



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#: 24-1854	RFP, BID, QUOTE OR RENEWAL #: 24-055-HR	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$22,948.00
COMMITTEE: FINANCE	TARGET COMMITTEE DATE: 07/09/2024	PROMPT FOR RENEWAL: 6 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$91,792.00
	CURRENT TERM TOTAL COST: \$22,948.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Edward Hospital D/B/A Edward Occupational Health	VENDOR #:	DEPT: Human Resources	DEPT CONTACT NAME: Christine Clevenger
VENDOR CONTACT: Sharon Moore	VENDOR CONTACT PHONE: 331-221-6148	DEPT CONTACT PHONE #: 630-407-6300	DEPT CONTACT EMAIL: dpchumanresources@dupagecounty.gov
VENDOR CONTACT EMAIL: sharon.moore@eehealth.org	VENDOR WEBSITE:	DEPT REQ #:	N/A
<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.). Pre-employment drug screens, functional job screens, TB tests, and drug and alcohol screens for applicants and employees. Requesting an estimate of \$22,948.00 to accommodate the cost for applicants and current employees. Amount requested is based on annual activity. This will be an initial contract with 3 optional 1-year renewals.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Drug screens, alcohol screens, and TB tests are a necessary part of the hiring process. Conducting these screens prevents negligent hiring and potential dangers in the workplace. All testing will be conducted in compliance with applicable employment laws as referenced in Policy 2.4-Pre-Employment Testing.			

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

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.

SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: Edward Hospital D/B/A Edward Occupational Health	Vendor#:	Dept: Human Resources	Division: N/A
Attn: Sharon Moore	Email: sharon.moore@eehealth.org	Attn: Human Resources Dept	Email: dpchumanresources@dupagecounty.gov
Address: P.O. Box 776945	City: Chicago	Address: 421 N. County Farm Rd Suite 3-300	City: Wheaton
State: IL	Zip: 60677-6945	State: IL	Zip: 60187
Phone: 331-221-6148	Fax:	Phone: 630-407-6300	Fax: 630-407-6301
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Edward Hospital D/B/A Edward Occupational Health	Vendor#:	Dept: Human Resources	Division: N/A
Attn:	Email:	Attn: Human Resources Dept	Email: dpchumanresources@dupagecounty.gov
Address: P.O. Box 776945	City: Chicago	Address: 421 N. County Farm Rd Suite 3-300	City: Wheaton
State: IL	Zip: 60677-6945	State: IL	Zip: 60187
Phone:	Fax:	Phone: 630-407-6300	Fax: 630-407-6301
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Jul 18, 2024	Contract End Date (PO25): Jul 17, 2025

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	N/A	Pre-employment drug screens, functional job screens, TB tests, and chest x-rays for applicants and, TB tests, and chest x-rays for current employees.	FY24	1000	1120	53090	N/A	6,667.00	6,667.00
2	1	EA	N/A	Pre-employment drug screens, functional job screens, TB tests, and chest x-rays for applicants and, TB tests, and chest x-rays for current employees.	FY25	1000	1120	53090	N/A	16,281.00	16,281.00
										Requisition Total \$	22,948.00

FY is required, ensure the correct FY is selected.

Comments

HEADER COMMENTS	Provide comments for P020 and P025. This service agreement is to provide pre-employment TB tests, chest x-rays, drug screens, and functional job screens for applicants, and TB tests, and chest x-rays for current employees. This will be an initial contract with 3 optional 1-year renewals.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.
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.