

Procurement Review Comprehensive Checklist Procurement Services Division

This form must accompany all Purchase Order Requisitions

	SECTION 1:	DESCRIPTION			
General Tracking		Contract Terms			
FILE ID#: 23-1305	RFP, BID, QUOTE OR RENEWAL #: 21-006-CARE	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$350,000.00		
TANGET COMMITTEE DATE.		PROMPT FOR RENEWAL: 6 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$1,644,000.00		
	CURRENT TERM TOTAL COST: \$450,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: SECOND RENEWAL		
Vendor Information		Department Information			
VENDOR: Brightstar Care of Central DuPage	VENDOR #: 12992	DEPT: DuPage Care Center	DEPT CONTACT NAME: Annabel Leonida		
VENDOR CONTACT: Leonard Sanchez	VENDOR CONTACT PHONE: 630-260-5300	DEPT CONTACT PHONE #: 630-784-4250	DEPT CONTACT EMAIL: annabel.leonida@dupageco.org		
VENDOR CONTACT EMAIL: leonard.sanchez@brightstarcare.co m	VENDOR WEBSITE:	DEPT REQ #: 7380			

Overview

DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Supplemental Nursing Staffing Services for the DuPage Care Center, for the period April 13, 2023 through April 12, 2024, for a total contract amount not to exceed \$450,000.00, per RFP #21-006-CARE, second of three one-year optional renewals. NOTE: This contract is partially funded by ARPA Funding.

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished RN's, LPN's and CNA's are vital front line positions in the operation of the DuPage Care Center. Staffing levels have been established based on resident census and acuity, workload, and regulatory guidelines. Staffing is utilized to maintain staffing levels in light of attrition (i.e. vacancies), scheduled time off, unscheduled time off (i.e. call-ins), medical leaves and Covid-19 assistance. In order to ensure that DPCC is able to meet the prescribed staffing plan regardless of these issues, secondary staffing contracts will allow for adequate staffing when the existing pool of qualified DPCC staff is not available.

SECTION 2: DECISION MEMO REQUIREMENTS					
DECISION MEMO NOT REQUIRED RENEWAL	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.				

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.

Send Purch	ase Order To:	Send Invoices To:				
Vendor:	Vendor#:	Dept:	Division:			
Brightstar Care of Central DuPage	12992	DuPage Care Center	Nursing			
Attn:	Email:	Attn:	Email:			
Leonard Sanchez	leonard.sanchez@brightstarcare.co m	Connie Pureza	connie.pureza@dupageco.org			
Address:	City:	Address: City:				
416 E. Roosevelt Road, Suite 105	Wheaton	400 N. County Farm Road	Wheaton			
State:	Zip:	State:	Zip:			
IL	60187	IL	60187			
Phone:	Fax:	Phone:	Fax:			
630-260-5300		630-784-4254				
Send Pay	ments To:	Ship to:				
Vendor: Vendor#:		Dept:	Division:			
Novastaff Healthcare Services, LTD. 37419		DuPage Care Center	Nursing			
Attn: Email:		Attn:	Email:			
David Sim		Annabel Leonida	annabel.leonida@dupageco.or			
Address: City:		Address:	City:			
PO Box 249	Sox 249 Coal City 400 N. County Farm Road Wheat					
State: Zip:		State:	Zip:			
IL	60416		60187			
Phone:	Fax:	Phone:	Fax:			
630-472-1122		630-784-4250				
Shipping		Contract Dates				
Payment Terms:	yment Terms: FOB: Contract Start Da		rate (PO25): Contract End Date (PO25):			
PER 50 ILCS 505/1 Destination		April 13, 2023	April 12, 2024			

Form under revision control 01/04/2023

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		Supplemental Nursing Staffing	FY23	1200	2050	53090		165,000.00	165,000.00
2	1	EA		Supplemental Nursing Staffing (ARPA)	FY23	1100	1215	53090	covid-19- DCC	120,000.00	120,000.00
3	1	EA		Supplemental Nursing Staffing	FY24	1200	2050	53090		100,000.00	100,000.00
4	1	EA		Supplemental Nursing Staffing (ARPA)	FY24	1100	1215	53090	covid-19- DCC	65,000.00	65,000.00
FY is required, assure the correct FY is selected. Requisition Total						\$ 450,000.00					

Comments					
HEADER COMMENTS	Provide comments for P020 and P025. Supplemental Nursing Staffing Services for the DuPage Care Center, for the period April 13, 2023 through April 12, 2024, for a total contract amount not to exceed \$450,000.00, per RFP #21-006-CARE, second of three one-year optional renewals. NOTE: This contract is partially funded by ARPA Funding.				
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. 04/04/23 Human Services Committee 04/11/23 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.				

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