



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#: 24-1050	RFP, BID, QUOTE OR RENEWAL #: 101447	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$29,086.20
COMMITTEE:	TARGET COMMITTEE DATE: 04/02/2024	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$29,086.20
	CURRENT TERM TOTAL COST: \$29,086.20	MAX LENGTH WITH ALL RENEWALS:	CURRENT TERM PERIOD:
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: AED Professionals	VENDOR #:	DEPT: DuPage County Sheriff's Office	DEPT CONTACT NAME: Dep. Brian Barkalow #336
VENDOR CONTACT: Julie Dini	VENDOR CONTACT PHONE: 847-202-3233	DEPT CONTACT PHONE #: 630-407-2088	DEPT CONTACT EMAIL: brian.barkalow@dupagesheriff.org
VENDOR CONTACT EMAIL: julie@aedprofessionals.com	VENDOR WEBSITE: https://aedprofessionals.com	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.). Purchase of twenty new automated external defibrillators (AEDs) to add some additional coverage in areas of the jail and replace older AED units that are beyond their useful life. The total cost is \$29,086.20 and this was the lowest responsible quote received and below GSA contract pricing.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished AEDs are located in all Sheriff's Office squad cars, throughout the Correctional Facility, and the courthouse to be utilized by Sheriff's Office Deputies and employees in life saving emergency medical response for the public and inmates. This purchase will allow us to expand to a few new areas and cover the facility better and also replace many older units.			

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. LOWEST RESPONSIBLE QUOTE/BID (QUOTE < \$25,000, BID ≥ \$25,000; ATTACH TABULATION)
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: AED Professionals	Vendor#:	Dept: DuPage County Sheriff's Office	Division: Civil
Attn: Julie Dini	Email: julie@aedprofessionals.com	Attn: Colleen Zbilski	Email: colleen.zbilski@dupagesheriff.org
Address: 348 W. Colfax St	City: Palatine	Address: 501 N County Farm Rd	City: Wheaton
State: IL	Zip: 60067	State: IL	Zip: 60187
Phone: 847-202-3233	Fax: 866-879-7795	Phone: 630-407-2122	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: AED Professionals	Vendor#:	Dept: DuPage County Sheriff's Office	Division: LEB
Attn: Julie Dini	Email: julie@aedprofessionals.com	Attn: Dep. Brian Barkalow	Email: brian.barkalow@dupagesheriff.org
Address: 348 W. Colfax St	City: Palatine	Address: 501 N County Farm Rd	City: Wheaton
State: IL	Zip: 60067	State: IL	Zip: 60187
Phone: 847-202-3233	Fax: 866-879-7795	Phone: 630-407-2088	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Apr 2, 2024	Contract End Date (PO25): Apr 1, 2025
Contract Administrator (PO25):			

Purchase Requisition Line Details											
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	20	EA	861304_C01	Philips FRx Defibrillator w/ case, 1 battery, 1 set of SMART Pads II	FY24	1000	4400	52320		1,345.32	26,906.40
2	20	EA	989803139311	Philips FRx Infant/Child Key	FY24	1000	4400	52320		70.00	1,400.00
3	20	EA	989803139261	Philips FRx Smart Pads II, 1 set	FY24	1000	4400	52320		38.99	779.80
FY is required, assure the correct FY is selected.										Requisition Total	\$ 29,086.20

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.

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