



# 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#: 25-1177	RFP, BID, QUOTE OR RENEWAL #: 25-054-FM	INITIAL TERM WITH RENEWALS: 3 YRS + 1 X 1 YR TERM PERIOD	INITIAL TERM TOTAL COST: \$70,640.00
COMMITTEE: PUBLIC WORKS	TARGET COMMITTEE DATE: 05/20/2025	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$88,300.00
	CURRENT TERM TOTAL COST: \$70,640.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Allied Valve, Inc.	VENDOR #: 21794	DEPT: Facilities Management	DEPT CONTACT NAME: Mary Ventrella
VENDOR CONTACT: Frank Comia	VENDOR CONTACT PHONE: 800-827-1197 x2709	DEPT CONTACT PHONE #: 630-407-5705	DEPT CONTACT EMAIL: mary.ventrella@dupagecounty.gov
VENDOR CONTACT EMAIL: Frank.Comia@alliedvalve.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 Allied Valve, Inc., to test, repair, and re-certify safety relief valves for boilers at Power Plant, for Facilities Management, for a three (3) year period, May 28, 2025 through May 27, 2028, for a total contract amount not to exceed \$70,640.00, per lowest responsible bid #25-054-FM.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Annual testing, calibrating, and re-certification is required on all boiler safety valves.			

### 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

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: Allied Valve, Inc.	Vendor#: 21794	Dept: Facilities Management	Division:
Attn: Frank Comia	Email: Frank.Comia@alliedvalve.com	Attn:	Email: FMAccountsPayable@dupagecounty.gov
Address: 107 Dollar Tree Lane	City: Joliet	Address: 421 N. County Farm Road	City: Wheaton
State: IL	Zip: 60436	State: IL	Zip: 60187
Phone: 800-827-1197	Fax:	Phone: 630-407-5700	Fax: 630-407-5701
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Allied Valve, Inc.	Vendor#: 21794	Dept: Facilities Management	Division:
Attn:	Email:	Attn: Gavin Carroll	Email: gavin.carroll@dupagecount.gov
Address: PO Box 490	City: Bettendorf	Address: 410 N. County Farm Road	City: Wheaton
State: IA	Zip: 52722	State: IL	Zip: 60187
Phone: 563-359-81 00	Fax:	Phone: 630-918-4933	Fax:
<b>Shipping</b>		<b>Contract Dates</b>	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): May 28, 2025	Contract End Date (PO25): May 27, 2028

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		REPAIR & MTCE OTHER EQUIPMENT	FY25	1000	1100	53370		17,660.00	17,660.00
2	1	LO		REPAIR & MTCE OTHER EQUIPMENT	FY26	1000	1100	53370		17,660.00	17,660.00
3	1	LO		REPAIR & MTCE OTHER EQUIPMENT	FY27	1000	1100	53370		17,660.00	17,660.00
4	1	LO		REPAIR & MTCE OTHER EQUIPMENT	FY28	1000	1100	53370		17,660.00	17,660.00
<b><i>FY is required, ensure the correct FY is selected.</i></b>										Requisition Total	\$ 70,640.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Provide testing, repair, and re-certify safety relief valves for boilers at Power Plant, for Facilities Management.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. Send PO to Vendor, Mary Ventrella, Cathie Figlewski, and Clara Gomez.
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO. Public Works Committee: 5/20/25    County Board: 5/27/25
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.