



**DUPAGE
COUNTY**

General
630-407-6900

Maintenance
630-407-6920

Permitting
630-407-6900

Trails/Paths
630-407-6900

DIVISION OF TRANSPORTATION

630-407-6900
Fax: 630-407-6901
oet@dupageco.org

MEMORANDUM

TO: Nick Kottmeyer, P.E., Chief Administrative Officer
Jeffrey Martynowicz, Chief Financial Officer

FROM: Christopher C. Snyder, P.E. Signature on File
Director of Transportation/County Engineer

DATE: May 5, 2023

RE: FY2023 and FY2024 Vehicle Replacements

Attached is the purchase requisition for two (2) vehicle replacements for the DuPage County Care Center. To meet the operational needs of this department, these vehicles have been requisitioned pursuant to FI-O-0056-22 and DT-R-0306B-22 approved by the County Board on October 25, 2022. These vehicles have been locally sourced and are available for immediate pick up. I am requesting your signature approvals for the Division of Transportation to process this purchase order for the FY2023 vehicle replacement.

Signature on File

Approved: [Signature] Date: 5/5/23
Jeffrey Martynowicz
Chief Financial Officer

Signature on File

Approved: [Signature] Date: 5/5/23
Nick Kottmeyer, P.E.
Chief Administrative Officer

| Department | Rpl Yr | Unit# | Year | Current Make | Current Model | Proposed Model | Estimated Cost w/ Discount | Estimated Cost w/ out Discount | FY 2023 Estimated Cost | Req Rpl Vehicle | Scheduled/Estimated Delivery |
|---------------------|--------|-------|------|--------------|---------------|----------------|----------------------------|--------------------------------|------------------------|---------------------------|------------------------------|
| Convalescent Center | FY2024 | CH-13 | 2011 | Ford | E-250 | Transit | \$ 85,000 | \$ 90,000 | \$ 90,000.00 | HIGH TOP TRANSIT W/WCHAIR | Not available to order |
| Convalescent Center | FY2024 | CH-14 | 2010 | Ford | E-250 | Transit | \$ 85,000 | \$ 90,000 | \$ 90,000.00 | HIGH TOP TRANSIT W/WCHAIR | Not available to order |



Procurement Review Comprehensive Checklist

Procurement Services Division

This form must accompany all Purchase Order Requisitions

SECTION 1: DESCRIPTION

| General Tracking | | Contract Terms | |
|---|--|------------------------------------|--|
| MINUTETRAQ ID#: | RFP, BID, QUOTE OR RENEWAL #: | INITIAL TERM WITH RENEWALS: | INITIAL TERM TOTAL COST: \$176,600.00 |
| COMMITTEE: | TARGET COMMITTEE DATE: | PROMPT FOR RENEWAL: | CONTRACT TOTAL COST WITH ALL RENEWALS: \$176,600.00 |
| | CURRENT TERM TOTAL COST: \$176,600.00 | MAX LENGTH WITH ALL RENEWALS: | CURRENT TERM PERIOD: INITIAL TERM |
| Vendor Information | | Department Information | |
| VENDOR: Midwest Transit Equipment, Inc. | VENDOR #: 41757 | DEPT: DuPage County Care Center | DEPT CONTACT NAME: Vinit Patel |
| VENDOR CONTACT: Thomas Boldwin | VENDOR CONTACT PHONE: 815-933-2412 | DEPT CONTACT PHONE #: 784-4273 | DEPT CONTACT EMAIL: vinit.patel@dupageco.org |
| VENDOR CONTACT EMAIL: tom.boldwin@midwesttransit.com | VENDOR WEBSITE: | 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.). The DuPage County vehicle replacement policy requires that a vehicle be in service a minimum of 12 years or have a minimum of 150,000 miles, and/or must be assessed by a mechanic prior to being considered for replacement. These vehicles have been taken out of service due to mechanics assessment. | | | |
| JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Each year as part of the budget process, the Division of Transportation will assess and recommend vehicles to be replaced for the upcoming fiscal year. Due to supply chain and reduced inventory, the County Board authorized the Division of Transportation to move forward with FY2023 and FY2024 vehicle replacement recommendations as soon as contract orders open. | | | |

