



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#: 24-2558	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$15,000.00
COMMITTEE: FINANCE	TARGET COMMITTEE DATE: 09/24/2024	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$15,000.00
	CURRENT TERM TOTAL COST: \$15,000.00	MAX LENGTH WITH ALL RENEWALS:	CURRENT TERM PERIOD:
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Candlewood Suites	VENDOR #:	DEPT: County Board Office	DEPT CONTACT NAME: Jason R. Blumenthal
VENDOR CONTACT: Sarah Davis	VENDOR CONTACT PHONE: 217-522-5100	DEPT CONTACT PHONE #: 630-407-6143	DEPT CONTACT EMAIL: Jason.Blumenthal@dupagecounty.gov
VENDOR CONTACT EMAIL: dos.csuites@gmail.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 blanket purchase order, issued to Candlewood Suites (Springfield, IL), for direct billing of hotel stay of County employees on County business, for a credit limit not to exceed \$15,000. Per DuPage County Procurement Ordinance, Section 2-357(2) – County Board will establish a credit account for direct billing of employees' stay on an as-needed basis.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Candlewood Suites provides lodging to employees while in Springfield, IL.			

**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. PER 55 ILCS 5/5-1022 'COMPETITIVE BIDS' (C) NOT SUITABLE FOR COMPETITIVE BIDDING
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.
<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: Candlewood Suites	Vendor#:	Dept: County Board Office	Division: Operations
Attn: Sarah Davis	Email: dos.csuites@gmail.com	Attn: Jason R. Blumenthal	Email: Jason.Blumenthal@dupagecounty.gov
Address: 2501 Sunrise Drive	City: Springfield	Address: 421 N. County Farm	City: Wheaton
State: IL	Zip: 62703	State: IL	Zip: 60187
Phone: 217-522-5100	Fax: 217-522-5101	Phone: 630-407-6143	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Same As Above	Vendor#:	Dept: Same As Above	Division:
Attn:	Email:	Attn:	Email:
Address:	City:	Address:	City:
State:	Zip:	State:	Zip:
Phone:	Fax:	Phone:	Fax:
<b>Shipping</b>		<b>Contract Dates</b>	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Sep 24, 2024	Contract End Date (PO25): Sep 24, 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		Blanket Order		1000	1001	53510		15,000.00	15,000.00
<b><i>FY is required, ensure the correct FY is selected.</i></b>										Requisition Total	\$ 15,000.00

<i>Comments</i>	
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.