



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#: 25-0471	RFP, BID, QUOTE OR RENEWAL #: 25-009-DCC	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$109,192.16
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 02/18/2025	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$109,192.16
	CURRENT TERM TOTAL COST: \$109,192.16	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Alco Sales & Service Co.	VENDOR #: 10056	DEPT: DuPage Care Center	DEPT CONTACT NAME: Vinit Patel
VENDOR CONTACT: Megan Hodges	VENDOR CONTACT PHONE: 630-366-2273	DEPT CONTACT PHONE #: 630-784-4273	DEPT CONTACT EMAIL: vinit.patel@dupagecounty.gov
VENDOR CONTACT EMAIL: megans@alcosales.com	VENDOR WEBSITE:	DEPT REQ #: 7496	
<i>Overview</i>			
DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Elite Ex long-term care beds, for the DuPage Care Center, for the period 02/26/25 through 02/25/26, per bid #25-009-DCC.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Replacement beds			

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.
OTHER THAN LOWEST BID	

SECTION 3: DECISION MEMO

SOURCE SELECTION	Describe method used to select source. Bid #25-009-DCC 6 invitations sent 1 vendor requested bid 4 vendors submitted responses Advacare Systems was lowest bid, however, bids were analyzed by the department and it was determined that Alco Sales & Service Company bid on the Elite Ex long term bed and specifications that were preferred by the Nursing Department and Environmental Services Department. 2 Vendors submitted responses for NOA Elite Ex long-term Beds 1 Vendor submitted response for Drive - Primecare P903 Beds 1 Vendor submitted response for Alterra Maxx Beds • Nursing Department was part of demonstrations 6 months ago and the NOA was tested and trusted by residents and staff • Larger sitting area when the bed is in a reclined position • Design of assist rails are a better design, and they are folding assist bars, which is preferred. • Color option of headboard and foot-board (walnut), Walnut will be the color choice, as that will work with the color/décor/aesthetic of the newly renovated neighborhoods.
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) Approve purchase order for lite Ex long-term care beds, for the DuPage Care Center, for the period 02/26/25 through 02/25/26. 2) Do not approve purchase order for lite Ex long-term care beds, for the DuPage Care Center, for the period 02/26/25 through 02/25/26, however, the current beds are at the end of their lifespan, purchased in 2009 and parts/repairs are becoming costly.

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

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: Alco Sales & Service Co.	Vendor#: 10056	Dept: DuPage Care Center	Division: Environmental Concerns
Attn: Megan Hodges	Email: megans@alcosales.com	Attn: Vinit Patel	Email: Vinit.Patel@dupagecounty.gov
Address: 6851 High Grove Blvd.	City: Burr Ridge	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60527	State: IL	Zip: 60187
Phone: 630-366-2226	Fax:	Phone: 630-784-4273	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Alco Sales & Service Co.	Vendor#: 10056	Dept: DuPage Care Center	Division: Environmental Concerns
Attn: Eleanor Patenaude	Email:	Attn: Vinit Patel	Email: Vinit.Patel@dupagecounty.gov
Address: 6851 High Grove Blvd.	City: Burr Ridge	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60527	State: IL	Zip: 60187
Phone: 630-366-2245	Fax:	Phone: 630-784-4273	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): February 26, 2025	Contract End Date (PO25): February 25, 2026

Purchase Requisition Line Details

LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/Activity Code	Unit Price	Extension
1	56	EA		Elite EX Long-Term Care Bed	FY25	1200	2075	54110		1,949.86	109,192.16
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 109,192.16

<i>Comments</i>	
HEADER COMMENTS	Provide comments for P020 and P025. Elite Ex long-term care beds, for the DuPage Care Center, for the period 02/26/25 through 02/25/26, per bid #25-009-DCC.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. February 18, 2025 HS Committee February 25, 2025 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.