



Procurement Review Comprehensive Checklist  
Procurement Services Division  
This form must accompany all Purchase Order Requisitions

### SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 25-0780	RFP, BID, QUOTE OR RENEWAL #: 24-004-DCC	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$0.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 04/01/2025	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$0.00
	CURRENT TERM TOTAL COST: \$0.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: FIRST RENEWAL
Vendor Information		Department Information	
VENDOR: Yami Fresh	VENDOR #: 32905	DEPT: DuPage Care Center	DEPT CONTACT NAME: Mario Plata
VENDOR CONTACT: Liat Segal	VENDOR CONTACT PHONE: 847-423-2448	DEPT CONTACT PHONE #: 630-784-4416	DEPT CONTACT EMAIL: mario.plata@dupagecounty.gov
VENDOR CONTACT EMAIL: liat@yamifresh.com	VENDOR WEBSITE:	DEPT REQ #: 7492	
<b>Overview</b>			
DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Manages beverage and snack vending machines at various locations on the DuPage County Campus for the period May 5, 2025 through May 4, 2026, under bid renewal #24-004-DCC, first of three one-year optional renewals.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Yami Fresh will pay DuPage Care Center profit sharing with percentages of profit sharing increases every year. Monthly Commission Payable to DuPage Care Center based on machine's Gross Income. For year two (2) Yami Fresh will pay DuPage Care Center monthly, 29% profit sharing along with a one-time payment of \$6,500.00.			

### 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

<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: Yami Fresh	Vendor#: 32905	Dept: DuPage Care Center	Division: Dining Services
Attn: Liat Segal	Email: Liat@yamifresh.com	Attn: Mario Plata	Email: Mario.plata@dupagecounty.gov
Address: 8141 Austin Avenue	City: Morton Grove	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60053	State: IL	Zip: 60187
Phone: 847-423-2448	Fax:	Phone: 630-784-4416	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Yami Fresh	Vendor#: 32905	Dept: DuPage Care Center	Division: Dining Services
Attn: Liat Segal	Email: Liat@yamifresh.com	Attn: Mario Plata	Email: mario.plata@dupagecounty.gov
Address: 8141 Austin Avenue	City: Morton Grove	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60053	State: IL	Zip: 60187
Phone: 847-423-2448	Fax:	Phone: 630-784-4416	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): May 5, 2025	Contract End Date (PO25): May 4, 2026

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		Managing Vending Services	FY25						0.00
2	1	EA		Managing Vending Services	FY26						0.00
<b><i>FY is required, ensure the correct FY is selected.</i></b>										Requisition Total	\$ 0.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Manages beverage and snack vending machines at various locations on the DuPage County Campus for the period May 5, 2025 through May 4, 2026, under bid renewal #24-004-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. April 1, 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.