



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#: 26-0232	RFP, BID, QUOTE OR RENEWAL #: 1969269	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$223,904.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 01/20/2026	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$223,904.00
	CURRENT TERM TOTAL COST: \$223,904.00	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Henry Schein, Incorporated	VENDOR #: 19276	DEPT: DuPage Care Center	DEPT CONTACT NAME: Vinit Patel
VENDOR CONTACT: Joseph Maltese	VENDOR CONTACT PHONE: 313-515-3308	DEPT CONTACT PHONE #: 630-784-4273	DEPT CONTACT EMAIL: vinit.patel@dupagecounty.gov
VENDOR CONTACT EMAIL: joseph.maltese@henryschein.com	VENDOR WEBSITE:	DEPT REQ #: 7556	
<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 for Alco Classic expandable deck beds for the DuPage Care Center for units 3N & 2N, for the period January 28, 2026 through November 30, 2026, for a contract total not to exceed \$223,904. (Omnia Partners contract #2021002973)			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Replacement beds for 3N and 2N neighborhoods			

### 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.
COOPERATIVE (DPC2-352), GOVERNMENT JOINT PURCHASING ACT (30ILCS525) OR GSA SCHEDULE PRICING	

### SECTION 3: DECISION MEMO

SOURCE SELECTION	Describe method used to select source. quote 1969269 and OMNIA Partners
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). 1) Approve contract for replacement Alco Classic expandable deck beds for the 3North and 2North Neighborhoods. 2) Do not approve contract for replacement Alco Classic expandable deck beds for the 3North and 2North Neighborhoods, however, they will not match the existing beds that were previously purchased and also would result in a higher cost, due to other vendors not being part of a Cooperative, Joint Purchasing.

## 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: Henry Schein, Incorporated	Vendor#: 19276	Dept: DuPage Care Center	Division:
Attn: Joseph Maltese	Email: joseph.maltese@henryschein.com	Attn: Vinit Patel	Email: vinit.patel@dupagecounty.gov
Address: 135 Duryea Road	City: Melville	Address: 400 N. County Farm Road	City: Wheaton
State: New York	Zip: 11747	State: IL	Zip: 60187
Phone: 313-515-3308	Fax:	Phone: 630-784-4273	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Henry Schein, Incorporated	Vendor#: 19276	Dept: DuPage Care Center	Division:
Attn:	Email:	Attn: Vinit Patel	Email: vinit.patel@dupagecounty.gov
Address: PO Box 360920	City: Pittsburgh	Address: 400 N. County Farm Road	City: Wheaton
State: PA	Zip: 15251-6920	State: IL	Zip: 60187
Phone:	Fax:	Phone: 630-784-4273	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): January 28, 2026	Contract End Date (PO25): November 30, 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		394695	102 Alco classic expandable deck beds for the DuPage Care Center	FY26	1200	2075	54110		223,904.00	223,904.00
<b><i>FY is required, ensure the correct FY is selected.</i></b>										Requisition Total	\$ 223,904.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Recommendation for the approval of a contract for Alco Classic expandable deck beds for the DuPage Care Center for units 3N & 2N, for the period January 27, 2026 through November 30, 2026, for a contract total not to exceed \$223,904.00. (Omnia Partners contract #2021002973)
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. January 20, 2026 Human Services Committee                      January 27, 2026 County Board
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO. Color is Walnut
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.