



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

SECTION 1: DESCRIPTION

| General Tracking | | Contract Terms | |
|---|---|---------------------------------------|--|
| FILE ID#: | RFP, BID, QUOTE OR RENEWAL #: | INITIAL TERM WITH RENEWALS: OTHER | INITIAL TERM TOTAL COST: \$55,242.00 |
| COMMITTEE: HUMAN SERVICES | TARGET COMMITTEE DATE: 02/03/2026 | PROMPT FOR RENEWAL: | CONTRACT TOTAL COST WITH ALL RENEWALS: \$55,242.00 |
| | CURRENT TERM TOTAL COST: \$55,242.00 | MAX LENGTH WITH ALL RENEWALS: | CURRENT TERM PERIOD: INITIAL TERM |
| Vendor Information | | Department Information | |
| VENDOR: 360 Youth Services | VENDOR #: 13527 | DEPT: Community Services | DEPT CONTACT NAME: Gina Strafford-Ahmed |
| VENDOR CONTACT: Mike Bertrand | VENDOR CONTACT PHONE: 630-352-6707 | DEPT CONTACT PHONE #: 630-407-6444 | DEPT CONTACT EMAIL: gina.strafford@dupagecounty.gov |
| VENDOR CONTACT EMAIL: mike_bertrand@lcfs.org | VENDOR WEBSITE: 360youthservices.org | 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.). 360 Youth Services provides case management, housing, job coaching/preparedness, transportation, educational services and GED coaching to homeless youth and young adults in DuPage County via \$55,242 in CSBG grant funds. | | | |
| JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished \$55,242 in CSBG funds will assist 60 homeless youth with case management, job coaching/preparedness, transportation and GED coaching. | | | |

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 | Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required. OTHER PROFESSIONAL SERVICES (DETAIL SELECTION PROCESS ON DECISION MEMO) |

SECTION 3: DECISION MEMO

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|-------------------------------------|--|
| SOURCE SELECTION | Describe method used to select source. This is a sub-grant exempt from bidding. They will provide direct services for the County's CSBG program and will maintain all records and financial documents. 360 Youth Services is an established not for profit in DuPage County and has received Human Services Grant Funds and CDBG funding as well. See attached request for funding. In the 2024 DuPage County Department of Community Services' Needs Assessment surveyed Service Users (45.0%), Community Members (18.1%), and Stakeholders (28.8%) consistently rated financial issues among the greatest needs in our community. An especially vulnerable population struggling with financial needs is our homeless youth. 360 Youth Services (Sub-grantee) will assist homeless youth with securing and maintaining employment, finding stable housing, education support to achieve higher wages, transportation support, and financial literacy skills, through intensive case management and supportive services. This program is a component in our community's response to the Whole Family Approach. |
| 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). Fund the program at \$55,252 1) Issue sub grantee agreement with 360 Youth Services for \$55,252. This will allow homeless youth to have a safe place to stay as well as case management and supportive services to help them attain employment. 2) Do not fund the program and run the risk of homeless youth being forced to live in their vehicles, parks and public areas. They would also not be able to access employment skills training and receive other employment supports. |

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

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|--|---|
| 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: 360 Youth Services | Vendor#: | Dept: Community Services | Division: Intake and Referral |
| Attn: Mike Bertrand | Email: mike_bertrand@lcfs.org | Attn: Gina Strafford-Ahmed | Email: gina.strafford@dupagecounty.gov |
| Address: 1323 Bond Street Suite 119 | City: Naperville | Address: 421 N. County Farm Road | City: Wheaton |
| State: IL | Zip: 60563 | State: IL | Zip: 60187 |
| Phone: 630-352-6707 | Fax: 708-416-2068 | Phone: 630-407-6444 | Fax: 630-407-6501 |
| <i>Send Payments To:</i> | | <i>Ship to:</i> | |
| Vendor: SAA | Vendor#: | Dept: SAA | Division: |
| Attn: | Email: | Attn: | Email: |
| Address: | City: | Address: | City: |
| State: | Zip: | State: | Zip: |
| Phone: | Fax: | Phone: | Fax: |
| <i>Shipping</i> | | <i>Contract Dates</i> | |
| Payment Terms: PER 50 ILCS 505/1 | FOB: Destination | Contract Start Date (PO25): Jan 1, 2026 | Contract End Date (PO25): March 31, 2027 |

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 | | Contract Services | | 5000 | 1650 | 53820 | 26-231028 | 55,252.00 | 55,252.00 |
| <i>FY is required, ensure the correct FY is selected.</i> | | | | | | | | | | Requisition Total | \$ 55,252.00 |

| <i>Comments</i> | |
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| HEADER COMMENTS | Provide comments for P020 and P025. Final invoice must be received by April 1 2027. |
| SPECIAL INSTRUCTIONS | Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. |
| 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. |