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

SECTION 1: DESCRIPTION

General Tracking		*Contract Terms*	
FILE ID#:	RFP, BID, QUOTE OR RENEWAL #: 27626649	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: $24,767.68
COMMITTEE: TECHNOLOGY	TARGET COMMITTEE DATE: 08/18/2026	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: $24,767.68
	CURRENT TERM TOTAL COST: $24,767.68	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		*Department Information*	
VENDOR: SHI	VENDOR #: 14389	DEPT: IT/GIS	DEPT CONTACT NAME: Tom Ricker
VENDOR CONTACT: Travis Oberweis	VENDOR CONTACT PHONE: 888-764-8888	DEPT CONTACT PHONE #: 630-407-5062	DEPT CONTACT EMAIL: tom.ricker@dupagecounty.gov
VENDOR CONTACT EMAIL: Travis_Oberweis@shi.com	VENDOR WEBSITE: shi.com	DEPT REQ #:	

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.).
New GIS workstation for the GIS Team via Sourcewell - - Technology Products & Solutions Cooperative Agreement (121923-SHI)

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished
Current workstations are at there end of life and need new workstations to complete daily work.

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. CUSTOMER SERVICE
SOURCE SELECTION	Describe method used to select source. We work with our partners to find the best pricing which turned out to be the COOP mentioned above.
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. Do nothing and and risk older GIS workstations out of service 2. Approve the procurement and ensure that new GIS workstation are in service and working

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: SHI	Vendor#:	Dept: IT	Division:
Attn: Travis Oberweis	Email: Travis_Oberweis@shi.com	Attn: Sarah Godzicki	Email: ITAP@dupagecounty.gov
Address: 290 Davidson Avenue	City: Somerset	Address: 421 N County Farm Rd	City: Wheaton
State: NJ	Zip: 08873	State: Il	Zip: 60187
Phone: 888-764-8888	Fax: NA	Phone: 630-407-5000	Fax: N/A
Send Payments To:		*Ship to:*	
Vendor: SHI	Vendor#: 14389	Dept: IT	Division: GIS
Attn: Travis Oberweis	Email: Travis_Oberweis@shi.com	Attn: Tom Ricker	Email: tom.ricker@dupagecounty.gov
Address: 290 Davidson Avenue	City: Somerset	Address: 421 N County Farm Rd	City: Wheaton
State: IL	Zip: 08873	State: IL	Zip: 60187
Phone: 888-764-8888	Fax: NA	Phone: 630-407-5062	Fax: 630-407-5555
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Aug 18, 2026	Contract End Date (PO25): Aug 17, 2027
Contract Administrator (PO25):			

Purchase Requisition Line Details

LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	7	EA		HP Workstation Z2 G1i - AI PC, AI Workstation	FY26	1100	2900	52100		3,538.24	24,767.68

FY is required, assure the correct FY is selected. Requisition Total $ 24,767.68

Comments	
HEADER COMMENTS	Provide comments for P020 and P025.
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.

The following documents have been attached: ☐ W-9 ☐ Vendor Ethics Disclosure Statement