



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

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 23-2272	RFP, BID, QUOTE OR RENEWAL #: 21-048-CARE	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$12,920.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 07/11/2023	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$63,844.00
	CURRENT TERM TOTAL COST: \$17,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: SECOND RENEWAL
Vendor Information		Department Information	
VENDOR: NDC Homecare, LLC dba Preferred Medical	VENDOR #:	DEPT: DuPage Care Center	DEPT CONTACT NAME: Annabel Leonida
VENDOR CONTACT: Sabrina Taggart	VENDOR CONTACT PHONE: 954-835-2300	DEPT CONTACT PHONE #: 630-784-4250	DEPT CONTACT EMAIL: annabel.leonida@dupageco.org
VENDOR CONTACT EMAIL: staggart@wolfmed.com	VENDOR WEBSITE:	DEPT REQ #: 7402	
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.). Rental of Zyno pumps and accessories as needed, for the DuPage Care Center, for the period August 1, 2023 through July 31, 2024, for a contract not to exceed \$17,000.00, under renewal quote #21-048-CARE, second of three one-year optional renewals.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished An infusion pump is a medical device that delivers fluids, such as nutrients and medications, into a patient's body in controlled amounts.			

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.
RENEWAL	
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	
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: NDC Homecare, LLC dba Preferred Medical	Vendor#:	Dept: DuPage Care Center	Division: Nursing
Attn: Sabrina Taggart	Email: staggart@wolfmed.com	Attn: Annabel Leonida	Email: annabel.leonida@dupageco.org
Address: 402 BNA Drive, Suite 500	City: Nashville	Address: 400 N. County Farm Road	City: Wheaton
State: TN	Zip: 37217	State: IL	Zip: 60187
Phone: 954-835-2300	Fax:	Phone: 630-784-4250	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: NDC Homecare, LLC dba Preferred Medical	Vendor#:	Dept: DuPage Care Center	Division:
Attn:	Email:	Attn: Annabel Leonida	Email: annabel.leonida@dupageco.org
Address: 402 BNA Drive, Suite 500	City: Nashville	Address: 400 N. County Farm Road	City: Wheaton
State: TN	Zip: 37217	State: IL	Zip: 60187
Phone:	Fax:	Phone: 630-784-4250	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): August 1, 2023	Contract End Date (PO25): July 31, 2024
Contract Administrator (PO25): Christine Kliebhan			

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		rental	FY23	1200	2050	53410		3,000.00	3,000.00
2	1	EA		supplies	FY23	1200	2050	52320		2,666.00	2,666.00
3	1	EA		rental	FY24	1200	2050	53410		7,000.00	7,000.00
4	1	EA		supplies	FY24	1200	2050	52320		4,334.00	4,334.00
<i>FY is required, assure the correct FY is selected.</i>										Requisition Total	\$ 17,000.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Rental of Zyno pumps and accessories as needed, for the DuPage Care Center, for the period August 1, 2023 through July 31, 2024, for a contract not to exceed \$17,000.00, under renewal quote #21-048-CARE, second of three one-year optional renewals.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. July 11, 2023 HS 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.

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