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 RESPONSIBLE BID | |

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. FINANCIAL PLANNING |
| SOURCE SELECTION | Describe method used to select source. The Division of Transportation chose Midwest Transit Equipment, Inc. in accordance with the DuPage County Procurement Ordinance - Section 2-355 - Circumstances not suitable for bid (extreme supply chain interruption) and DT-R-0306B-22. Available cooperatives are no longer accepting new vehicle orders. The vehicles being replaced has been taken out of service due to condition and in the interest of user safety. The DOT contacted three (3) vendors for vehicle availability and pricing. Midwest Transit Equipment, Inc. had a vehicle available and competitively priced. |
| 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. Award a contract to Midwest Transit Equipment, Inc. This is the recommended option as Friendly Ford has provided pricing competitive to closed cooperatives and other area dealers. The vehicle is immediately available. |

| 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: Midwest Transit Equipment, Inc. | Vendor#: 41757 | Dept: Division of Transportation | Division: DOT Finance |
| Attn: Thomas Baldwin | Email: tom.baldwin@midwesttransit.com | Attn: | Email: DOTFinance@dupageco.org |
| Address: 146 W. Issert Dr. | City: Kankakee | Address: 421 N. County Farm Road | City: Wheaton |
| State: IL | Zip: 60901 | State: IL | Zip: 60187 |
| Phone: 630-824-8686 | Fax: | Phone: 630-407-6900 | Fax: 630-407-6901 |
| Send Payments To: | | Ship to: | |
| Vendor: same as above | Vendor#: | Dept: Division of Transportation | Division: Fleet Maintenance |
| Attn: | Email: | Attn: William Bell | Email: william.bell@dupageco.org |
| Address: | City: | Address: 180 N. County Farm Road | City: Wheaton |
| State: | Zip: | State: IL | Zip: 60187 |
| Phone: | Fax: | Phone: 630-407-6931 | Fax: |
| Shipping | | Contract Dates | |
| Payment Terms: PER 50 ILCS 505/1 | FOB: Destination | Contract Start Date (PO25): 05/01 | Contract End Date (PO25): Nov 30, 2024 |
| Contract Administrator (PO25): Kathleen (Black) Curcio | | | |

| Purchase Requisition Line Details | | | | | | | | | | | |
|---|-----|-----|----------------------------|-------------------------------|------|---------|------|-----------|-----------------------------|-------------------|---------------|
| LN | Qty | UOM | Item Detail (Product #) | Description | FY | Company | AU | Acct Code | Sub-Accts/ Activity Code | Unit Price | Extension |
| 1 | 2 | EA | | Ford Transit Wheel Chair Vans | FY23 | 1200 | 2040 | 54120 | | 88,300.00 | 176,600.00 |
| FY is required, assure the correct FY is selected. | | | | | | | | | | Requisition Total | \$ 176,600.00 |

| Comments | |
|----------------------|---|
| HEADER COMMENTS | Provide comments for P020 and P025. (2) Ford Transit Wheel Chair Vans for the DuPage County Care Center. |
| SPECIAL INSTRUCTIONS | Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. Vehicle Replacement Schedule FY2024 - (2) Ford Transit Vans |
| INTERNAL NOTES | Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO. Per Bill of Sale Email copy of PO to DOTFinance@dupageco.org; william.bell@dupageco.org; vinit.patel@dupageco.org |
| 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

RETAIL ORDER FOR A NEW MOTOR VEHICLE

SELLER: MIDWEST TRANSIT EQUIPMENT INC.
146 W. ISSERT DR.
KANKAKEE, IL 60901

DATE: MAY 1, 2023

PHONE NUMBER: 815-933-2412

PURCHASER: DUPAGE COUNTY
400 N. COUNTY FARM RD.
WHEATON, IL 60167

CONTACT: BILL BELL

PHONE NUMBER: 630-921-0100

Please enter my order for the following vehicles:

TWO (2) 2023 FORD TRANSIT/FRV WHEELCHAIR VAN
8 PASSENGER/2 WHEELCHAIR

ID #208267 VIN# 1FBAX2C82PKA37826
ID#208269 VIN# 1FBAX2C809KA37825

| | | |
|-------------|------------------|--------------|
| PRICE | \$ 88,300.00 EA. | |
| TOTAL PRICE | | \$176,600.00 |

Price includes all applicable fleet incentives and rebates. Price does not include any applicable license/title/registration fees Or taxes. These will be billed accordingly.

