



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#: 25-0979	RFP, BID, QUOTE OR RENEWAL #: 25-042-DCC	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$110,880.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 04/15/2025	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$110,880.00
	CURRENT TERM TOTAL COST: \$110,880.00	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Alco Sales & Service Co.	VENDOR #: 10056	DEPT: DuPage Care Center	DEPT CONTACT NAME: Vinit Patel
VENDOR CONTACT: Megan Hodges	VENDOR CONTACT PHONE: 630-366-2273	DEPT CONTACT PHONE #: 630-784-4273	DEPT CONTACT EMAIL: vinit.patel@dupagecounty.gov
VENDOR CONTACT EMAIL: megans@alcosales.com	VENDOR WEBSITE:	DEPT REQ #: 7504	
<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.). Elite Ex long-term care beds, for the DuPage Care Center, for the period 04/23/25 through 04/22/26, per bid #25-042-DCC.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Replacement beds			

**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**

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: Alco Sales & Service Co.	Vendor#: 10056	Dept: DuPage Care Center	Division: Environmental Concerns
Attn: Megan Hodges	Email: megans@alcosales.com	Attn: Vinit Patel	Email: Vinit.Patel@dupagecounty.gov
Address: 6851 High Grove Blvd.	City: Burr Ridge	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60527	State: IL	Zip: 60187
Phone: 630-366-2226	Fax:	Phone: 630-784-4273	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Alco Sales & Service Co.	Vendor#: 10056	Dept: DuPage Care Center	Division: Environmental Concerns
Attn: Eleanor Patenaude	Email:	Attn: Vinit Patel	Email: Vinit.Patel@dupagecounty.gov
Address: 6851 High Grove Blvd.	City: Burr Ridge	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60527	State: IL	Zip: 60187
Phone: 630-366-2245	Fax:	Phone: 630-784-4273	Fax:
<b>Shipping</b>		<b>Contract Dates</b>	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): April 23, 2025	Contract End Date (PO25): April 22, 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	56	EA		Elite EX Long-Term Care Bed	FY25	1200	2075	54110		1,980.00	110,880.00
<b><i>FY is required, ensure the correct FY is selected.</i></b>										Requisition Total	\$ 110,880.00

<i>Comments</i>	
HEADER COMMENTS	Provide comments for P020 and P025. Elite Ex long-term care beds, for the DuPage Care Center, for the period 04/23/25 through 04/22/26, per bid #25-042-DCC.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. April 15, 2025 HS Committee                      April 22, 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.