

MITH RENEWALS: R TERM PERIODS RENEWAL: WITH ALL RENEWALS:	INITIAL TERM TOTAL COST: \$21,673.02 CONTRACT TOTAL COST WITH ALL RENEWALS: \$86,692.08 CURRENT TERM PERIOD: INITIAL TERM			
R TERM PERIODS	\$21,673.02 CONTRACT TOTAL COST WITH ALL RENEWALS: \$86,692.08 CURRENT TERM PERIOD:			
RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$86,692.08 CURRENT TERM PERIOD:			
	RENEWALS: \$86,692.08 CURRENT TERM PERIOD:			
WITH ALL RENEWALS:	\$86,692.08 CURRENT TERM PERIOD:			
WITH ALL RENEWALS:				
	INITIAL TERM			
Department Information				
	DEPT CONTACT NAME:			
Center	Anita Rajagopal			
T PHONE #:	DEPT CONTACT EMAIL:			
	anita.rajagopal@dupagecounty.gov			
7483				
	CT PHONE #:			

## 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.). Learning Management System for the DuPage Care Center, for the period January 1, 2025 through December 31, 2025, for a contract total not to exceed \$21,673.02, per RFP #24-114-DCC.

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

This is a centralized platform that delivers courses to the DuPage Care Center to enable staff to complete annual in-services while at the same time gaining continuing education credits for licensed staff, automating reports quickly from one central place to all levels of leadership to increase transparency and visibility throughout and to be able to report various information per CMS and IDPH quidelines and regulations.

## 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 RFP (REQUEST FOR PROPOSAL)	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. Customer Service			
RECOMMENDATION AND TWO ALTERNATIVES	<ul> <li>Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including status quo, (i.e., take no action).</li> <li>1) Approve contract to Relias for Learning Management System for the DuPage Care Center, for the period January 1, 2025 through December 31, 2025, for a contract total not to exceed \$21,673.02.</li> <li>2) Do not approve contract to Relias for Learning Management System for the DuPage Care Center, for the period January 1, 2025 through December 31, 2025, for a contract total not to exceed \$21,673.02.</li> <li>2) Do not approve contract to Relias for Learning Management System for the DuPage Care Center, for the period January 1, 2025 through December 31, 2025, for a contract total not to exceed \$21,673.02, which does not allow staff to customize and improve quality of trainings, or efficiently track and report continuing education which is a CMS and IDPH requirement.</li> </ul>			

	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	se Requisition Informat	ion			
Send Pu	rchase Order To:	Send Invoices To:				
Vendor:	Vendor#:	Dept:	Division:			
Relias	27475	DuPage Care Center	Administration			
Attn:	Email:	Attn:	Email:			
Joseph Nelthorpe	jnelthorpe@relias.com	Anita Rajagopal	anita.rajagopal@dupagecounty.go v			
Address:	Address: City: Address:					
1010 Sync Street, Suite 100	Morrisville	400 N. County Farm Road	Wheaton			
State:	Zip:	State:	Zip:			
NC	27560	IL	60187			
Phone:	Fax:	Phone:	Fax:			
877-200-0020		630-784-4200				
Send	Payments To:	Ship to:				
Vendor:	Vendor#:	Dept:	Division:			
Relias	27475	DuPage Care Center				
Attn:	Email:	Email:				
Joseph Nelthorpe	jnelthorpe@relias.com		anita.rajagopal@dupagecounty.gov			
Address:	City: Address: City:					
1010 Sync Street, Suite 100	Morrisville	400 N. County Farm Road	Wheaton			
State:	e: Zip: State: Zip:					
NC	27560	IL	60187			
Phone:	Fax:	Phone: Fax:				
877-200-0020		630-784-4200				
0	Shipping	Contract Dates				
Payment Terms:	FOB:	Contract Start Date (PO25):	Contract End Date (PO25):			
PER 50 ILCS 505/1	Destination	January 1, 2025	December 31, 2025			

	Purchase Requisition Line Details										
LN	Qty	UOM	ltem Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		learning management system (subscription)	FY25	1200	2000	53807		19,173.02	19,173.02
2	1	EA		1 time implementation services	FY25	1200	2000	53090		2,500.00	2,500.00
FY is required, ensure the correct FY is selected.       Requisition Total					\$ 21,673.02						

Comments				
HEADER COMMENTS	Provide comments for P020 and P025. Learning Management System for the DuPage Care Center, for the period January 1, 2025 through December 31, 2025, for a contract total not to exceed \$21,673.02, per RFP #24-114-DCC.			
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. December 3, 2024 Human Services Committee			
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.			