



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#: 24-1995	RFP, BID, QUOTE OR RENEWAL #: 24-061-DCC	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$61,420.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 08/06/2024	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$122,840.00
	CURRENT TERM TOTAL COST: \$61,420.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Warehouse Direct	VENDOR #: 10068	DEPT: DuPage Care Center	DEPT CONTACT NAME: Vinit Patel
VENDOR CONTACT: Steve hyde	VENDOR CONTACT PHONE: 847-631-7193	DEPT CONTACT PHONE #: 630-784-4273	DEPT CONTACT EMAIL: vinit.patel@dupagecounty.gov
VENDOR CONTACT EMAIL: steveh Hyde@waqrehouse Direct.com	VENDOR WEBSITE:	DEPT REQ #: 7463	
<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.). Hand soap and personal care items for the DuPage Care Center, for a two-year period covering September 1, 2024 through August 31, 2026, for a contract total amount not to exceed \$61,420.00, per Bid #24-061-DCC.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished These products are necessary supplies in providing cleanliness and help stop the spreading of germs for the DuPage Care Center.			

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

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: Warehouse Direct	Vendor#: 10068	Dept: DuPage Care Center	Division: Housekeeping
Attn: Steve Hyde	Email: stevehyde@warehousedirect.com	Attn: Vinit Patel	Email: vinit.patel@dupagecounty.gov
Address: 2001 S. Mt. Prospect	City: Des Plaines	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60018	State: IL	Zip: 60187
Phone: 847-631-7193	Fax:	Phone: 630-784-4273	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Warehouse Direct	Vendor#: 10068	Dept: DuPage Care Center	Division: Housekeeping
Attn: Steve Hyde	Email: stevehyde@warehousedirect.com	Attn: Vinit Patel	Email: vinit.patel@dupagecounty.gov
Address: 2001 S. Mt. Prospect	City: Des Plaines	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60018	State: IL	Zip: 60187
Phone: 847-631-7193	Fax:	Phone: 630-784-4272	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): September 1, 2024	Contract End Date (PO25): August 31, 2026

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		hand soap and personal care items for the DuPage Care Center	FY24	1200	2035	52280		12,800.00	12,800.00
2	1	EA		hand soap and personal care items for the DuPage Care Center	FY25	1200	2035	52280		30,700.00	30,700.00
3	1	EA		hand soap and personal care items for the DuPage Care Center	FY26	1200	2035	52280		17,920.00	17,920.00
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 61,420.00

Comments

HEADER COMMENTS	Provide comments for P020 and P025. Hand soap and personal care items for the DuPage Care Center, for a two-year period covering September 1, 2024 through August 31, 2026, for a contract total amount not to exceed \$61,420.00, per Bid #24-061-DCC.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. August 6, 2024 Human Services August 13, 2024 County Board
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.