

Procurement Review Comprehensive Checklist Procurement Services Division

This form must accompany all Purchase Order Requisitions

| SECTION 1: DESCRIPTION | | | | | |
|-----------------------------------------------------------|------------------------------------------|--------------------------------------|---------------------------------------------------------------|--|--|
| General Tracking | | Contract Terms | | | |
| FILE ID#: FM-P-0026-24 | RFP, BID, QUOTE OR RENEWAL #: 24-062-FM | INITIAL TERM WITH RENEWALS: OTHER | INITIAL TERM TOTAL COST: \$436,065.52 | | |
| COMMITTEE: TARGET COMMITTEE DATE: PUBLIC WORKS 06/04/2024 | | PROMPT FOR RENEWAL: | CONTRACT TOTAL COST WITH ALL RENEWALS: \$436,065.52 | | |
| | CURRENT TERM TOTAL COST: \$436,065.52 | MAX LENGTH WITH ALL RENEWALS: | CURRENT TERM PERIOD: INITIAL TERM | | |
| Vendor Information | | Department Information | | | |
| VENDOR: Advantage Paving Solutions, Inc. | VENDOR #: | DEPT: Facilities Management | DEPT CONTACT NAME: Geoff Matteson | | |
| VENDOR CONTACT: VENDOR CONTACT PHON 708-479-2180 | | DEPT CONTACT PHONE #: x5681 | DEPT CONTACT EMAIL: geoffrey.matteson@dupagecounty. gov | | |
| VENDOR CONTACT EMAIL: dleisen@advantagepavinginc.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.). Recommendation for the approval of a contract to Advantage Paving Solutions, Inc., for asphalt repairs at the 424 and 501 parking lots, for Facilities Management, for the period June 11, 2024 through November 30, 2025, for a contract total amount not to exceed \$436,065.52, per lowest responsible bid #24-062-FM. (\$24,000 for the Coroner and \$412,065.52 for Facilities Management)

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Parking lot improvements for the 501 Sheriff staff lot and Jail courtyard, and the 424 West Campus lot, which are deteriorated and determined to be the most in need of repair after a recent campus-wide analysis. This project will also add requested secure in-fence parking for the Coroner staff and two spaces near the Care Center for future EV charging stations.

| SECTION 2: DECISION MEMO REQUIREMENTS | | | | |
|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| DECISION MEMO NOT REQUIRED LOWEST RESPONSIBLE QUOTE/BID | Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is not required. (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 |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 I | Requisition Informati | ion | |
|---------------------------------------------|------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------|--|
| Send Puro | chase Order To: | Send Invoices To: | | |
| Vendor: Advantage Paving Solutions, Inc. | Vendor#: Dept: Facilities Management | | Division: | |
| Attn: David Leisen | Email: dleisen@advantagepavinginc.com | Attn: | Email: FMAccountsPayable @dupagecounty.gov | |
| Address: 22774 Citation Rd. Unit C | City: Frankfort | Address: 421 N. County Farm Rd. | City: Wheaton | |
| State: IL | Zip: 60423 | State: | Zip: 60187 | |
| Phone: 708-479-2180 | Fax: | Phone: 630-407-5700 | Fax: 630-407-5701 | |
| Send F | ayments To: | Ship to: | | |
| Vendor: Advantage Paving Solutions, Inc. | Vendor#: | Dept: Facilities Management | Division: | |
| Attn: David Leisen | Email: dleisen@advantagepavinginc.com | Attn: Geoff Matteson | Email: geoffrey.matteson@dupagecounty. gov | |
| Address: 22774 Citation Rd. Unit C | City: Frankfort | Address: City: Various Wheaton | | |
| State: | Zip: 60423 | State: | Zip: 60187 | |
| Phone: 708-479-2180 | Fax: | Phone: 630-407-5681 | Fax: | |
| Shipping | | Contract Dates | | |
| Payment Terms: PER 50 ILCS 505/1 | FOB: Destination | Contract Start Date (PO25): Jun 11, 2024 Contract End Date (PO25): Nov 30, 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 | | Parking Lot Improvements | FY24 | 6000 | 1220 | 54010 | 2302700 | 372,065.52 | 372,065.52 |
| 2 | 1 | EA | | Parking Lot Improvements | FY24 | 1300 | 4130 | 54010 | | 24,000.00 | 24,000.00 |
| 3 | 1 | EA | | Contingency | FY24 | 6000 | 1220 | 54010 | 2302700 | 40,000.00 | 40,000.00 |
| FY is required, ensure the correct FY is selected. Requisition Total | | | | | \$ 436,065.52 | | | | | | |

| Comments | | | | |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| HEADER COMMENTS | Provide comments for P020 and P025. Parking Lot Improvments | | | |
| SPECIAL INSTRUCTIONS | Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. Send PO to Cathie Figlewski, Clara Gomez, Katie Boffa, & Gabrielle Vacala | | | |
| INTERNAL NOTES | Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO. PW: 6/4/24 CB: 6/11/24 | | | |
| APPROVALS | Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB. | | | |