

SECTION 1: DESCRIPTION						
General Tracking		Contract Terms				
FILE ID#:	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS:	INITIAL TERM TOTAL COST:			
25-1378	4621	OTHER	\$15,600.00			
COMMITTEE: TARGET COMMITTEE DATE:		PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS:			
HUMAN SERVICES	06/03/2025	3 MONTHS	\$15,600.00			
	CURRENT TERM TOTAL COST:	MAX LENGTH WITH ALL RENEWALS:	CURRENT TERM PERIOD:			
	\$15,600.00	ONE YEAR	FIRST RENEWAL			
Vendor Information		Department Information				
VENDOR:	VENDOR #:	DEPT:	DEPT CONTACT NAME:			
Comcast Cable	12382	DuPage Care Center	Shauna Berman			
VENDOR CONTACT:	VENDOR CONTACT PHONE:	DEPT CONTACT PHONE #:	DEPT CONTACT EMAIL:			
Denice Corbin		630-784-4261	shauna.berman@dupagecounty.go v			
VENDOR CONTACT EMAIL:	VENDOR WEBSITE:	DEPT REQ #:	1			
denice_corbin@comcast.com		7510				
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.). Cable services for 1 east, Sub-Acute, in the DuPage Care Center, for the period June 1, 2025 through May 31, 2026, for a contract total amount of \$15,600.00, under bid renewal 4621.

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

Cable services to benefit our short-term residents.

## 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				
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 Informat	ion			
Send Purch	nase Order To:	Send Invoices To:				
Vendor:	Vendor#:	Dept:	Division:			
Comcast Cable	12382	DuPage Care Center	Administration			
Attn:	Email:	Attn:	Email:			
Denice Corbin	Denice_Corbin@comcast.com	Shauna Berman	shauna.berman@dupagecounty.go v			
Address:	City:	Address:	City:			
One Comcast Center, 32nd Floor	Philadelphia	400 N. County Farm Road	Wheaton			
State:	Zip:	State:	Zip:			
PA	19103	IL	60187			
Phone:	Fax:	Phone:	Fax:			
		630-784-4261				
Send Payments To:		Ship to:				
Vendor:	Vendor#:	Dept:	Division:			
Comcast Cable	12382	DuPage Care Center				
Attn:	Email:	Attn:	Email:			
	Denice_Corbin@comcast.com		shauna.berman@dupagecounty.go v			
Address:	City:	Address:	City:			
One Comcast Center, 32nd Floor	Philadelphia	400 N. County Farm Road	Wheaton			
State:	Zip:	State: Zip:				
PA	19103	IL	60187			
Phone:	Fax:	Phone:	Fax:			
		630-784-4261				
Shipping		Contract Dates				
Payment Terms:	FOB:	Contract Start Date (PO25):	Contract End Date (PO25):			
PER 50 ILCS 505/1	Destination	June 1, 2025	May 31, 2026			

	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		cable services	FY25	1200	2050	53250		7,800.00	7,800.00
2	1	EA		cable services	FY26	1200	2050	53250		7,800.00	7,800.00
FY	FY is required, ensure the correct FY is selected. Requisition Total				\$ 15,600.00						

Comments				
HEADER COMMENTS	Provide comments for P020 and P025. Cable services for 1 east, Sub-Acute, in the DuPage Care Center, for the period June 1, 2025 through May 31, 2026, for a contract total amount of \$15,600.00, under bid renewal 4621.			
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. HS Committee June 3, 2025			
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.			