PAYMENT IS DUE AT TIME OF DELIVERY

ALL WARRANTIES, IF ANY, BY A MANUFACTURER OR SUPPLIER OTHER THAN SELLER ARE THEIRS, NOT SELLER'S AND ONLY SUCH MANUFACTURER OR OTHER SUPPLIER SHALL BE LIABLE FOR PERFORMANCE UNDER SUCH WARRANTIES, UNLESS SELLER FURNISHES BUYER WITH A SEPARATE WRITTEN WARRANTY OR SERVICE CONTRACT MADE BY SELLER ON ITS OWN BEHALF, SELLER HEREBY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE: (A) ON ALL GOODS AND SERVICES SOLD BY SELLER.

The two pages of this Order comprise the entire agreement affecting this purchase and no other agreement or understanding of any nature concerning same has been made or entered into, or will be recognized. I hereby certify that no credit has been extended to me for the purchase of this motor vehicle except as appears in writing on the face of this agreement. I have read the matter printed on the second page and agree to it as a part of this order the same as if it were printed above my signature. I certify that I am of legal age, and hereby acknowledge receipt of a copy of this order.

THIS ORDER IS A BINDING CONTRACT AND IS NON-CANCELABLE.

ACCEPTED BY: DUPAGE COUNTY

ACCEPTED BY: MIDWEST TRANSIT EQUIPMENT INC.

Signature on File

PURCHASER'S SIGNATURE

DATE

CHRISTOPHER SNYDER
PRINT NAME

DIRECTOR
TITLE

SELLERS AUTHORIZED REPRESENTATIVE DATE

THOMAS BOLDWIN
PRINT NAME

DIRECTOR OF GOVERNMENTAL SALES
TITLE

MOTOR VEHICLES

ADDITIONAL TERMS AND CONDITIONS

1. As used in this order the Terms (a) "Seller" shall mean the Seller to whom this order is addressed and who shall become a party hereto by its acceptance hereof, (b) "Purchaser" shall mean the party executing this order as such on the face hereof, and (c) "Manufacturer" shall mean the corporation that manufactured the vehicle or chassis, it being understood by Purchaser and Seller that Seller is in no respect the agent of Manufacturer, that Seller and Purchaser are the sole parties to this order and that reference to manufacturer herein is for the purpose of explaining generally certain contractual relationships existing between Seller and Manufacturer with respect to new motor vehicles.
2. Manufacturer has reserved the right to change the design of any new motor vehicle, chassis, accessories or parts thereof at any time without notice and without obligation to make the same or any similar change upon any motor vehicle, chassis, accessories or parts thereof previously purchases by or shipped to Seller or being manufactured or sold in accordance with Seller's orders. Correspondingly, in the event of any such change by Manufacturer, Seller shall have no obligations to Purchaser to make the same or any similar change in any motor vehicle, chassis, accessories or parts thereof covered this order either before or subsequent to delivery thereof to Purchaser.
3. Seller shall not be liable for failure to deliver or delay in delivering the motor vehicle covered by this order where such failure or delay is due, in whole or in part, to any cause beyond the control or without the fault or negligence of Seller.
4. The price for the motor vehicle specified on the face of this order includes reimbursement for Federal Excise taxes, but does not include sales taxes, use taxes or occupational taxes based on sales volume, (Federal, State, or Local) unless expressly so stated. Purchaser assumes and agrees to pay, unless prohibited by law, any such sales, use or occupational taxes imposed on or applicable to the transaction covered by this order, regardless of which party may have primary tax liability therefore.
5. **FACTORY WARRANTY:** ANY WARRANTY ON ANY NEW VEHICLE OR USED VEHICLE STILL SUBJECT TO A MANUFACTURER'S WARRANTY IS THAT MADE BY THE MANUFACTURER ONLY. THE SELLER HEREBY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

