

Procurement Review Comprehensive Checklist Procurement Services Division

This form must accompany all Purchase Order Requisitions

SECTION 1: DESCRIPTION						
General Tracking		Contract Terms				
FILE ID#:	ILE ID#: RFP, BID, QUOTE OR RENEWAL #: INITIAL T 21-105-PW 1 YR + 3		INITIAL TERM TOTAL COST: \$45,000.00			
COMMITTEE: TARGET COMMITTEE DATE: PUBLIC WORKS 04/01/2025		PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$180,000.00			
	CURRENT TERM TOTAL COST: \$45,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: THIRD RENEWAL			
Vendor Information		Department Information				
VENDOR: Univar Solutions USA, Inc.	VENDOR #: 12464	DEPT: DEPT CONTACT Not Public Works Jay Dahlberg				
VENDOR CONTACT: Raven Claudio	VENDOR CONTACT PHONE: 602-469-4351	DEPT CONTACT PHONE #: 630-985-7400	DEPT CONTACT EMAIL: Jay.Dahlberg@dupageco.org			
VENDOR CONTACT EMAIL: muniteam- west@univarsolutions.com	VENDOR WEBSITE: www.univarsolutions.com	DEPT REQ #:				

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.). Sodium Bisulfite for both the Woodridge and Knollwood Wastewater Treatment Facilities in bulk on an as-needed basis for a 1-year period from 4/8/25 through 3/31/26 in the amount of \$45,000 per Bid #21-105-PW. This is the third and final option to renew under this contract.

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished De-chlorination is an essential part of the wastewater treatment process and is required in order to meet EPA standards and regulations. Sodium Bisulfite is used in the de-chlorination process to remove chlorine from the final effluent phase of the treatment process.

SECTION 2: DECISION MEMO REQUIREMENTS					
DECISION MEMO NOT REQUIRED LOWEST RESPONSIBLE QUOTE/BID	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is not required. © (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.

Send Purc	hase Order To:	Send Invoices To:			
		Dept: DuPage County Public Works	Division: Public Works		
Attn: Raven Claudio	Email: raven.claudio@univarsolutions.com	Attn: Magda	Email: pwaccountspayable@dupageco.		
Address: 124 Chapel Hill Drive	City: Fairfield	Address: City: 7900 S. Route 53 Woodridge			
State: Ohio	Zip: 45014	State: Zip: Illinois 60517			
Phone: 513-969-7393	Fax:	Phone: 630-985-7400	Fax: 630-985-4802		
Send P	ayments To:	Ship to:			
Vendor: Univar Solutions USA, Inc.	Vendor#: 12464	Dept: SAME AS ABOVE	Division:		
Attn:	Email:	Attn:	Email:		
Address: 62190 Collections Center Drive	City: Chicago	Address:	City:		
State: Illinois	Zip: 60693-0621	State:	Zip:		
Phone: Fax:		Phone:	Fax:		
 Shipping		Contract Dates			
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Apr 8, 2025 Contract End Date (PO25): Mar 31, 2026			

Purchase Requisition Line Details											
LN	Qty	UOM	ltem Detai l (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA		Sodium Bisulfite for both the Woodridge and Knollwood Wastewater Treatment Facilities in bulk on an as- needed basis	FY25	2000	2555	52330		40,000.00	40,000.00
2	1	EA		Sodium Bisulfite for both the Woodridge and Knollwood Wastewater Treatment Facilities in bulk on an as- needed basis	FY26	2000	2555	52330		5,000.00	5,000.00
FY is required, assure the correct FY is selected. Requisition Total					\$ 45,000.00						

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:		✓ Vendor Ethics Disclosure Statement
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