



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

### SECTION 1: DESCRIPTION

| General Tracking                                     |                                             | Contract Terms                                              |                                                         |
|------------------------------------------------------|---------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------|
| FILE ID#:<br>26-0772                                 | RFP, BID, QUOTE OR RENEWAL #:<br>24-002-DCC | INITIAL TERM WITH RENEWALS:<br>1 YR + 3 X 1 YR TERM PERIODS | INITIAL TERM TOTAL COST:<br>\$200,000.00                |
| COMMITTEE:<br>HUMAN SERVICES                         | TARGET COMMITTEE DATE:<br>03/03/2026        | PROMPT FOR RENEWAL:<br>3 MONTHS                             | CONTRACT TOTAL COST WITH ALL RENEWALS:<br>\$530,000.00  |
|                                                      | CURRENT TERM TOTAL COST:<br>\$115,000.00    | MAX LENGTH WITH ALL RENEWALS:<br>FOUR YEARS                 | CURRENT TERM PERIOD:<br>SECOND RENEWAL                  |
| Vendor Information                                   |                                             | Department Information                                      |                                                         |
| VENDOR:<br>RCM Technologies, Inc.                    | VENDOR #:<br>43749                          | DEPT:<br>DuPage Care Center                                 | DEPT CONTACT NAME:<br>Annabel Leonida                   |
| VENDOR CONTACT:<br>Nicollette Cusmano                | VENDOR CONTACT PHONE:<br>312-269-5444       | DEPT CONTACT PHONE #:<br>630-784-4250                       | DEPT CONTACT EMAIL:<br>annabel.leonida@dupagecounty.gov |
| VENDOR CONTACT EMAIL:<br>nicollette.cusmano@rcmt.com | VENDOR WEBSITE:                             | DEPT REQ #:<br>7569                                         |                                                         |

#### 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.). Supplemental Nursing Staffing Services for the DuPage Care Center, for the period April 13, 2026 through April 12, 2027, for a total contract amount not to exceed \$115,000.00, under RFP renewal #24-002-DCC, second of three one-year optional renewal.

**JUSTIFICATION** Summarize why this procurement is necessary and what objectives will be accomplished  
RN's, LPN's and CNA's are vital front line positions in the operation of the DuPage Care Center. Staffing levels have been established based on resident census and acuity, workload, and regulatory guidelines. Staffing is utilized to maintain staffing levels in light of attrition (i.e. vacancies), scheduled time off, unscheduled time off (i.e. call-ins), and medical leaves. In order to ensure that DPCC is able to meet the prescribed staffing plan regardless of these issues, secondary staffing contracts will allow for adequate staffing when the existing pool of qualified DPCC staff is not available.

### 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.  
RENEWAL OF RFP

### SECTION 3: DECISION MEMO

|                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SOURCE SELECTION                    | Describe method used to select source.<br>RFP #24-002-DCC<br>93 invitations were sent<br>6 documents were requested<br>24 bid responses received, 7 vendors deemed non-responsive and 1 vendor was rejected. 3 vendors were approved with a contract.                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 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).<br>1) Approve RCM Health Care Services, Inc. for Supplemental Staffing Services for the DuPage Care Center, for the period April 13, 2026 through April 12, 2027.<br>2) Establish contingency plans to address staffing shortages as they occur, such as temporarily suspending new resident admissions to bring resident needs in line with current staffing ability. This would have a negative impact on revenue streams and cash flow. This would also have very little effect for those situations caused by unplanned absences. |

## 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:<br>RCM Technologies, Inc.                | Vendor#:<br>43749                     | Dept:<br>DuPage Care Center                   | Division:<br>Nursing Department             |
| Attn:<br>Nicollette Cusmano                      | Email:<br>nicollette.cusmano@rcmt.com | Attn:<br>connie pureza                        | Email:<br>connie.pureza@dupagecounty.gov    |
| Address:<br>33 North Dearborn Street, Suite 1535 | City:<br>Chicago                      | Address:<br>400 N. County Farm Road           | City:<br>Wheaton                            |
| State:<br>IL                                     | Zip:<br>60602                         | State:<br>IL                                  | Zip:<br>60187                               |
| Phone:<br>312-269-5444                           | Fax:<br>312-346-3726                  | Phone:<br>630-784-4254                        | Fax:                                        |
| <i>Send Payments To:</i>                         |                                       | <i>Ship to:</i>                               |                                             |
| Vendor:<br>RCM Technologies, Inc.                | Vendor#:<br>43749                     | Dept:<br>DuPage Care Center                   | Division:                                   |
| Attn:<br>Nicollette Cusmano                      | Email:<br>nicollette.cusmano@rcmt.com | Attn:<br>Annabel Leonida                      | Email:<br>annabel.leonida@dupagecounty.gov  |
| Address:<br>33 North Dearborn Street, Suite 1535 | City:<br>Chicago                      | Address:<br>400 N. County Farm Road           | City:<br>Wheaton                            |
| State:<br>IL                                     | Zip:<br>60602                         | State:<br>IL                                  | Zip:<br>60187                               |
| Phone:<br>312-269-5444                           | Fax:<br>312-346-3726                  | Phone:<br>630-784-4250                        | Fax:                                        |
| <b>Shipping</b>                                  |                                       | <b>Contract Dates</b>                         |                                             |
| Payment Terms:<br>PER 50 ILCS 505/1              | FOB:<br>Destination                   | Contract Start Date (PO25):<br>April 13, 2026 | Contract End Date (PO25):<br>April 12, 2027 |

| Purchase Requisition Line Details                                |     |     |                            |                               |      |         |      |           |                             |                   |               |
|------------------------------------------------------------------|-----|-----|----------------------------|-------------------------------|------|---------|------|-----------|-----------------------------|-------------------|---------------|
| LN                                                               | Qty | UOM | Item Detail<br>(Product #) | Description                   | FY   | Company | AU   | Acct Code | Sub-Accts/<br>Activity Code | Unit Price        | Extension     |
| 1                                                                | 1   | EA  |                            | Supplemental Nursing Staffing | FY26 | 1200    | 2050 | 53090     |                             | 75,000.00         | 75,000.00     |
| 2                                                                | 1   | EA  |                            | Supplemental Nursing Staffing | FY27 | 1200    | 2050 | 53090     |                             | 40,000.00         | 40,000.00     |
| <b><i>FY is required, ensure the correct FY is selected.</i></b> |     |     |                            |                               |      |         |      |           |                             | Requisition Total | \$ 115,000.00 |

| Comments             |                                                                                                                                                                                                                                                                                                   |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HEADER COMMENTS      | Provide comments for P020 and P025.<br>Supplemental Nursing Staffing Services for the DuPage Care Center, for the period April 13, 2026 through April 12, 2027, for a total contract amount not to exceed \$115,000.00, under RFP renewal #24-002-DCC, second of three one-year optional renewal. |
| SPECIAL INSTRUCTIONS | Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.<br>March 3, 2026 Human Services 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.                                                                                                                                                                                        |