



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#:	RFP, BID, QUOTE OR RENEWAL #: Sole Source	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$20,000.00
COMMITTEE: TRANSPORTATION	TARGET COMMITTEE DATE: 04/16/2024	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$20,000.00
	CURRENT TERM TOTAL COST: \$20,000.00	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Henderson Products, Inc.	VENDOR #: 12170	DEPT: Division of Transportation	DEPT CONTACT NAME: Roula Eikosidekas
VENDOR CONTACT: Heather Marino	VENDOR CONTACT PHONE: 563-927-7267	DEPT CONTACT PHONE #: 630-407-6920	DEPT CONTACT EMAIL: roula.eikosidekas@dupagecounty.gov
VENDOR CONTACT EMAIL: hmarino@hendersonproducts.com	VENDOR WEBSITE:	DEPT REQ #: 24-1500-33	

#### 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.).

DOT Fleet is requesting a purchase order to Henderson Products, to furnish and deliver Henderson replacement parts and service on various County owned and operated equipment, for a contact total not to exceed \$20,000.00 - (sole authorized provider for OEM quality parts).

- Shop: \$124
- Mileage/Travel round trip: \$186
- Parts off discounted list price: 15% off current list price.

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished

To purchase Henderson replacement parts and service on various County owned and operated snow and ice equipment.

### 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.

SOLE SOURCE PER DUPAGE ORDINANCE, SECTION 2-350 (MUST FILL OUT SECTION 4)

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

STRATEGIC IMPACT	Select an item from the following dropdown menu of County's strategic priorities that this action will most impact.
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. SOLE AUTHORIZED DISTRIBUTOR WHERE THE MANUFACTURER HAS ESTABLISHED TERRITORIES
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.  Henderson Products, is a sole source provider of all Henderson Equipment replacement parts and warranty services, in Wheaton Illinois market area.
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.  Yes.
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.  Henderson Products, is a sole source provider of all Henderson Equipment replacement parts and warranty services, in Wheaton Illinois market area. Since this is for original equipment manufacturer parts, no other manufactures were examined.

SECTION 5: Purchase Requisition Information			
<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: Henderson Products, Inc.	Vendor#: 12170	Dept: Division of Transportation	Division: Accounts Payable
Attn: Heather Marino	Email: hmarino@hendersonproducts.com	Attn: Kathy Curcio	Email: DOTFinance@dupagecounty.gov
Address: 1085 S. 3rd Street	City: Manchester	Address: 421 N. County Farm Road	City: Wheaton
State: IA	Zip: 52057	State: IL	Zip: 60187
Phone: 563-927-7267	Fax:	Phone: 630-407-6892	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Henderson Products, Inc.	Vendor#: 12170	Dept: Division of Transportation	Division: Fleet Department
Attn:	Email:	Attn: William Bell	Email: william.bell@dupagecounty.gov
Address: same as above.	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): Jun 1, 2024	Contract End Date (PO25): May 31, 2025
Contract Administrator (PO25): Roula Eikosidekas			

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		Henderson Replacement Parts	FY24	1500	3520	52250		10,000.00	10,000.00
2	1	EA		Henderson Service Repairs	FY24	1500	3520	53380		3,000.00	3,000.00
3	1	EA		Henderson Replacement Parts	FY25	1500	3520	52250		5,000.00	5,000.00
4	1	EA		Henderson Service Repairs	FY25	1500	3520	53380		2,000.00	2,000.00
<b>FY is required, assure the correct FY is selected.</b>										Requisition Total	\$ 20,000.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. To furnish and deliver Henderson replacement parts and service for the DOT Fleet on as-needed basis.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. Email Approved PO to: Heather Marino, William Bell and Mike Figuray.
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO. see above.
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