

Procurement Review Comprehensive Checklist Procurement Services Division

This form must accompany all Purchase Order Requisitions

| SECTION 1: DESCRIPTION | | | | | | |
|---|---|---|--|--|--|--|
| General Tracking | | Contract Terms | | | | |
| FILE ID#: | RFP, BID, QUOTE OR RENEWAL #: | INITIAL TERM WITH RENEWALS: OTHER | INITIAL TERM TOTAL COST: \$18,908.24 | | | |
| COMMITTEE: TARGET COMMITTEE DATE: HUMAN SERVICES 11/07/2023 | | PROMPT FOR RENEWAL: | CONTRACT TOTAL COST WITH ALL RENEWALS: | | | |
| | CURRENT TERM TOTAL COST: \$18,908.24 | MAX LENGTH WITH ALL RENEWALS: ONE YEAR | CURRENT TERM PERIOD: | | | |
| Vendor Information | | Department Information | | | | |
| VENDOR: VENDOR #: Norcon Communications, Inc | | DEPT: Community Services | DEPT CONTACT NAME: Gina Strafford-Ahmed | | | |
| VENDOR CONTACT: Ishwar Hariparshad | VENDOR CONTACT PHONE: 516-239-0300 | DEPT CONTACT PHONE #: 6444 | DEPT CONTACT EMAIL: gina.strafford@dupagecounty.gov | | | |
| VENDOR CONTACT EMAIL: ishwar@norcon.org | VENDOR WEBSITE: norcon.org | 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.). Intercom system for the 9 intake rooms and reception area for community services.

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

This is the most effective way to provide ADA hearing capacity for our clients to hear staff in the intake rooms and reception area.

| SECTION 2: DECISION MEMO REQUIREMENTS | | |
|--|--|--|
| DECISION MEMO NOT REQUIRED Lowest Respons | and the second section of the se | |
| 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. | | |

| Send Purchase Order To: | | Send Invoices To: | | | | |
|---------------------------------------|--------------------------|------------------------------------|---|--|--|--|
| Vendor: Norcon Communications, Inc | Vendor#: | Dept: Community Services | Division: I&R | | | |
| Attn: Ishwar Hariprashad | Email: ishwar@norcon.org | Attn: Gina Strafford-Ahmed | Email: Gina.strafford@dupagecounty.gov | | | |
| Address: 510 Burnside Avenue | City: Inwood | Address: 421 N County Farm Road | City: Wheaton | | | |
| State: NY | Zip: 11096 | State: Zip: IL 60187 | | | | |
| Phone: 516-239-0300 | Fax: | Phone: Fax: 630-407-6444 | | | | |
| Send Payments To: | | Ship to: | | | | |
| Vendor: SAA | Vendor#: | Dept: SAA | 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): | Contract End Date (PO25): | | | |

| | | | | | Purcha | se Requisi | tion Lin | e Details | | | |
|------|---------|-----------|----------------------------|-------------------|--------|------------|----------|-----------|-----------------------------|----------------------|-----------|
| LN | Qty | UOM | Item Detail (Product #) | Description | FY | Company | AU | Acct Code | Sub-Accts/ Activity Code | Unit Price | Extension |
| 1 | 1 | EA | | Contract Services | FY23 | 1 | 1000 | 1750 | 52000 | 18,908.24 | 18,908.24 |
| FYis | require | d, assure | the correct FY | is selected. | | | | | - | Requisition Total \$ | 18,908.24 |

| Comments | | | | | | |
|----------------------|--|--|--|--|--|--|
| HEADER COMMENTS | Provide comments for P020 and P025. | | | | | |
| 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. | | | | | |

The following documents have been attached:

W-9

Vendor Ethics Disclosure Statement