

Procurement Review Comprehensive Checklist Procurement Services Division

This form must accompany all Purchase Order Requisitions

SECTION 1: DESCRIPTION						
General Tracking		Contract Terms				
FILE ID#: 25-1098	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$27,949.45			
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 05/06/2025	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$27,949.45			
	CURRENT TERM TOTAL COST: \$27,949.45	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM			
Vendor Information		Department Information				
VENDOR: Medline Industries	VENDOR #: 10299	DEPT: DuPage Care Center	DEPT CONTACT NAME: Vinit Patel			
VENDOR CONTACT: Brian Guth	VENDOR CONTACT PHONE: 800-633-5463	DEPT CONTACT PHONE #: 630-784-4273	DEPT CONTACT EMAIL: vinit.patel@dupagecounty.gov			
VENDOR CONTACT EMAIL: bguth@medline.com	VENDOR WEBSITE:	DEPT REQ #: 7505				

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.). Replacement recliners for the residents at the DuPage Care Center, for the period May 7, 2025 through November 30, 2025, for a contract total not to exceed \$27,949.45, contract pursuant to the Intergovernmental Cooperation Act OMNIA Partners Cooperative Contract #2021003157.

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Replacement recliners for the DuPage Care Center, as needed.

Some residents need frequent changes inn sitting positions, a recliner can help improve leg circulation and blood flow to the feet. In addition, elevating legs regularly can help with circulatory problems such as swollen and painful ankles and feet or aching legs.

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.			
DECISION MEMO REQUIRED COOPERATIVE (DPC2-352), GOVER	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required. NMENT JOINT PURCHASING ACT (30ILCS525) OR GSA SCHEDULE PRICING			

SECTION 3: DECISION MEMO				
SOURCE SELECTION	Describe method used to select source. Quality of Life			
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). 1) Approve contract for replacement recliners, for the DuPage Care Center, for the period May 7, 2025 through November 30, 2025, for a contract total not to exceed \$27,949.45, contract pursuant to the Intergovernmental Cooperation Act OMNIA Partners Cooperative Contract #2021003157. 2) Do not approve contract for replacement recliners, for the DuPage Care Center, for the period May 7, 2025 through November 30, 2025, for a contract total not to exceed \$27,949.45, contract pursuant to the Intergovernmental Cooperation Act OMNIA Partners Cooperative Contract #2021003157, however, DPCC will need to continue with safe and effective quality of care.			

	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						
Send	d Purchase Order To:	Seno	Send Invoices To:			
Vendor:	Vendor#:	Dept:	Division:			
Medline Industries	10299	DuPage Care Center	Environmental Concerns			
Attn:	Email:	Attn:	Email:			
Brian Guth	bguth@medline.com	Vinit Patel	Vinit.Patel@dupagecounty.gov			
Address:	City:	Address:	City:			
Three Lakes Drive	Northfield	400 N. County Farm Road	Wheaton			
State:	Zip:	State:	Zip:			
IL	60093	IL	60187			
Phone:	Fax:	Phone:	Fax:			
800-633-5463		630-784-4273				
Send Payments To:		Ship to:				
Vendor:	Vendor#:	Dept:	Division:			
Medline Industries	10299	DuPage Care Center				
Attn:	Email:	Attn:	Email:			
Customer Services	service@medline.com		Vinit.Patel@dupagecounty.gov			
Address:	City:	Address: City:				
Dept CH 1440	Palatine	400 N. County Farm Road	Wheaton			
State:	Zip:	State:	Zip:			
IL	60055-4400	IL	60187			
Phone:	Fax:	Phone: Fax:				
800-633-5463		630-784-4273				
Shipping		Contract Dates				
Payment Terms:	FOB:	Contract Start Date (PO25):	Contract End Date (PO25):			
PER 50 ILCS 505/1	Destination	May 7, 2025	November 30, 2025			

	Purchase Requisition Line Details										
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	10	EA	LZBEC1117G5	Durable 650 Series Chaise Mobile recliner, grade 5	FY25	1200	2075	54110		2,620.20	26,202.00
2	1	EA		estimated freight charges	FY25	1200	2075	54110		1,747.45	1,747.45
FY is required, ensure the correct FY is selected. Requisition Total					\$ 27,949.45						

Comments				
HEADER COMMENTS	Provide comments for P020 and P025. Replacement recliners for the residents at the DuPage Care Center, for the period May 7, 2025 through November 30, 2025, for a contract total not to exceed \$27,949.45, contract pursuant to the Intergovernmental Cooperation Act OMNIA Partners Cooperative Contract #2021003157.			
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. May 6, 2025 Human Services 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.			