



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

| <b>SECTION 1: DESCRIPTION</b>   |   |  |   |
|---|---|--|---|
| <i>General Tracking</i>   |   | <i>Contract Terms</i>                  |   |
| FILE ID#: 26-1245   | RFP, BID, QUOTE OR RENEWAL #: 23-065-PW | INITIAL TERM WITH RENEWALS: OTHER      | INITIAL TERM TOTAL COST: \$696,548.00               |
| COMMITTEE: PUBLIC WORKS   | TARGET COMMITTEE DATE: 05/05/2026       | PROMPT FOR RENEWAL:                    | CONTRACT TOTAL COST WITH ALL RENEWALS: \$696,548.00 |
|   | CURRENT TERM TOTAL COST: \$696,548.00   | MAX LENGTH WITH ALL RENEWALS: ONE YEAR | CURRENT TERM PERIOD: INITIAL TERM                   |
| <i>Vendor Information</i>   |   | <i>Department Information</i>          |   |
| VENDOR: Insituform Technologies, Inc.   | VENDOR #:                               | DEPT: Facilities Management            | DEPT CONTACT NAME: Mark Thomas                      |
| VENDOR CONTACT: Kevin Coburn  | VENDOR CONTACT PHONE: 630-842-8539      | DEPT CONTACT PHONE #: 630-407-8280     | DEPT CONTACT EMAIL: mark.thomas@dupagecounty.gov    |
| VENDOR CONTACT EMAIL: kcoburn@azuria.com  | VENDOR WEBSITE:                         | DEPT REQ #:                            |   |
| <i>Overview</i>   |   |  |   |
| 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 to Insituform Technologies, Inc., to repair and line existing stormwater and sanitary lift stations on County Campus, for Facilities Management, for the period of May 12, 2026 through May 11, 2027, for a total contract amount not to exceed \$696,548. Contract pursuant to the Intergovernmental Cooperation Act (Omnia Contract #23-065-PW). |   |  |   |
| JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Both the sanitary and stormwater lift stations are exceeding their expected service life and exhibiting structural and physical deterioration, critical repairs are necessary to ensure continued operational reliability. These deficiencies present an increased risk of system failure, which could result in service disruptions, environmental concerns, and potential flooding.  |   |  |   |

| <b>SECTION 2: DECISION MEMO REQUIREMENTS</b>  |  |
|---|--|
| 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.     |
| COOPERATIVE (DPC2-352), GOVERNMENT JOINT PURCHASING ACT (30ILCS525) OR GSA SCHEDULE PRICING |  |

| <b>SECTION 3: DECISION MEMO</b>     |  |
|-------------------------------------|--|
| SOURCE SELECTION                    | Describe method used to select source.<br>Omnia Contract with the County of DuPage as the lead for trenchless rehabilitation and maintenance of pipeline infrastructure.   |
| 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).<br>1) Recommendation to approve a contract with Insituform for the necessary repairs on the sanitary and stormwater lift stations on County Campus.<br>2) Do not rehabilitate and repair the sanitary and stormwater lift stations. Not recommended due to the repairs that are needed for both lift stations to function properly.<br>3) Do not approve purchase at this time. Not recommended because both lift stations have exceeded the expected service life. |

## 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:<br>Insituform Technologies, Inc. | Vendor#:                     | Dept:<br>Facilities Management              | Division:                                    |
| Attn:<br>Kevin Coburn                    | Email:<br>kcoburn@azuria.com | Attn:                                       | Email:<br>FMAccountsPayable@dupagecounty.gov |
| Address:<br>580 Goddard Ave.             | City:<br>Chesterfield        | Address:<br>421 N. County Farm Rd.          | City:<br>Wheaton                             |
| State:<br>MO                             | Zip:<br>63005                | State:<br>IL                                | Zip:<br>60187                                |
| Phone:<br>630-842-8539                   | Fax:                         | Phone:<br>630-407-5700                      | Fax:   |
| <i>Send Payments To:</i>                 |                              | <i>Ship to:</i>                             |  |
| Vendor:<br>Insituform Technologies, Inc. | Vendor#:                     | Dept:<br>Facilities Management              | Division:                                    |
| Attn:<br>Kevin Coburn                    | Email:<br>kcoburn@azuria.com | Attn:<br>Mark Thomas`                       | Email:<br>mark.thomas@dupagecounty.gov       |
| Address:<br>580 Goddard Ave.             | City:<br>Chesterfield        | Address:<br>Various                         | City:<br>Wheaton                             |
| State:<br>MO                             | Zip:<br>63005                | State:<br>IL                                | Zip:<br>60187                                |
| Phone:<br>630-842-8539                   | Fax:                         | Phone:<br>630-407-8280                      | Fax:   |
| Shipping                                 |                              | Contract Dates                              |  |
| Payment Terms:<br>PER 50 ILCS 505/1      | FOB:<br>Destination          | Contract Start Date (PO25):<br>May 12, 2026 | Contract End Date (PO25):<br>May 11, 2027    |

**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   | LO  |                         | Stormwater Lift Station               | FY26 | 6000    | 1220 | 54060     |                         | 488,450.00        | 488,450.00    |
| 2  | 1   | LO  |                         | Stormwater Lift Station - Contingency | FY26 | 6000    | 1220 | 54060     |                         | 48,845.00         | 48,845.00     |
| 3  | 1   | LO  |                         | Sanitary Lift Station                 | FY26 | 6000    | 1220 | 54070     |                         | 144,775.00        | 144,775.00    |
| 4  | 1   | LO  |                         | Sanitary Lift Station Contingency     | FY26 | 6000    | 1220 | 54070     |                         | 14,478.00         | 14,478.00     |
| <b><i>FY is required, ensure the correct FY is selected.</i></b> |     |     |                         |                                       |      |         |      |           |                         | Requisition Total | \$ 696,548.00 |

| <i>Comments</i>      |   |
|----------------------|---|
| HEADER COMMENTS      | Provide comments for P020 and P025.<br>Lift Station Rehabilitation and Repairs  |
| SPECIAL INSTRUCTIONS | Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.<br>Send PO to Cathie Figlewski, Clara Gomez & Katie Boffa |
| INTERNAL NOTES       | Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.<br>PW: 5/5/26 CB: 5/12/26                           |
| APPROVALS            | Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.  |