

## Procurement Review Comprehensive Checklist Procurement Services Division

This form must accompany all Purchase Order Requisitions

SECTION 1: DESCRIPTION						
General Tracking		Contract Terms				
		INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$150,000.00			
COMMITTEE: TARGET COMMITTEE DATE: PUBLIC WORKS 06/17/2025		PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$600,000.00			
	CURRENT TERM TOTAL COST: \$150,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: INITIAL TERM			
Vendor Information	I	Department Information				
VENDOR: VENDOR #: Sheffield Safety and Loss, LLC 39176		DEPT: Public Works	DEPT CONTACT NAME: Sean Reese			
VENDOR CONTACT: Paul Wojcieszak	VENDOR CONTACT PHONE: 779-234-9207	DEPT CONTACT PHONE #: 630.985-7400	DEPT CONTACT EMAIL: sean.reese@dupagecounty.gov			
VENDOR CONTACT EMAIL: wojcieszak@sheffieldsafety.com	VENDOR WEBSITE:	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.). Recommendation for the approval of a contract to Sheffield Safety and Loss Company, LLC., for Safety Program Management for various County Departments, for the period of June 25, 2025, to June 24, 2026, for a total contract amount not to exceed \$150,000, per lowest responsible bid #25-046-PW.

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

A Safety Program Manager is required to review and support County employees in maintaining training schedules and making recommendations for safer work environments.

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.  A request for proposal was sent out for a Safety Program Manager. We received two responsive, responsible bidders that were evaluated. Based off the evaluation criteria, Sheffield Safety and Loss was selected.				
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. Award Sheffield Safety and Loss Control, LLC the contract for the Safety Program Manager in the amount of \$150,000.  2. Do not award Sheffield Safety and Loss Control and award the second lowest bidder. Not recommended due to the selection committees recomendation and price variation.  3. Do not award the Safety Program Manager bid. Not recommended due to the importance of having a Safety Program Manager on call to review safety procedures and manuals.				

	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 Purch	ase Order To:	Send Invoices To:				
Vendor:	Vendor#:	Dept:	Division:			
Sheffield Safety and Loss Control, LLC	39176	DuPage County Public Works	Public Works			
Attn:	Email:	Attn:	Email:			
Pau <b>l</b> Wojciezak	wojcieszak@sheffieldsafety.com	Magda Leonida-Padilla	pwaccountspayable@dupagecou y.gov			
Address:	City:	Address:	City:			
24216 W. Lockport St.	Plainfield	7900 S. Rt. 53	Woodridge			
State:	Zip:	State:	Zip:			
IL	60544	IL	60517			
Phone:	Fax:	Phone:	Fax:			
773-525-5532		630-985-7400				
Send Payments To:		Ship to:				
Vendor:	Vendor#:	Dept:	Division:			
Same As Above	Same As Above	Same As Above	Same As Above			
Attn:	Email:	Attn:	Email:			
Address:	City:	Address:	City:			
State:	Zip:	State:	Zip:			
Phone: Fax:		Phone: Fax:				
 Shipping		Contract Dates				
Payment Terms:	FOB:	Contract Start Date (PO25):	Contract End Date (PO25):			
PER 50 ILCS 505/1	Destination	Jun 25, 2025	Jun 24, 2026			

					Purcha	se Requis	ition Lin	e Details			
LN	Qty	UOM	ltem Detai <b>l</b> (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		PW - Safety Program Manager	FY25	2000	2665	53090		15,000.00	15,000.00
2	1	EA		PW - Safety Program Manager	FY26	2000	2665	53090		10,000.00	10,000.00
3	1	EA		SW - Safety Program Manager	FY25	1600	3000	53090		15,000.00	15,000.00
4	1	EA		SW - Safety Program Manager	FY26	1600	3000	53090		10,000.00	10,000.00
5	1	EA		DOT - Safety Program Manager	FY25	1500	3510	53090		15,000.00	15,000.00
6	1	EA		DOT - Safety Program Manager	FY26	1500	3510	53090		10,000.00	10,000.00
7	1	EA		FM - Safety Program Manager	FY25	1000	1100	53090		15,000.00	15,000.00
8	1	EA		FM - Safety Program Manager	FY26	1000	1100	53090		10,000.00	10,000.00
9	1	EA		FIN - Safety Program Manager	FY25	1100	1212	53090		25,000.00	25,000.00
10	1	EA		FIN - Safety Program Manager	FY26	1100	1212	53090		25,000.00	25,000.00
FY is required, assure the correct FY is selected. Requisition Total					\$ 150,000.00						

Comments				
HEADER COMMENTS	Provide comments for P020 and P025.			
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.			
The following docum	ents have been attached: W-9 Vendor Ethics Disclosure Statement			