



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

### SECTION 1: DESCRIPTION

|                                                       |                                         |                                           |                                                         |
|-------------------------------------------------------|-----------------------------------------|-------------------------------------------|---------------------------------------------------------|
| <i>General Tracking</i>                               |                                         | <i>Contract Terms</i>                     |                                                         |
| FILE ID#:<br>25-2341                                  | RFP, BID, QUOTE OR RENEWAL #:           | INITIAL TERM WITH RENEWALS:<br>OTHER      | INITIAL TERM TOTAL COST:<br>\$51,220.00                 |
| COMMITTEE:<br>HUMAN SERVICES                          | TARGET COMMITTEE DATE:<br>10/21/2025    | PROMPT FOR RENEWAL:                       | CONTRACT TOTAL COST WITH ALL RENEWALS:<br>\$51,220.00   |
|                                                       | CURRENT TERM TOTAL COST:<br>\$51,220.00 | MAX LENGTH WITH ALL RENEWALS:<br>ONE YEAR | CURRENT TERM PERIOD:<br>INITIAL TERM                    |
| <i>Vendor Information</i>                             |                                         | <i>Department Information</i>             |                                                         |
| VENDOR:<br>Metropolitan Industries, Inc.              | VENDOR #:                               | DEPT:<br>DuPage Care Center               | DEPT CONTACT NAME:<br>Nick Jensen                       |
| VENDOR CONTACT:<br>Kent Swanson                       | VENDOR CONTACT PHONE:<br>815-886-9200   | DEPT CONTACT PHONE #:<br>630-784-4435     | DEPT CONTACT EMAIL:<br>Nicholas.Jensen@dupagecounty.gov |
| VENDOR CONTACT EMAIL:<br>kswanson@metropolitanind.com | VENDOR WEBSITE:<br>metroplitanind.com   | DEPT REQ #:<br>7537                       |                                                         |

#### 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.). Recommendation for the approval of a contract purchase order to Metropolitan Industries, Inc., to provide, deliver & install a Metropolitan "Metro-Prime" pump system for the DuPage Care Center, for the period October 28, 2025 through October 27, 2026, for a total contract amount not to exceed \$51,220.00, per Single Source per DuPage Ordinance, Section 2-350 (manufacturer)

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished  
Replacement pumps for the underground pit area at the DuPage Care Center. The current pumps are no longer operable and currently have temporary undersized storm water ejector pumps in place and are manually testing pumps to ensure are properly working.

### 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.  
SOLE SOURCE PER DUPAGE ORDINANCE, SECTION 2-350 (MUST FILL OUT SECTION 4)

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.<br>MANUFACTURER                                                                                                                                                                                                                |
| <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.<br><br>The replacement pumps are surface pumps versus underground pit pumps. |
| <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.<br><br>FM plumbers researched and put out quotes, this vendor was the only vendor that offered this product                                              |
| <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:<br>Metropolitan Industries, Inc. | Vendor#:                               | Dept:<br>DuPage Care Center                     | Division:<br>DuPage Care Center               |
| Attn:<br>Kent Swanson                    | Email:<br>kswanson@metropolitanind.com | Attn:<br>Nick Jensen                            | Email:<br>Nicholas.Jensen@dupagecounty.gov    |
| Address:<br>37 Forestwood Drive          | City:<br>Romeoville                    | Address:<br>400 N. County Farm Road             | City:<br>Wheaton                              |
| State:<br>IL                             | Zip:<br>60446-1343                     | State:<br>IL                                    | Zip:<br>60187                                 |
| Phone:<br>815-886-9200                   | Fax:                                   | Phone:<br>630-784-4435                          | Fax:                                          |
| <i>Send Payments To:</i>                 |                                        | <i>Ship to:</i>                                 |                                               |
| Vendor:<br>Metropolitan Industries       | Vendor#:                               | Dept:<br>DuPage Care Center                     | Division:<br>Facilities Management            |
| Attn:<br>Kent Swanson                    | Email:<br>kswanson@metropolitanind.com | Attn:<br>Nick Jensen                            | Email:<br>Nicholas.Jensen@dupagecounty.gov    |
| Address:<br>37 Forestwood Drive          | City:<br>Romeoville                    | Address:<br>400 N. County Farm Road             | City:<br>Wheaton                              |
| State:<br>IL                             | Zip:<br>60446-1343                     | State:<br>IL                                    | Zip:<br>60187                                 |
| Phone:<br>815-886-9200                   | Fax:                                   | Phone:<br>630-784-4435                          | Fax:                                          |
| Shipping                                 |                                        | Contract Dates                                  |                                               |
| Payment Terms:<br>PER 50 ILCS 505/1      | FOB:<br>Destination                    | Contract Start Date (PO25):<br>October 28, 2025 | Contract End Date (PO25):<br>October 27, 2026 |

| Purchase Requisition Line Details                                |     |     |                            |                                                                                                                                                                            |      |         |      |           |                             |                   |              |
|------------------------------------------------------------------|-----|-----|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|------|-----------|-----------------------------|-------------------|--------------|
| LN                                                               | Qty | UOM | Item Detail<br>(Product #) | Description                                                                                                                                                                | FY   | Company | AU   | Acct Code | Sub-Accts/<br>Activity Code | Unit Price        | Extension    |
| 1                                                                | 1   | EA  |                            | 2 Model 35MKPC300 self-priming pumps with 4-inch discharge, duplex control panel, alternator switch, basin cover and check valves & gate valves for the DuPage Care Center | FY25 | 1200    | 2040 | 54010     |                             | 51,220.00         | 51,220.00    |
| <b><i>FY is required, ensure the correct FY is selected.</i></b> |     |     |                            |                                                                                                                                                                            |      |         |      |           |                             | Requisition Total | \$ 51,220.00 |

| Comments             |                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HEADER COMMENTS      | Provide comments for P020 and P025.<br>Recommendation for the approval of a contract purchase order to Metropolitan Industries, Inc., to provide, deliver & install a Metropolitan "Metro-Prime" pump system for the DuPage Care Center, for the period October 28, 2025 through October 27, 2026, for a total contract amount not to exceed \$51,220.00, per Single Source, per DuPage Ordinance, Section 2-350 (manufacturer) |
| SPECIAL INSTRUCTIONS | Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.<br>October 21, 2025 Human Service Committee      October 28, 2025 County Board Meeting                                                                                                                                                                                                                                          |
| 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.                                                                                                                                                                                                                                                                                                                      |