USED VEHICLE WHETHER OR NOT SUBJECT TO MANUFACTURER'S WARRANTY: UNLESS A SEPARATE WRITTEN INSTRUMENT SHOWING THE TERMS OF ANY SELLER'S WARRANTY OR SERVICE CONTRACT IS FURNISHED BY SELLER TO BUYER, THIS VEHICLE IS SOLD "AS IS - NOT EXPRESSLY WARRANTED OR GUARANTEED", AND THE SELLER HEREBY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.
6. PURCHASER SHALL NOT BE ENTITLED TO RECOVER FROM SELLER ANY CONSEQUENTIAL DAMAGES, DAMAGES TO PROPERTY, DAMAGES FOR LOSS OF USE, LOSS OF TIME, LOSS OF PROFITS, OR INCOME, OR ANY OTHER INCIDENTAL DAMAGES.
7. The purchaser, before or at the time of delivery of the motor vehicle covered by this order will execute such forms of agreement or documents as may be required by the terms and conditions of payment indicated on the front of this order.
8. The purchaser agrees to take possession of equipment and pay for them upon delivery of vehicle(s) as provided on front page within 10 days of notice that the equipment is ready for delivery.
9. "New Motor Vehicle" is defined as a vehicle that has not been previously titled and with less than 500 miles at time of delivery to purchaser.

Terms and conditions read, understood and agreed to by _____, Signature on File, Date: 5/5/23

Signature

CHRISTOPHER SNYDER

Printed Name

DUPAGE COUNTY



VEHICLE REGISTRATION INFORMATION

Thank you for your purchase/lease of a vehicle(s) from Midwest Transit Equipment Inc. In order to accurately register/license/title your vehicle(s) we request the following information be provided.

NAME VEHICLE IS TO BE REGISTERED IN: DUPAGE COUNTY

STREET ADDRESS TO BE USED: 400 N. COUNTY FARM RD.

PO BOX OR SUITE NUMBER IF APPLICABLE _____

CITY WHEATON, STATE IL ZIP 60187

PRINTED NAME OF PERSON COMPLETING THIS FORM: CHRISTOPHER SNYDER

SIGNATURE Signature on File _____

TITLE DIRECTOR

DATE: 5/5/23 PHONE NUMBER: 630-407-6900

Note: Providing accurate information is paramount to insure proper registration, license and titling. It is the purchaser's responsibility to provide Midwest Transit Equipment with any changes of the information provided above prior to vehicle delivery and registration. Failure to do so will result in additional fees to the purchaser in the event changes are needed after the registration process has been submitted to the State.

RETURN THIS FORM TO YOUR MIDWEST TRANSIT SALES REPRESENTATIVE.



CUSTOMER CASH PAYMENT AUTHORIZATION FORM

Revised 04/2005

CUSTOMER INFORMATION

First Name _____ M.I. _____ DUPAGE COUNTY
Last or Business Name _____

VEHICLE INFORMATION

1FBAX2C80PKA37825
Vehicle Identification Number (VIN) _____ Delivery Date _____

INCENTIVE INFORMATION

| | Program Number | Dollar Amount | Customer's Initial |
|----|----------------|---------------|--------------------|
| 1. | MOBILITY | \$1,000.00 | x <u>LLS</u> |
| 2. | GPC | \$ 600.00 | x <u>LLS</u> |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ |

CUSTOMER MUST SELECT AND SIGN OPTION "A" OR "B" BELOW

IMPORTANT CUSTOMER NOTICE

SIRIUS Satellite Radio - For vehicles equipped with the satellite radio option, customer information will be provided to SIRIUS Satellite Radio for purposes of providing program benefits and activation services.

"A" Dealer Assignment (Use this section to assign payment to the dealer.)

1. I acknowledge that I have taken delivery of the vehicle identified above.
2. I assign payment of the Customer Cash Incentive(s) to the selling dealer.
3. I acknowledge incentive(s) reflect as a reduction on the Bill of Sale or Lease.

x **Signature on File**

Customer Signature _____

x 5/5/23
Date

I have read and understand the program rules and provisions and agree to comply with the requirements described therein. I certify that the above customer qualifies for program incentive(s). Records supporting the validity of this claim are available in this dealership for examination by Ford.

