



Procurement Review Comprehensive Checklist
Procurement Services Division
This form must accompany all Purchase Order Requisitions

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 26-0122	RFP, BID, QUOTE OR RENEWAL #: 25-064-SHF	INITIAL TERM WITH RENEWALS: 3 YRS + 1 X 1 YR TERM PERIOD	INITIAL TERM TOTAL COST: \$450,000.00
COMMITTEE: JUDICIAL AND PUBLIC SAFETY	TARGET COMMITTEE DATE: 01/06/2026	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$600,000.00
	CURRENT TERM TOTAL COST: \$450,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		Department Information	
VENDOR: FAVORITE HEALTHCARE STAFFING, LLC.	VENDOR #:	DEPT: SHERIFF OFFICE	DEPT CONTACT NAME: TIM SCHOENENBERGER
VENDOR CONTACT: KEENAN DRIVER	VENDOR CONTACT PHONE: 913-383-9733	DEPT CONTACT PHONE #: X2044	DEPT CONTACT EMAIL: TIM.SCHOENBERGER@DUPAGESHERIFF.ORG
VENDOR CONTACT EMAIL: KDRIVER@FAVORITESTAFFING.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.). Request for Proposal - 25-064-SHF - Supplemental Medical Staffing as needed			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Supplemental coverage for Medical and Mental Health Staff			

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	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.
RFP (REQUEST FOR PROPOSAL)	

SECTION 3: DECISION MEMO

SOURCE SELECTION	Describe method used to select source. RFP# 25-064-SHF - received 37 responses and of 71 invitations sent.
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) Award the RFP to assist with supplemental medical staffing as needed. 2) Do nothing - risk not being covered. 3) Seek less qualified staffing agencies to fill in coverage. Since RFP was issued, not considered as an option.

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: FAVORITE HEALTHCARE STAFFING, LLC	Vendor#:	Dept: SHERIFF OFFICE	Division:
Attn: KEENAN DRIVER	Email: KDRIVER@FAVORITESTAFFINGS.COM	Attn: COLLEEN ZBILSKI	Email: COLLEEN.ZBILSKI@DUPAGESHERIFF.ORG
Address: 9800 METCALF AVE., FLOOR 4	City: OVERLAND PARK	Address: 501 N. COUNTY FARM ROAD	City: WHEATON, IL
State: KS	Zip: 66212	State: IL	Zip: 60187
Phone: 913-383-9733	Fax:	Phone: X2122	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: SAME	Vendor#:	Dept: SAME	Division:
Attn:	Email:	Attn:	Email:
Address:	City:	Address:	City:
State:	Zip:	State:	Zip:
Phone:	Fax:	Phone:	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): 01/13/2026	Contract End Date (PO25): 11/30/2028

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	EA		Supplemental Medical Staffing	FY26	1000	4410	53090		150,000.00	150,000.00
2	1	EA		Supplemental Medical Staffing	FY27	1000	4410	53090		150,000.00	150,000.00
3	1	EA		Supplemental Medical Staffing	FY28	1000	4410	53090		150,000.00	150,000.00
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 450,000.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. This contract purchase order is to provide Supplemental Medical Staffing as needed per RFP# 25-064-SHF from January 13, 2026 through November 30, 2028.
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.