



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

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 23-3780	RFP, BID, QUOTE OR RENEWAL #: 21-087-CARE	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$47,124.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 12/05/2023	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$220,825.00
	CURRENT TERM TOTAL COST: \$58,701.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: SECOND RENEWAL
Vendor Information		Department Information	
VENDOR: Music Speaks, LLC	VENDOR #: 20683	DEPT: DuPage Care Center/Recreation	DEPT CONTACT NAME: Susan Coblentz
VENDOR CONTACT: Stephanie Johnson	VENDOR CONTACT PHONE: 563-249-5781	DEPT CONTACT PHONE #: 630-784-4302	DEPT CONTACT EMAIL: Susan.coblentz@dupagecounty.gov
VENDOR CONTACT EMAIL: stephanie@musicspeakstherapy.com	VENDOR WEBSITE:	DEPT REQ #: 7428	
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.). Music Therapy Services for the residents at the DuPage Care Center, for the period 01/12/24 through 01/11/25, for a contract amount not to exceed \$58,701.00, under RFP renewal #21-087-CARE, second of three (3) one (1)-year optional renewal.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Music Therapy is an established healthcare profession that uses music to address physical, emotional, cognitive, and social needs of individuals of all ages. Music is used with elderly persons to increase or maintain their level of physical, mental and social/emotional functioning. The sensory and intellectual stimulation of music can help maintain a person's quality of life. With the advancements in medicine and the increased number of independent and assisted living facilities available to residents that fall into that category, the long term care industry is caring for a population that is more medically compromised. Residents are less able to meet their own needs independently and are requiring more assistance to do so. IDPH Regulations require stimulation with lower functioning residents. (DuPage Care Center Foundation Funded)			

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

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.

SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: Music Speaks, LLC	Vendor#: 20683	Dept: DuPage Care Center	Division: Recreation
Attn: Stephanie Johnson	Email: stephanie@musicspeakstherapy.com	Attn: Susan Coblenz	Email: susan.coblenz@dupagecounty.gov
Address: PO Box 986	City: Marion	Address: 400 N. County Farm Road	City: Wheaton
State: IA	Zip: 53202	State: IL	Zip: 60187
Phone: 563-249-5781	Fax:	Phone: 630-784-4302	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Music Speaks, LLC	Vendor#: 20683	Dept: DuPage Care Center	Division: Recreation
Attn: Stephanie Johnson	Email: stephanie@musicspeakstherapy.com	Attn: Susan Coblenz	Email: susan.coblenz@dupagecounty.gov
Address: 315 E. 5th Street	City: Waterloo	Address: 400 N. County Farm Road	City: Wheaton
State: IA	Zip: 50703	State: IL	Zip: 60187
Phone: 563-249-5781	Fax:	Phone: 630-784-4302	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): January 12, 2024	Contract End Date (PO25): January 11, 2025
Contract Administrator (PO25): Christine Kliebhan			

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		music therapy	FY24	5000	2120	53090	DCCFMTG2 2	53,809.25	53,809.25
2	1	EA		music therapy	FY25	5000	2120	53090	DCCFMTG2 2	4,891.75	4,891.75
<i>FY is required, assure the correct FY is selected.</i>										Requisition Total	\$ 58,701.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Music Therapy Services for the residents at the DuPage Care Center, for the period 01/12/24 through 01/11/25, for a contract amount not to exceed \$58,701.00 under RFP renewal #21-087-CARE, second of three (3) one (1)-year optional renewal.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. 12/05/23 HS Committee 12/12/2023 County Board
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.

The following documents have been attached: ☐ W-9 ☒ Vendor Ethics Disclosure Statement