



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#: 24-2517	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS: 4 YRS + 0 TERM PERIOD	INITIAL TERM TOTAL COST: \$1,400,046.00
COMMITTEE: PUBLIC WORKS	TARGET COMMITTEE DATE: 10/01/2024	PROMPT FOR RENEWAL: 6 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$1,400,046.00
	CURRENT TERM TOTAL COST: \$1,400,046.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Nicor Gas	VENDOR #: 10057	DEPT: Facilities Mangement	DEPT CONTACT NAME: Cathie Figlewski
VENDOR CONTACT:	VENDOR CONTACT PHONE:	DEPT CONTACT PHONE #: X5665	DEPT CONTACT EMAIL: catherine.figlewski@dupagecounty.gov
VENDOR CONTACT EMAIL:	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.). Recommendation for the approval of a contract purchase order to Nicor Gas, for natural gas utility and distribution services for County facilities, for Facilities Management, for the four year period October 1, 2024 through September 30, 2028, for a total contract amount not to exceed \$1,400,046 (Facilities Management portion is \$1,147,656, the DuPage Care Center's portion is \$188,079 and the Health Department's portion is \$64,311).

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Natural gas utility and natural gas distribution services are required to maintain the operations of the County facilities. The current contract expires September 30, 2025, however there is only enough money remaining on the contract to pay through October 2024; primarily due to rate increases. Nicor invoices are billed the 1st of the month through the 30th/31st of each month so we feel it is in the best interest to start the contract on October 1st to align with how Nicor bills the county. As a utility we have no ability to set or contract this expense.

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. PUBLIC UTILITY

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: Nicor Gas	Vendor#: 10057	Dept: Facilities Management	Division:
Attn:	Email:	Attn:	Email: FMAccountsPayable@dupagecounty.gov
Address: PO Box 5407	City: Carol Stream	Address: 421 N. County Farm Road	City: Wheaton
State: IL	Zip: 60197-5407	State: IL	Zip: 60187
Phone:	Fax:	Phone: 630-407-5700	Fax: 630-407-5701
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Nicor Gas	Vendor#: 10057	Dept: Facilities Management	Division:
Attn:	Email:	Attn:	Email:
Address: PO Box 5407	City: Carol Stream	Address: 421 N. County Farm Road	City: Wheaton
State: IL	Zip: 60197-5407	State: IL	Zip: 60187
Phone:	Fax:	Phone: 630-407-5700	Fax: 630-407-5701
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Oct 1, 2024	Contract End Date (PO25): Sep 30, 2028

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		FM - Natural Gas Utility Services		1000	1100	53200		1,147,656.00	1,147,656.00
2	1	LO		CC - Natural Gas Utility Services		1200	2045	53200		188,079.00	188,079.00
3	1	LO		Health Dept - Informational Only						64,311.00	64,311.00
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 1,400,046.00

<i>Comments</i>	
HEADER COMMENTS	Provide comments for P020 and P025. Natural gas utility and distribution services for County facilities
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. Send PO to Cathie Figlewski, Christine Kliebhan, Clara Gomez & Katie Boffa
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO. PW: 10/1/24 CB: 10/8/24
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.