Authorized Dealership Signature _____

Date _____

"B" Direct Payment to Customer (Use this section to obtain payment direct from Ford.)

1. I acknowledge that I have delivery of the vehicle identified above.
2. Please mail check directly to me.

Customer Signature _____

Date _____

I have read and understand the program rules and provisions and agree to comply with the requirements described therein. I certify that the above customer qualifies for program incentive(s). Records supporting the validity of this claim are available in this dealership for examination by Ford.

Authorized Dealership Signature _____

Date _____



CUSTOMER CASH PAYMENT AUTHORIZATION FORM

Revised 04/2005

CUSTOMER INFORMATION

First Name _____ M.I. _____ DUPAGE COUNTY
Last or Business Name _____

VEHICLE INFORMATION

1FBAX2C82PKA37826
Vehicle Identification Number (VIN) _____ Delivery Date _____

INCENTIVE INFORMATION

| | Program Number | Dollar Amount | Customer's Initial |
|----|----------------|---------------|--------------------|
| 1. | MOBILITY | \$1,000.00 | x <u>US</u> |
| 2. | GPC | \$ 600.00 | x <u>US</u> |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ |

CUSTOMER MUST SELECT AND SIGN OPTION "A" OR "B" BELOW

IMPORTANT CUSTOMER NOTICE

SIRIUS Satellite Radio - For vehicles equipped with the satellite radio option, customer information will be provided to SIRIUS Satellite Radio for purposes of providing program benefits and activation services.

"A" Dealer Assignment (Use this section to assign payment to the dealer.)

1. I acknowledge that I have taken delivery of the vehicle identified above.
2. I assign payment of the Customer Cash Incentive(s) to the selling dealer.
3. I acknowledge incentive(s) reflect as a reduction on the Bill of Sale or Lease.

x _____ Signature on File
Customer Signature _____ Date 5/5/23

I have read and understand the program rules and provisions and agree to comply with the requirements described therein. I certify that the above customer qualifies for program incentive(s). Records supporting the validity of this claim are available in this dealership for examination by Ford.

Authorized Dealership Signature _____ Date _____

"B" Direct Payment to Customer (Use this section to obtain payment direct from Ford.)

1. I acknowledge that I have delivery of the vehicle identified above.
2. Please mail check directly to me.

Customer Signature _____ Date _____

I have read and understand the program rules and provisions and agree to comply with the requirements described therein. I certify that the above customer qualifies for program incentive(s). Records supporting the validity of this claim are available in this dealership for examination by Ford.

