

Procurement Review Comprehensive Checklist Procurement Services Division

This form must accompany all Purchase Order Requisitions

SECTION 1: DESCRIPTION					
General Tracking		Contract Terms			
FILE ID#: RFP, BID, QUOTE OR RENEWAL #:		INITIAL TERM WITH RENEWALS:	INITIAL TERM TOTAL COST:		
25-1788		1 YR + 3 X 1 YR TERM PERIODS	\$48,000.00		
COMMITTEE:	TARGET COMMITTEE DATE:	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS:		
HUMAN SERVICES	08/05/2025	6 MONTHS			
00, 30, 2025			\$192,000.00		
	CURRENT TERM TOTAL COST:	MAX LENGTH WITH ALL RENEWALS:	CURRENT TERM PERIOD:		
	\$48,000.00	ONE YEAR	INITIAL TERM		
Vendor Information	L	Department Information			
VENDOR:	VENDOR #:	DEPT:	DEPT CONTACT NAME:		
Senior Medical Care, PLLC	44696	DuPage Care Center	Anita Rajagopal		
VENDOR CONTACT:	VENDOR CONTACT PHONE:	DEPT CONTACT PHONE #:	DEPT CONTACT EMAIL:		
Dr. Angelo Miele	630-254-2271	630-784-4200	anita.rajagopal@dupagecounty.gov		
VENDOR CONTACT EMAIL:	VENDOR WEBSITE:	DEPT REQ #:	1		
admiele@comcast.net		7519			

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.). Professional Services for a Medical Director for the DuPage Care Center, for the Period September 1, 2025 through August 31, 2026, for a contract amount not to exceed \$48,000.00, per Other Professional Services not suitable for competitive bid per 55 ILCS 5/5-1022(c). Vendor selected pursuant to DuPage County Procurement Ordinance 2-353(1)(b).

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

Facility needs to engage the services of a Physician to act as Medical Director per State and Federal regulations. The Medical Director gives medical direction to the staff and other Physicians. He/She sees and cares for residents and oversees their medical conditions. Sits in on several different standing committee meetings. Regular in servicing of staff as to proper best care practices. Continuous resources to staff and is on call 24 hours a day/7days per week.

 $\label{licensure requirement and assurance of quality care of the residents of the DuPage Care Center.$

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 OTHER PROFESSIONAL SERVICES (Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required. DETAIL SELECTION PROCESS ON DECISION MEMO)			

	SECTION 3: DECISION MEMO				
SOURCE SELECTION	Describe method used to select source. Quality of Life				
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). 1) DPCC recommends the approval of Medical Director Services for the DuPage Care Center, for the period September 25, 2025 through September 24, 2026. 2) Do not approve Medical Director Services for the DuPage Care Center, for the period September 25, 2025 through September 24, 2026, however, this function is a requirement of the Illinois Department of Public Health for licensure. Not only is it a licensure requirement, but it also is necessary to meet the DPCC resident's medical needs and to help ensure quality of life.				

	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: Purcha	ase Requisition Informat	ion				
Send Po	urchase Order To:	Send	Send Invoices To:				
Vendor: Senior Medical Care, PLLC	Vendor#: 44696	Dept: DuPage Care Center	Division: Administration/Nursing				
Attn: Dr. Angelo Miele	Email: admiele@comcast.net	Attn: Anita Rajagopal	Email: Anita.rajagopal@dupagecounty.go v				
Address: 923 Delles Road	City: Wheaton	Address: 400 N. County Farm Road	City: Wheaton				
State:	Zip: 60189	State:	Zip: 60187				
Phone: 630-254-2271	Fax:	Phone: Fax: 630-784-4200					
Send Payments To:		Ship to:					
Vendor: Senior Medical Care, PLLC	Vendor#: 44696	Dept: DuPage Care Center	Division: Administration/Nursing				
Attn: Dr. Angelo Miele	Email: admiele@comcast.net	Attn: Anita.Rajagopal	Email: Anita.Rajagopal@dupagecounty.go v				
Address: 923 Delles Road	City: Wheaton	Address: 400 N. County Farm Road	City: Wheaton				
State:	Zip: 60189	State:	Zip: 60187				
Phone: 630-254-2271	Fax:	Phone: 630-784-4200	Fax:				
Shipping		Contract Dates					
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): September 1, 2025	Contract End Date (PO25): August 31, 2026				

	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		Medical Director	FY25	1200	2050	53070		12,000.00	12,000.00
2	1	EA		Medical Director	FY26	1200	2050	53070		36,000.00	36,000.00
FY is	FY is required, ensure the correct FY is selected. Requisition Total					\$ 48,000.00					

Comments				
HEADER COMMENTS	Provide comments for P020 and P025. Professional Services for a Medical Director for the DuPage Care Center, for the Period September 1, 2025 through August 31, 2026, for a contract amount not to exceed \$48,000.00, per Other Professional Services not suitable for competitive bid per 55 ILCS 5/5-1022(c). Vendor selected pursuant to DuPage County Procurement Ordinance 2-353(1)(b).			
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. August 5, 2025 Human Services Committee August 12, 2025 County Board Meeting			
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.			