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

SECTION 1: DESCRIPTION

General Tracking		*Contract Terms*	
FILE ID#: 23-1610	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS:	INITIAL TERM TOTAL COST: $22,768.10
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 05/02/2023	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS:
	CURRENT TERM TOTAL COST: $22,768.10	MAX LENGTH WITH ALL RENEWALS:	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		*Department Information*	
VENDOR: Verathon, Inc.	VENDOR #: 32181	DEPT: DuPage Care Center	DEPT CONTACT NAME: Annabel Leonida
VENDOR CONTACT: Matt Jolgren	VENDOR CONTACT PHONE: 630-219-8606	DEPT CONTACT PHONE #: 630-784-4250	DEPT CONTACT EMAIL: annabel.leonida@dupageco.org
VENDOR CONTACT EMAIL: matt.jolgren@verathon.com	VENDOR WEBSITE:	DEPT REQ #: 7384	

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.).
Bladder scanners, mobile carts, printers and phantom bladder scanner for the DuPage Care Center, for a total contract amount not to exceed $22,768.10, per GSA Advantage Contract #V797D-50352(Partial ARPA Funded)

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished
Portable Tool for diagnosing, managing and treating urinary outflow dysfunction of residents for the Covid Unit and or Isolated Units due to Covid exposure. Additional units will help decrease residents' risk of infections caused by cross contamination.

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.
COOPERATIVE (DPC2-352), GOVERNMENT JOINT PURCHASING ACT (30ILCS525) OR GSA SCHEDULE PRICING

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. GSA Advantage
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) Recommendation to approve the purchase of Bladderscanners, mobile carts, printers and phantom bladder scanner for the Nursing Department , this will help decrease the risk of infectious disease caused by cross contamination, by keeping equipment on Covid Unit or Isolated units only. 2) Do not approve Bladderscanners, mobile carts, printers and phantom bladder scanner for the Nursing Department, however, the risk of cross contamination from an isolated unit to a non isolated unit becomes a higher risk of cross contamination.

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.

SECTION 5: Purchase Requisition Information

Send Purchase Order To:		*Send Invoices To:*	
Vendor: Verathon, Inc.	Vendor#: 32181	Dept: DuPage Care Center	Division: Nursing Department
Attn: Matt Jolgren	Email: matt.jolgren@verathon.com	Attn: Annabel Leonida	Email: annabel.leonida@dupageco.org
Address: PO BOX 935117	City: Atlanta	Address: 400 N. County Farm Road	City: Wheaton
State: GA	Zip: 31193-5117	State: IL	Zip: 60187
Phone: 630-219-8606	Fax: 1-866-844-4140	Phone: 630-784-4250	Fax:
Send Payments To:		*Ship to:*	
Vendor: Verathon, Inc.	Vendor#: 32181	Dept: DuPage Care Center	Division: Nursing Department
Attn: Matt Jolgren	Email: matt.jolgren@verathon.com	Attn: Annabel Leonida	Email: annabel.leonida@dupageco.org
Address: PO BOX 935117	City: Atlanta	Address: 400 N. County Farm Road	City: Wheaton
State: GA	Zip: 31193-5117	State: IL	Zip: 60187
Phone: 630-219-8606	Fax: 1-866-844-4140	Phone: 630-784-4250	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): May 2, 2023	Contract End Date (PO25): November 30, 2023
Contract Administrator (PO25): Christine Kliebhan			

Purchase Requisition Line Details

LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	2	EA	0800-0532	Bladderscan Prime Mobile Cart	FY23	5000	2115	52000	ARPA230229	614.70	1,229.40
2	2	EA	0270-0870	Bladderscan Prime Plus with Standard 5 year Warranty	FY23	5000	2115	52000	ARPA230229	11,314.29	22,628.58
3	2	EA	0270-0868	Printer, Thermal, BladderScan Prime	FY23	5000	2115	52000	ARPA230229	558.82	1,117.64
4	1	EA	0620-0274	Tissue Equiv Phantom for Demo/training	FY23	1200	2050	52000		2,095.00	2,095.00
5	1	EA		Discount Amount	FY23	1200	2050	52000		-200.00	-200.00
6	1	EA		Discount Amount	FY23	5000	2115	52000	ARPA230229	-4,439.92	-4,439.92
7	1	EA		Shipping and Handling	FY23	5000	2115	52000	ARPA230229	337.40	337.40

FY is required, assure the correct FY is selected.

Requisition Total $ 22,768.10

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Bladder scanners, mobile carts, printers and phantom bladder scanner for the DuPage Care Center, for a total contract amount not to exceed $22,768.10, per GSA Advantage Contract #V797D-50352(Partial ARPA Funded)
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. May 2, 2023 HS Committee
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 documents have been attached: ☐ W-9 ☑ Vendor Ethics Disclosure Statement