



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#: 23-2385	RFP, BID, QUOTE OR RENEWAL #: 22-062-DCC	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$116,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 08/01/2023	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$365,000.00
	CURRENT TERM TOTAL COST: \$83,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: FIRST RENEWAL
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Lakeshore Dairy, Inc.	VENDOR #: 20685	DEPT: DuPage Care Center	DEPT CONTACT NAME: Mario Plata
VENDOR CONTACT: Patrick Izzo	VENDOR CONTACT PHONE: 630-317-7096	DEPT CONTACT PHONE #: 630-784-4416	DEPT CONTACT EMAIL: mario.plata@dupageco.org
VENDOR CONTACT EMAIL: lakeshoremilk@gmail.com	VENDOR WEBSITE:	DEPT REQ #: 7404	
<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.). Fluid dairy for the DuPage Care Center residents, cafeteria and cafes' located in the JTK Administration Building and Judicial Office Facility for the period September 1, 2023 through August 31, 2024, for a contract not to exceed \$83,000.00, under bid renewal #22-062-DCC, first of three one-year optional renewals.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Fluid dairy items are required to provide well balanced meals that meet nutritional requirements and IDPH 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.
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

<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: Lakeshore Dairy, Inc.	Vendor#: 20685	Dept: DuPage Care Center	Division: Dining Services
Attn: Patrick Izzo	Email: lakeshoremilk@gmail.com	Attn: Mario Plata	Email: Mario.plata@dupageco.org
Address: 985 Marshall Drive	City: Des Plaines	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60016	State: IL	Zip: 60187
Phone: 630-317-7096	Fax:	Phone: 630-784-4416	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Lakeshore Dairy, Inc.	Vendor#: 20685	Dept: DuPage Care Center	Division: Dining Services
Attn: Patrick Izzo	Email: lakeshoremilk@gmail.com	Attn: Mario Plata	Email: Mario.plata@dupageco.org
Address: 985 Marshall Drive	City: Des Plaines	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60016	State: IL	Zip: 60187
Phone: 630-317-7096	Fax:	Phone: 630-784-4416	Fax:
<b>Shipping</b>		<b>Contract Dates</b>	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): September 1, 2023	Contract End Date (PO25): August 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		fluid dairy	FY23	1200	2025	52210		19,000.00	19,000.00
2	1	EA		fluid dairy	FY23	1200	2100	52210		1,000.00	1,000.00
3	1	EA		fluid dairy	FY24	1200	2025	52210		60,000.00	60,000.00
4	1	EA		fluid dairy	FY24	1200	2100	52210		3,000.00	3,000.00
<b><i>FY is required, assure the correct FY is selected.</i></b>										Requisition Total	\$ 83,000.00

<i>Comments</i>	
HEADER COMMENTS	Provide comments for P020 and P025. Fluid dairy for the DuPage Care Center residents, cafeteria and cafes' located in the JTK Administration Building and Judicial Office Facility for the period September 1, 2023 through August 31, 2024, for a contract not to exceed \$83,000.00, under bid renewal #22-062-DCC, first 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. August 1, 2023 Human Services Committee    August 8, 2023 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.

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