

| General Tracking | | Contract Terms | | | | | |
|-----------------------------|---|-------------------------------|--|--|--|--|--|
| FILE ID#: | RFP, BID, QUOTE OR RENEWAL #: 24-066-WEX | INITIAL TERM WITH RENEWALS: | INITIAL TERM TOTAL COST: | | | | |
| | 24-080-WEX | | \$230,909.54 | | | | |
| COMMITTEE: | TARGET COMMITTEE DATE: | PROMPT FOR RENEWAL: | CONTRACT TOTAL COST WITH ALL RENEWALS: | | | | |
| HUMAN SERVICES | 10/15/2024 | | \$230,909.54 | | | | |
| | CURRENT TERM TOTAL COST: | MAX LENGTH WITH ALL RENEWALS: | CURRENT TERM PERIOD: | | | | |
| | \$230,909.54 | ONE YEAR | INITIAL TERM | | | | |
| Vendor Information | | Department Information | | | | | |
| VENDOR: | VENDOR #: | DEPT: | DEPT CONTACT NAME: | | | | |
| Rush Heating & Cooling, INC | | Community Services | David Stuckey | | | | |
| VENDOR CONTACT: | VENDOR CONTACT PHONE: | DEPT CONTACT PHONE #: | DEPT CONTACT EMAIL: | | | | |
| Susana Jimenez | 708-606-8696 | 6464 | David.stuckey@dupagecounty.gov | | | | |
| VENDOR CONTACT EMAIL: | VENDOR WEBSITE: | DEPT REQ #: | 1 | | | | |
| rushhvac@yahoo.com | rushvac.com | | | | | | |

DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Rush HVAC, INC will be servicing or if unable to effectively repair, replacing, inoperable or red-tagged furnaces for low-income qualified homeowners within DuPage County via LIHEAP grant funds. Procured via RFP # 24-066-WEX.

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished

This is necessary because as the weather gets colder, low-income DuPage County residents may be unable to afford repair/replacing their inoperable furnace which can be life threatening. The objective is to resolve no-heat crisis situations for DuPage County low-income homeowners.

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. DECISION MEMO REQUIRED Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required. **RFP (REQUEST FOR PROPOSAL)**

| SECTION 3: DECISION MEMO | | | | |
|--|---|--|--|--|
| SOURCE SELECTION | Describe method used to select source. The County issued RFP #24-066-WEX and received six (6) responses. | | | |
| 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). Rush HVAC, INC has worked with other agencies WX and Emergency Furnace programs and they are familiar with all the rules and regulations for each program. | | | |
| | Fund this vendor to resolve no-heat crisis situations faced by low-income LIHEAP approved homeowners who have a preexisting furnace that is nonfunctional or red-tagged by their utility company. If not funded there will be low-income homeowners with nonfunctional furnaces struggling to find heat as temperatures drop throughout the winter months. | | | |

| | 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: Purcha | ase Requisition Informat | ion | | | |
|--|------------------------------|---|---|--|--|--|
| Send Pur | chase Order To: | Send Invoices To: | | | | |
| Vendor: Rush HVAC, INC | Vendor#: | Dept: Community Services | Division: Intake and Referral | | | |
| Attn: Susana Jimenez | Email: rushhvac@yahoo.com | Attn: David Stuckey | Email: David.stuckey@dupagecounty.gov | | | |
| Address: 10526 w cermak rd, suite 107 | City: westchester | Address: 421 N. County Farm Road | City: Wheaton | | | |
| State: iliinois | Zip: 60154 | State: IL | Zip: 60187 | | | |
| Phone: 708-606-8696 | Fax: | Phone: (630) 407-6464 | Fax: (630) 407-6599 | | | |
| Send I | Payments To: | Ship to: | | | | |
| Vendor: SAA | Vendor#: | Dept: SAA | Division: | | | |
| Attn: | Email: | Attn: | Email: | | | |
| Address: | City: Address: | | City: | | | |
| State: | Zip: | State: | Zip: | | | |
| Phone: Fax: | | Phone: | Fax: | | | |
| Shipping | | Contract Dates | | | | |
| Payment Terms: PER 50 ILCS 505/1 | FOB: Destination | Contract Start Date (PO25): Oct 22, 2024 | Contract End Date (PO25): Jun 30, 2025 | | | |

| | | | | | Purchas | se Requis | ition Lin | e Details | | | |
|----|--|-----|---|---|---------|---------------|-----------|-----------|-----------------------------|------------|------------|
| LN | Qty | UOM | ltem Detail (Product #) | Description | FY | Company | AU | Acct Code | Sub-Accts/ Activity Code | Unit Price | Extension |
| 1 | 1 | EA | LIHEAP Furnace Voucher Program | Service or replace furnaces for low-income qualified homeowners under the LIHEAP Grant Program | FY24 | 5000 | 1420 | 53090 | 24-224028 | 80,955.42 | 80,955.42 |
| 2 | 1 | EA | LIHEAP Furnace Voucher Program | Service or replace furnaces for low-income qualified homeowners under the LIHEAP Grant Program | FY25 | 5000 | 1420 | 53090 | 25-224028 | 149,954.00 | 149,954.00 |
| FY | FY is required, ensure the correct FY is selected. Requisition Total | | | | | \$ 230,909.42 | | | | | |

| 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. | | |