COST: \$35,859.36	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		Department Information	
VENDOR: Accelerated Care Plus Leasing	VENDOR #: 31832	DEPT: DuPage Care Center	DEPT CONTACT NAME: Karen Cerny
VENDOR CONTACT: Danielle Alexander	VENDOR CONTACT PHONE: 313-384-4772	DEPT CONTACT PHONE #: 630-784-4402	DEPT CONTACT EMAIL: karen.cerny@dupagecounty.gov
VENDOR CONTACT EMAIL: dalexander@hangr.com	VENDOR WEBSITE: acplus.com	DEPT REQ #: 7425	
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.). Leasing of Physical Therapy Equipment for the period January 1, 2024 through December 31, 2027, per sole source per DuPage Ordinance, section 2-350.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished This equipment is an advanced therapeutic exercise systems, to assist patients/residents who struggle to participated in therapeutic exercise due to strength, coordination or neurological, orthopedic, or cardiopulmonary challenges. All of this equipment has been successful over the last 4 years and will continue to improve patient/resident's outcomes efficiently and effectively.			

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.
SOLE SOURCE PER DUPAGE ORDINANCE, SECTION 2-350 (MUST FILL OUT SECTION 4)	
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. SOLE PROVIDER OF A LICENSED OR PATENTED GOOD OR SERVICE
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. OmniVersa Electrotherapy System, OmniVersa Cart, Clinical Services subscription Visits and Omnicycle Elite Cycle
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. 2019 with bid #19-151-CARE
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. This was bid in 2019 with bid #19-151-CARE and Direct Supply does not have the same service and warranty as ACP provides, which makes them sole source.

SECTION 5: Purchase Requisition Information			
<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: Accelerated Care Plus Leasing (ACP)	Vendor#: 31832	Dept: DuPage Care Center	Division: Physical Therapy
Attn: Danielle Alexander	Email: dalexander@hanger.com	Attn: Karen Cerny	Email: karen.cerny@dupagecounty.gov
Address: 4999 Aircenter Circle	City: Reno	Address: 400 N. County Farm Road	City: Wheaton
State: NV	Zip: 83502	State: IL	Zip: 60187
Phone: 313-384-4772	Fax:	Phone: 630-784-4402	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Accelerated Care Plus Leasing (ACP)	Vendor#: 31832	Dept: DuPage Care Center	Division: Physical Therapy
Attn: Danielle Alexander	Email: dalexander@hanger.com	Attn: Karen Cerny	Email: karen.cerny@dupagecounty.gov
Address: 4999 Aircenter Circle	City: Reno	Address: 400 N. County Farm Road	City: Wheaton
State: NV	Zip: 83502	State: IL	Zip: 60187
Phone: 313-384-4772	Fax:	Phone: 630-784-4402	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): January 1, 2024	Contract End Date (PO25): December 31, 2027
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		Lease program for Physical Therapy Equipment	FY24	1200	2060	53410		8,964.84	8,964.84
2	1	EA		Lease program for Physical Therapy Equipment	FY25	1200	2060	53410		8,964.84	8,964.84
3	1	EA		Lease program for Physical Therapy Equipment	FY26	1200	2060	53410		8,964.84	8,964.84
4	1	EA		Lease program for Physical Therapy Equipment	FY27	1200	2060	53410		8,964.84	8,964.84
<i>FY is required, assure the correct FY is selected.</i>										Requisition Total	\$ 35,859.36

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Leasing of Physical Therapy Equipment for the period January 1, 2024 through December 31, 2027, per sole source per DuPage Ordinance, section 2-350.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. November 21, 2023 HS Comm November 28, 2023 County Board
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO. \$747.07 per month
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