

SECTION 1: DESCRIPTION					
General Tracking		Contract Terms			
FILE ID#:	RFP, BID, QUOTE OR RENEWAL #: #24-040-DOT	INITIAL TERM WITH RENEWALS: INITIAL TERM TOTAL C 1 YR + 3 X 1 YR TERM PERIODS \$15,000.00			
COMMITTEE: TRANSPORTATION	TARGET COMMITTEE DATE: 04/02/2024	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$60,000.00		
	CURRENT TERM TOTAL COST: \$15,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: INITIAL TERM		
Vendor Information		Department Information			
VENDOR: Peterbilt Illinois d/b/a JX Truck Center - Elmhurst	VENDOR #: 24920	DEPT: Division of Transportation	DEPT CONTACT NAME: Roula Eikosidekas		
VENDOR CONTACT:VENDOR CONTACT PHONE:Patrick Stearns630-516-3560		DEPT CONTACT PHONE #: 630-407-6920	DEPT CONTACT EMAIL: roula.eikosidekas@dupagecounty. gov		
VENDOR CONTACT EMAIL: pstearns@jxe.com	VENDOR WEBSITE:	DEPT REQ #: 24-1500-23			
Overview					

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.).

DOT Fleet is requesting a purchase order to JX Truck Center to furnish and deliver Peterbilt OEM repair and replacement parts, for a contract total not to exceed \$15,000.00, per low bid #24-040-DOT. This contract is subject to three one-year renewals upon mutual agreement by both parties.

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

To purchase Peterbilt OEM parts to repair County owned and operated vehicles.

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. LOWEST RESPONSIBLE QUOTE/BID (QUOTE < \$25,000, BID ≥ \$25,000; ATTACH TABULATION)

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.
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 Pl	urchase Order To:	Send Invoices To:					
Vendor: Peterbilt Illinois d/b/a JX Truck Center - Elmhurst	Vendor#: 24920	Dept: Division of Transportation	Division: Accounts Payable				
Attn: Patrick Stearns	Email: pstearns@jxe.com	Attn:Email:Kathy CurcioDOTFinance@dupagec					
Address: 216 West Diversey Avenue	City: Elmhurst	Address:City:421 N. County Farm RoadWheaton					
State: IL	Zip: 60126	State: IL	Zip: 60187				
Phone: 630-516-3560	Fax:	Phone: 630-407-6892	Fax:				
Senc	l Payments To:	Ship to:					
Vendor: Peterbilt Illinois d/b/a JX Truck Center - Elmhurst	Vendor#: 24920	Dept: Division of Transportation	Division: Fleet				
Attn:	Email:	Attn: William Bell	Email: william.bell@dupagecounty.gov				
Address: 216 West Diversey Avenue	City: Elmhurst	Address: 180 N. County Farm Road	City: Wheaton				
State: IL	Zip: 60126	State: Zip: IL 60187					
Phone: Fax:		Phone: 630-407-6931	Fax:				
	Shipping	Contract Dates					
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): May 1, 2024	Contract End Date (PO25): Apr 30, 2025				

Purchase Requisition Line Details											
LN	Qty	UOM	ltem Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		Peterbilt OEM Repair & Replacement parts	FY24	1500	3520	52250		10,000.00	10,000.00
2	1	EA		Peterbilt OEM Repair & Replacement parts	FY25	1500	3520	52250		5,000.00	5,000.00
FY is required, assure the correct FY is selected. Requisition Total						\$ 15,000.00					

Comments							
HEADER COMMENTS	IMENTS Provide comments for P020 and P025.						
	To furnish and deliver Peterbilt OEM repair and replacement parts for DOT Fleet.						
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.						
	Email Approved PO to: Patrick Stearns, William Bell and Mike Figuray.						
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO. see above.						
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.						

The following documents have been attached: \checkmark W-9

✓ Vendor Ethics Disclosure Statement