



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#: 23-1931	RFP, BID, QUOTE OR RENEWAL #: Bid #23-029-FIN	INITIAL TERM WITH RENEWALS:	INITIAL TERM TOTAL COST: \$170,348.80
COMMITTEE: FINANCE	TARGET COMMITTEE DATE: 06/13/2023	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$170,348.80
	CURRENT TERM TOTAL COST: \$170,348.80	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Midland Paper	VENDOR #: 10673	DEPT: Office Supply	DEPT CONTACT NAME: Gary Zidek
VENDOR CONTACT: Doug Damascus	VENDOR CONTACT PHONE: 847-777-2710	DEPT CONTACT PHONE #: 6304076207	DEPT CONTACT EMAIL: gary.zidek@dupageco.org
VENDOR CONTACT EMAIL: doug.damascus@midlandco.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.). To furnish and deliver copy and bond paper for distribution to all County departments at the lowest available pricing.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Copy paper supply is getting low. By ordering in bulk, the County gets the best pricing available.			

**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. LOWEST RESPONSIBLE QUOTE/BID (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**

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

<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: Midland Paper	Vendor#: 10673	Dept: Office Supply	Division: Finance
Attn: Doug Damascus	Email: doug.damascus@midlandco.com	Attn: Gary Zidek	Email: gary.zidek@dupageco.org
Address: 701 Palatine Road	City: Wheeling	Address: 421 N County Farm Road	City: Wheaton
State: IL.	Zip: 60090	State: IL	Zip: 60187
Phone: 842-777-2710	Fax:	Phone: 630-407-6207	Fax: 630-407-6211
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Midland Paper	Vendor#: 10673	Dept: Office Supply	Division: Finance
Attn:	Email:	Attn: Office Supply	Email:
Address: 701 Palatine Road	City: Wheeling	Address: 421 N County Farm Road	City: Wheaton
State: IL.	Zip: 60090	State: IL	Zip: 60187
Phone: 842-777-2710	Fax:	Phone: 630-407-6205	Fax:
<b>Shipping</b>		<b>Contract Dates</b>	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): 7/01/2023	Contract End Date (PO25): 6/30/2024
Contract Administrator (PO25):			

**Purchase Requisition Line Details**

LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/Activity Code	Unit Price	Extension
1	4320	CT		8.5 x 11 Xerocopy paper	FY23	1000	1150	52200		38.89	168,004.80
2	10	CT		8.5 x 14 Xerocopy paper	FY23	1000	1150	52200		57.40	574.00
3	10	CT		11 x 17 Xerocopy paper	FY23	1000	1150	52200		45.00	450.00
4	10	CT		8.5 x 11 Royal cotton bond paper	FY23	1000	1150	52200		132.00	1,320.00
<b><i>FY is required, assure the correct FY is selected.</i></b>										Requisition Total	\$ 170,348.80

<i>Comments</i>	
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.

The following documents have been attached:  W-9  Vendor Ethics Disclosure Statement