Authorized Dealership Signature _____ Date _____

DEALER APPROVAL

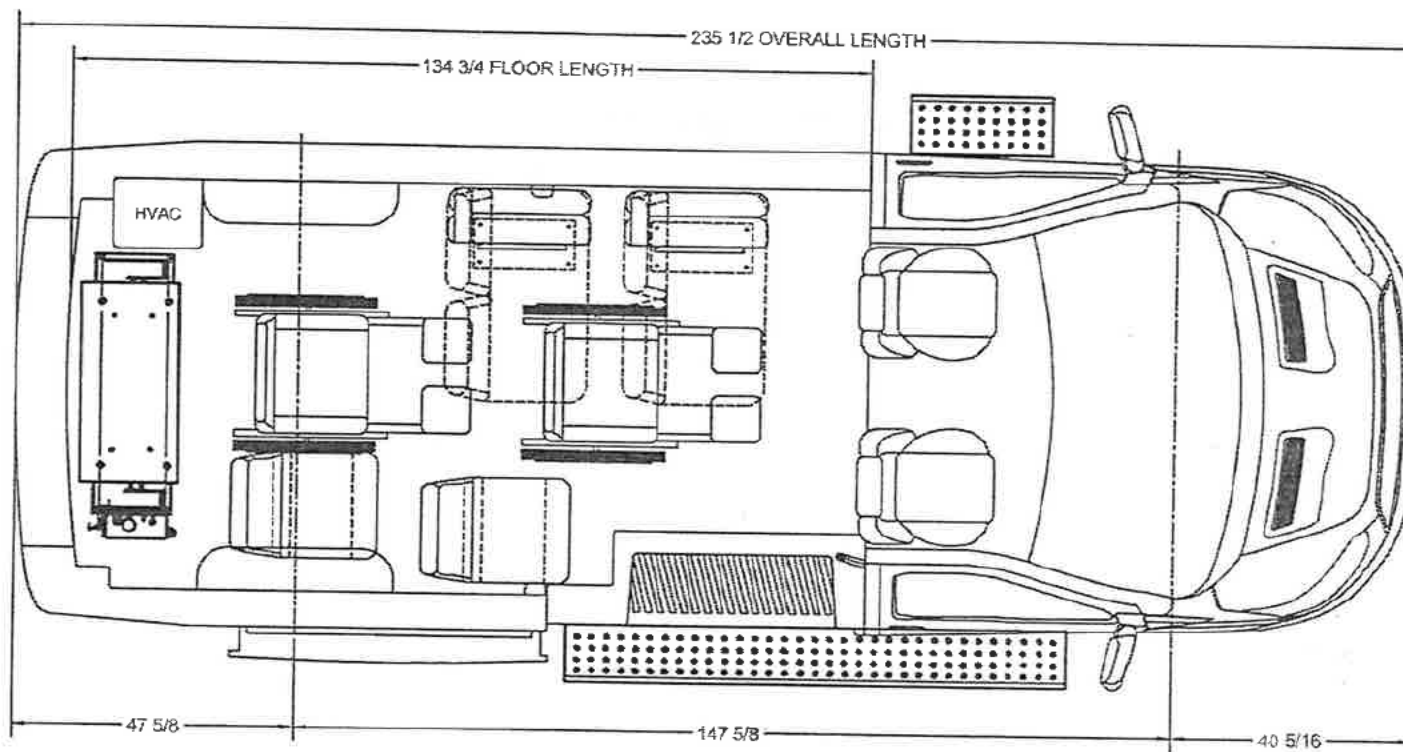
☒ APPROVED

 WLS
 CUSTOMER SIGNATURE

PRELIMINARY FLOORPLAN

 THIS FLOORPLAN IS FOR ILLUSTRATION
 PURPOSES ONLY, FINAL BUILD MAY VARY.

ALUMINUM FLOOR



| | | |
|---------------|-----------|-------------------|
| SEAT SPACING: | D 30" | WHEELCHAIR CAP: 2 |
| | P 32-1/2" | |
| HIP TO KNEE: | D 22" | SEATED CAP: 6 |
| | P 26" | TOTAL CAP: 9 |

THIS DRAWING AND THE INFORMATION THEREON ARE THE EXCLUSIVE PROPERTY OF FOREST RIVER VAN, A DIVISION OF FOREST RIVER. IT SHALL NOT BE COPIED OR REPRODUCED IN ANY MANNER, NOR SHALL IT BE SUBMITTED TO OUTSIDE PARTIES FOR EXAMINATION WITHOUT OUR WRITTEN CONSENT. IT IS LOANED FOR USE WITH REFERENCE TO WORK UNDER CONTRACT WITH, OR PROPOSALS SUBMITTED TO FOREST RIVER VAN, A DIVISION OF FOREST RIVER.

| REV | DESCRIPTION OF CHANGE | BY | CHK | DATE | ECN No. | TOLERANCE UNLESS OTHERWISE SPECIFIED | | DATE | NAME | BPG | DWG No. | 148-SRW-A-107 | SHEET 1 OF 4 |
|-----|-----------------------|----|-----|------|---------|--------------------------------------|---------|--------|------|-----|---------|---------------|--------------|
| | | | | | | WOOD | OTHER | | | | | | |
| | | | | | | ± 1/8" | ± 1/16" | 6/8/20 | | | | | |
| | | | | | | ± 1° | ± 1/2° | | | | | | |

 FORD TRANSIT 9,250 GVWR
 FORD TRANSIT 9,400 GVWR

 TITLE:
 148" WHEEL BASE
 FORD TRANSIT
 MEDIUM ROOF

FRV