

	SECTION 1:	DESCRIPTION				
General Tracking		Contract Terms				
FILE ID#:	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS:	INITIAL TERM TOTAL COST:			
23-1503	23-026-SHF	1 YR + 3 X 1 YR TERM PERIODS	\$1,225,031.00			
COMMITTEE:	TARGET COMMITTEE DATE:	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS:			
JUDICIAL AND PUBLIC SAFETY		3 MONTHS	\$4,900,124.00			
	CURRENT TERM TOTAL COST:	MAX LENGTH WITH ALL RENEWALS:	CURRENT TERM PERIOD:			
	\$1,225,031.00	FOUR YEARS	INITIAL TERM			
Vendor Information		Department Information				
VENDOR: VENDOR #:		DEPT:	DEPT CONTACT NAME:			
Trinity Service Group		Sheriff	Commander John Putnam			
VENDOR CONTACT: VENDOR CONTACT PHONI		DEPT CONTACT PHONE #:	DEPT CONTACT EMAIL:			
Jacque Woosley 636.399.4406		630-407-2050	john.putnam@dupagesheriff.org			
VENDOR CONTACT EMAIL: jacque.woosley@trinityservicesgrou p.com	VENDOR WEBSITE: trinityservicesgroup.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.).

This contract purchase order covers inmate and officer meals for a period of one year. This is the initial terms of food service provider agreement bid #23-026-SHF. This is a not to exceed contract. Pricing per meal is \$1.79 with a canvassing amount population of 625 meals 3 times per day.

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished

The Sheriff's Office requirement to provide meal service to detainees in custody at the DuPage County Correctional Center

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 RFP (REQUEST FOR PROPOSAL)	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.  QUALITY OF LIFE				
SOURCE SELECTION	Describe method used to select source. RFP process				
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) Approve contract as is 2) Re-bid				

	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.

Send Pure	chase Order To:	Send Invoices To:					
Vendor:	Vendor#:	Dept:	Division:				
Trinity Services Group		Sheriff	Budget Support				
Attn:	Email:	Attn:	Email:				
lacque Woosley	jacque.woosley@trinityservicesgroup.com	Colleen Zbilski colleen.zbilski@dupago					
Address:	City:	Address:	City:				
1260 Andes Blvd	St Louis	501 N County Farm RD	Wheaton				
State:	Zip:	State:	Zip:				
MO	63132	IL	60187				
Phone:	Fax:	Phone: Fax:					
636.399.4406		630.407.2212					
Send F	Payments To:	Ship to:					
Vendor:	Vendor#:	Dept:	Division:				
Trinity Services Group, Inc.		Sheriff	Corrections				
Attn:	Email:	Attn:	Email:				
		Commander John Putnam	john.putnam@dupagesheriff.org				
Address: City:		Address:	City:				
2836 Collection Center Drive Chicago		501 N County Farm Rd	Wheaton				
State: Zip:		State:	Zip:				
L	60693	IL	60187				
Phone:	Fax:	Phone:	Fax:				
636.399.4406		630.407.2050					
Shipping		Contract Dates					
ayment Terms:	ment Terms: FOB: Co		Contract End Date (PO25):				
PER 50 ILCS 505/1 Destination		Jun 1, 2023 May 31, 2024					

	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		Food service for jail from 06/01/23 until 11/30/23	FY23	1000	4410	52210		612,515.50	612,515.50
2	1	EA		Food service for jail from 12/01/23 until 05/31/24	FY24	1000	4410	52210		612,515.50	612,515.50
FY is required, assure the correct FY is selected. Requisition Total \$					\$ 1,225,031.00						

Comments
Provide comments for P020 and P025.
Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.
Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.
Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.
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The following documents have been attached:	<b>√</b> W-9	✓ Vendor Ethics Disclosure Statement
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