



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#: 24-2548	RFP, BID, QUOTE OR RENEWAL #: 21-072-CARE	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$35,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 10/01/2024	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$153,500.00
	CURRENT TERM TOTAL COST: \$40,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: THIRD RENEWAL
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Pulmonary Exchange, Ltd.	VENDOR #: 11800	DEPT: DuPage Care Center	DEPT CONTACT NAME: Nursing Department
VENDOR CONTACT: Ray Kalinsky	VENDOR CONTACT PHONE: 708-423-8888	DEPT CONTACT PHONE #: 630-784-4250	DEPT CONTACT EMAIL: annabel.leonida@dupagecounty.gov
VENDOR CONTACT EMAIL: rayjr@pelvip.com	VENDOR WEBSITE:	DEPT REQ #: 7471	

*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.). Rental of Respiratory Care Equipment for the DuPage Care Center, for the period November 20, 2024 through November 19, 2025, for a total contract not to exceed \$40,000.00, under bid renewal #21-072-CARE, third and final optional renewals.

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished This rental equipment are devices that are prescribed treatments for the residents to maintain good quality of care (Ci-pap & Bi-pap machines, as well as providing Respiratory Therapist services to set up machine & to adjust settings & educate nursing staff as needed.

**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. RENEWAL

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**

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

<b>JUSTIFICATION</b>	Select an item from the following dropdown menu to justify why this is a sole source procurement.
<b>NECESSITY AND UNIQUE FEATURES</b>	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.
<b>MARKET TESTING</b>	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.
<b>AVAILABILITY</b>	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: Pulmonary Exchange, Ltd.	Vendor#: 11800	Dept: DuPage Care Center	Division: Nursing Department
Attn: Ray Kalinsky	Email: rayjr@pelvip.com	Attn: Connie Pureza	Email: connie.pureza@dupagecounty.gov
Address: 9480 Southwest Highway	City: Oaklawn	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60453	State: IL	Zip: 60187
Phone: 708-423-8888	Fax:	Phone: 630-784-4254	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Pulmonary Exchange, Ltd.	Vendor#: 11800	Dept: DuPage Care Center	Division: Nursing Department
Attn: Ray Kalinsky	Email: rayjr@pelvip.com	Attn: Annabel Leonida	Email: annabel.leonida@dupagecounty.gov
Address: 9480 Southwest Highway	City: Oaklawn	Address: 400 N. County Farm Road	City:
State: IL	Zip: 60453	State: IL	Zip: 60187
Phone: 708-423-8888	Fax:	Phone: 630-784-4250	Fax:
<b>Shipping</b>		<b>Contract Dates</b>	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): November 20, 2024	Contract End Date (PO25): November 19, 2025

**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		Rental of respiratory care equipment	FY24	1200	2050	53410		900.00	900.00
2	1	EA		Rental of respiratory care equipment	FY25	1200	2050	53410		39,100.00	39,100.00
<b><i>FY is required, ensure the correct FY is selected.</i></b>										Requisition Total	\$ 40,000.00

<i>Comments</i>	
HEADER COMMENTS	Provide comments for P020 and P025. Rental of Respiratory Care Equipment for the DuPage Care Center, for the period November 20, 2024 through November 19, 2025, for a total contract not to exceed \$40,000.00, under bid renewal #21-072-CARE, third and final optional renewals.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. October 1, 2024 Human Services Committee      October 8, 2024 County Board Meeting
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.