



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#: 24-2933   | RFP, BID, QUOTE OR RENEWAL #: 47656  | INITIAL TERM WITH RENEWALS: OTHER  | INITIAL TERM TOTAL COST: \$26,683.33               |
| COMMITTEE: JUDICIAL AND PUBLIC SAFETY   | TARGET COMMITTEE DATE: 11/05/2024    | PROMPT FOR RENEWAL:                | CONTRACT TOTAL COST WITH ALL RENEWALS: \$26,683.33 |
|   | CURRENT TERM TOTAL COST: \$26,683.33 | MAX LENGTH WITH ALL RENEWALS:      | CURRENT TERM PERIOD:                               |
| <i>Vendor Information</i>   |                                      | <i>Department Information</i>      |  |
| VENDOR: MidWest Office Interiors  | VENDOR #:                            | DEPT: Sheriff                      | DEPT CONTACT NAME: Dan Bilodeau                    |
| VENDOR CONTACT: Cheryl Fischer  | VENDOR CONTACT PHONE: 630-850-8700   | DEPT CONTACT PHONE #: 630-407-2402 | DEPT CONTACT EMAIL: dan.bilodeau@dupagesheriff.org |
| VENDOR CONTACT EMAIL: cfischer@midwestofficeinc.com   | 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.).<br>Replace 20+ year old office furniture that was donated prior to completion of the new Sheriff's Office facility |                                      |                                    |  |
| JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished<br>Current office furniture is old and failing   |                                      |                                    |  |

**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.<br>COOPERATIVE (DPC2-352), GOVERNMENT JOINT PURCHASING ACT (30ILCS525) OR GSA SCHEDULE PRICING |

**SECTION 3: DECISION MEMO**

|                                     |   |
|-------------------------------------|---|
| SOURCE SELECTION                    | Describe method used to select source.<br>MidWest Office Furniture is on the Omnia 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>Current furniture is old and failing and needs to be replaced |

## 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>MidWest Office Interiors | Vendor#:                                | Dept:<br>Sheriff                           | Division:<br>Budget                         |
| Attn:<br>Cheryl Fischer             | Email:<br>cfischer@midwestofficeinc.com | Attn:<br>Colleen Zbilski                   | Email:<br>colleen.zbilski@dupagesheriff.org |
| Address:<br>10330 Argonne Woods Dr  | City:<br>Woodridge                      | Address:<br>501 N. County Farm Road        | City:<br>Wheaton                            |
| State:<br>IL                        | Zip:<br>60517                           | State:<br>IL                               | Zip:<br>60187                               |
| Phone:<br>630-850-8700              | Fax:                                    | Phone:<br>630-407-2212                     | Fax:  |
| <i>Send Payments To:</i>            |   | <i>Ship to:</i>                            |   |
| Vendor:<br>MidWest Office Interiors | Vendor#:                                | Dept:<br>Sheriff                           | Division:<br>Admin                          |
| Attn:<br>Cheryl Fischer             | Email:<br>cfischer@midwestofficeinc.com | Attn:<br>Beth Angus                        | Email:<br>elizabeth.angus@dupagesheriff.org |
| Address:<br>10330 Argonne Woods Dr  | City:<br>Woodridge                      | Address:<br>501 N County Farm Road         | City:<br>Wheaton                            |
| State:<br>IL                        | Zip:<br>60517                           | State:<br>IL                               | Zip:<br>60187                               |
| Phone:<br>630-850-8700              | Fax:                                    | Phone:<br>630-407-2000                     | Fax:  |
| <b>Shipping</b>                     |   | <b>Contract Dates</b>                      |   |
| Payment Terms:<br>PER 50 ILCS 505/1 | FOB:<br>Destination                     | Contract Start Date (PO25):<br>Nov 5, 2024 | Contract End Date (PO25):<br>Nov 4, 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  |                         | See attached office furniture quote | FY24 | 1000    | 4400 | 52000     |                         | 22,908.33         | 22,908.33    |
| 2  | 1   | EA  |                         | Labor and Installation              | FY24 | 1000    | 4400 | 53090     |                         | 3,775.00          | 3,775.00     |
| <b><i>FY is required, ensure the correct FY is selected.</i></b> |     |     |                         |                                     |      |         |      |           |                         | Requisition Total | \$ 26,683.33 |

*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. |