



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:	INITIAL TERM TOTAL COST: \$17,997.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 08/19/2025	PROMPT FOR RENEWAL: 6 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$17,997.00
	CURRENT TERM TOTAL COST: \$17,997.00	MAX LENGTH WITH ALL RENEWALS: THREE YEARS	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		Department Information	
VENDOR: Gaither Dynamic	VENDOR #: 40249	DEPT: Community Services	DEPT CONTACT NAME: Joan Fox
VENDOR CONTACT: Gaither Stephens	VENDOR CONTACT PHONE: 231-282-9453	DEPT CONTACT PHONE #: 630-407-6426	DEPT CONTACT EMAIL: joan.fox@dupagecounty.gov
VENDOR CONTACT EMAIL: gaither.stephens@gaitherdyn.com	VENDOR WEBSITE: https://gaitherdyn.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.). Use and maintenance of two data dashboards (Community Analysis Dashboard and a Community Performance Dashboard) to publicly display our homeless system performance metrics.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Making the Homeless Management Information System (HMIS) data accessible to Continuum of Care members for planning and transparency			

### 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.  
SOLE SOURCE PER DUPAGE ORDINANCE, SECTION 2-350 (MUST FILL OUT SECTION 4)

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	
JUSTIFICATION	Select an item from the following dropdown menu to justify why this is a sole source procurement. SOLE PROVIDER OF A LICENSED OR PATENTED GOOD OR SERVICE
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.  Uses HMIS data and Federal reporting specifications
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.  The solutions are compatible with DPC's existing systems and are currently in use by DPC
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.  Unique capability for users to upload their own datasets - Accessibility and Functionality is not match

SECTION 5: Purchase Requisition Information			
<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: Gaither Dynamic	Vendor#: 40249	Dept: Community Services	Division: CoC Planning/ Housing Supports
Attn: Gaither Stephens	Email: gaither.stephens@gaitherdyn.com	Attn: Lisa Snipes	Email: Lisa.Snipes@dupagecounty.gov
Address: 20979 Cornell Ave	City: Port Charlotte	Address: 421 N County Farm Road	City: Wheaton
State: FL	Zip: 33952	State: IL	Zip: 60187
Phone: 2312829453	Fax:	Phone: 630-407-6413	Fax: 630-407-6501
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor:	Vendor#:	Dept: Community Development	Division: HMIS
Attn:	Email:	Attn: Julie Burdick	Email: julie.burdick@dupagecounty.gov
Address:	City:	Address: 421 N County Farm Road	City: Wheaton
State:	Zip:	State: Illinois	Zip: 60187
Phone:	Fax:	Phone: 630-407-6462	Fax:
<b>Shipping</b>		<b>Contract Dates</b>	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): 08/20/2025	Contract End Date (PO25): 8/19/2028

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		•Community Analysis Dashboard for the period of 8/20/2025 through 8/19/2028	FY24	5000	1510	53807	IL1887L5T1 42300	9,999.00	9,999.00
2	1	EA		Community Performance Dashboard for the period of 8/1/2026 through 7/31/2028	FY25	5000	1510	53807	IL1918L5T1 42400	7,998.00	7,998.00
<b><i>FY is required, ensure the correct FY is selected.</i></b>										Requisition Total	\$ 17,997.00

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. Contact Deependra Kantha X 6164 - Joan Fox ext 6426
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.