



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: \$100,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 02/04/2025	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$100,000.00
	CURRENT TERM TOTAL COST: \$100,000.00	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		Department Information	
VENDOR: Outreach Community Services	VENDOR #: 10224	DEPT: Community Services	DEPT CONTACT NAME: Gina Strafford-Ahmed
VENDOR CONTACT: Vanessa Roth	VENDOR CONTACT PHONE: (630) 682-1910	DEPT CONTACT PHONE #: 630-407-6444	DEPT CONTACT EMAIL: gina.strafford@dupagecounty.gov
VENDOR CONTACT EMAIL: vroth@outreachcommin.org	VENDOR WEBSITE: outreachcommunityministries.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.). Outreach Community Services will provide case management, job training/readiness, work experience, counseling, transportation and GED assistance via \$100,000 CSBG grant funds.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished \$100,000 in CSBG funds will assist 22 eligible youth with case management, job training/readiness, work experience, counseling, transportation and GED assistance.			

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	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.
OTHER PROFESSIONAL SERVICES (DETAIL SELECTION PROCESS ON DECISION MEMO)	

SECTION 3: DECISION MEMO

SOURCE SELECTION	Describe method used to select source. This is a sub-grant exempt from bidding. DuPage County Department of Community Services' 2024 Community Needs Assessment, 23.2% of the Community Members surveyed indicated needing help finding full-time employment to achieve self-sufficiency. Outreach (Sub-grantee) will operate an Employment Opportunity Case Management Program for economically disadvantaged young and vulnerable adults who lack necessary job skills to successfully enter the job market or those looking to develop a higher skill level to advance in the workforce. This program is a component in our community's response to the Whole Family Approach.
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). Fund the program at \$100,000 1) Issue sub grantee agreement with Outreach Community Services for \$100,000. This will allow youth an opportunity to gain job training, GED assistance, on the job work experience and other supportive services to help attain employment. 2) Do not fund the program and risk youth not obtaining job skills and becoming homeless and needing public assistance.

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 Purchase Order To:		Send Invoices To:	
Vendor: Outreach Community Services	Vendor#: 10224	Dept: Community Services	Division: Intake and Referral
Attn: Vanessa Roth	Email: vroth@outreachcommin.org	Attn: Gina Strafford-Ahmed	Email: gina.strafford@dupagecounty.gov
Address: 373 S. Schmale	City: Carol Stream	Address: 421 N. County Farm Road	City: Wheaton
State: IL	Zip: 60188	State: IL	Zip: 60187
Phone: (630) 682-1910	Fax: (630) 682-3094	Phone: 630-407-6444	Fax: 630-407-6501
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): Jan 1, 2025	Contract End Date (PO25): Dec 31, 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	1	EA		Contract Services	FY25	5000	1650	53820	25-231028	100,000.00	100,000.00
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 100,000.00

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.