

	SECTION 1:	DESCRIPTION				
General Tracking		Contract Terms				
FILE ID#: RFP, BID, QUOTE OR RENEWAL #:		INITIAL TERM WITH RENEWALS:	INITIAL TERM TOTAL COST:			
FI-P-0014-23	23-077-TRES	1 YR + 3 X 1 YR TERM PERIODS	\$189,750.00			
COMMITTEE: TARGET COMMITTEE DATE:		PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS:			
FINANCE	08/08/2023	3 MONTHS	\$759,000.00			
	CURRENT TERM TOTAL COST:	MAX LENGTH WITH ALL RENEWALS:	CURRENT TERM PERIOD:			
\$189,750.00 Fe		FOUR YEARS	INITIAL TERM			
Vendor Information		Department Information				
VENDOR:	VENDOR #:	DEPT:	DEPT CONTACT NAME:			
MAIL SERVICES LLC	13258	SUPERVISOR OF ASSESSMENTS	HELEN KRENGEL			
VENDOR CONTACT:	VENDOR CONTACT PHONE:	DEPT CONTACT PHONE #:	DEPT CONTACT EMAIL:			
Margaret Freund	515-727-7706	(630)407-5083	Helen.Krengel@dupageco.org			
VENDOR CONTACT EMAIL:	VENDOR WEBSITE:	DEPT REQ #:				
mfreund@mailserviceslc.com						
Overview						
DESCRIPTION Identify scope of w	ork, item(s) being purchased, total cost a	and type of procurement (i.e., lowest bi	d, RFP, renewal, sole source, etc.).			
Procurement of assessment maile	ers to DuPage County taxpayers, per low	est bid #23-077-TRES.				
ILISTIFICATION Summarize why t	his procurement is necessary and what	phiectives will be accomplished				

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Per IL property tax code, counties are required to send out notifications of assessed value.

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
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: Vendor#: MAIL SERVICES LLC 13258		Dept: SUPERVISOR OF ASSESSMENTS	Division:			
Attn:	Email:	Attn:	Email:			
Margaret Freund	mfreund@mailserviceslc.com	HELEN KRENGEL	Helen.Krengel@dupageco.org			
Address: 4100 121st Street	City: Urbandale	Address:City:421 N COUNTY FARM RDWHEATON				
State:	Zip:	State: Zip:				
IA	50323	IL 60187				
Phone: 515-727-7706	Fax:	Phone: (630)407-5083	Fax:			
Send Payments To:		Ship to:				
Vendor:	Vendor#:	Dept:	Division:			
MAIL SERVICES LLC	13258	SUPERVISOR OF ASSESSMENTS				
Attn:	Email:	Attn: Email:				
Margaret Freund	mfreund@mailserviceslc.com	HELEN KRENGEL Helen.Krengel@dup				
Address:	City:	Address:	City:			
4100 121st Street	Urbandale	421 N COUNTY FARM RD	WHEATON			
State:	Zip:	State:	Zip:			
IA	50323	IL	60187			
Phone: Fax: 515-727-7706		Phone: (630)407-5083	Fax:			
Shipping		Contract Dates				
Payment Terms:	FOB:	Contract Start Date (PO25):	Contract End Date (PO25):			
PER 50 ILCS 505/1	Destination	Aug 8, 2023	Aug 7, 2024			

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		Mailing Services	FY23	1000	1800	53830		34,320.00	34,320.00
2	1	EA		Postage	FY23	1000	1800	53804		155,430.00	155,430.00
FY is	s require	d, assure	e the correct FY i	s selected.		•				Requisition Total	\$ 189,750.00

Comments				
Provide comments for P020 and P025.				
Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.				
Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.				
Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.				
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The following documents have been attached: V-9

✓ Vendor Ethics Disclosure Statement