



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#: 26-1441	RFP, BID, QUOTE OR RENEWAL #: 26-032-FM	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$80,000.00
COMMITTEE: PUBLIC WORKS	TARGET COMMITTEE DATE: 05/19/2026	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$320,000.00
	CURRENT TERM TOTAL COST: \$80,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Extreme Force Valve, Inc.	VENDOR #:	DEPT: Facilities Management	DEPT CONTACT NAME: Brian Rovik
VENDOR CONTACT: Brett Klaas	VENDOR CONTACT PHONE: 618-225-0887	DEPT CONTACT PHONE #: 630-407-5705	DEPT CONTACT EMAIL: brian.rovik2@dupagecounty.gov
VENDOR CONTACT EMAIL: bklaas@extremeforces.net	VENDOR WEBSITE:	DEPT REQ #:	
<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.). Recommendation for the approval of a contract to Extreme Force Valve, Inc., to test, repair, and re-certify safety relief valves for boilers at Power Plant, for Facilities Management, for a one (1) year period, May 28, 2026 through May 27, 2027, for a total contract amount not to exceed \$80,000.00, per lowest responsible bid #26-032-FM.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Annual testing, calibrating, and re-certification is required on all boiler safety valves.			

**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

<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: Extreme Force Valve, Inc.	Vendor#:	Dept: Facilities Management	Division:
Attn: Brett Klaas	Email: bklaas@extremeforces.net	Attn:	Email: FMAccountsPayable@dupagecounty.gov
Address: 1147 E. Airline Drive	City: East Alton	Address: 421 N. County Farm Road	City: Wheaton
State: IL	Zip: 62024	State: IL	Zip: 60187
Phone: 618-225-0887	Fax:	Phone: 630-407-5700	Fax: 630-407-5701
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Extreme Force Valve, Inc.	Vendor#:	Dept: Facilities Management	Division:
Attn: Mandi Hanna	Email: mandi@extremeforces.net	Attn: Gavin Carroll	Email: gavin.carroll@dupagecounty.gov
Address: 1147 E. Airline Drive	City: East Alton	Address: 410 N. County Farm Road	City: Wheaton
State: IL	Zip: 62024	State: IL	Zip: 60187
Phone: 618-471-9016	Fax:	Phone: 630-918-4933	Fax:
<b>Shipping</b>		<b>Contract Dates</b>	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): May 28, 2026	Contract End Date (PO25): May 27, 2027

**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	LO		REPAIR & MTCE OTHER EQUIPMENT	FY26	1000	1100	53370		40,000.00	40,000.00
2	1	LO		REPAIR & MTCE OTHER EQUIPMENT	FY27	1000	1100	53370		40,000.00	40,000.00
<b><i>FY is required, ensure the correct FY is selected.</i></b>										Requisition Total	\$ 80,000.00

<i>Comments</i>	
HEADER COMMENTS	Provide comments for P020 and P025. Provide testing, repair, and re-certify safety relief valves for boilers at Power Plant, for Facilities Management.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. Send PO to Vendor, Brian Rovik, Cathie Figlewski, and Clara Gomez.
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO. Public Works Committee: 5/19/26 County Board: 5/26/26
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.