



Procurement Review Comprehensive Checklist
 Procurement Services Division
 This form must accompany all Purchase Order Requisitions

SECTION 1: DESCRIPTION

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| <i>General Tracking</i> | | <i>Contract Terms</i> | |
| FILE ID#: 23-2606 | RFP, BID, QUOTE OR RENEWAL #: 23-087-DCC | INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS | INITIAL TERM TOTAL COST: \$36,600.00 |
| COMMITTEE: HUMAN SERVICES | TARGET COMMITTEE DATE: 08/15/2023 | PROMPT FOR RENEWAL: 3 MONTHS | CONTRACT TOTAL COST WITH ALL RENEWALS: \$146,400.00 |
| | CURRENT TERM TOTAL COST: \$36,600.00 | MAX LENGTH WITH ALL RENEWALS: FOUR YEARS | CURRENT TERM PERIOD: INITIAL TERM |
| <i>Vendor Information</i> | | <i>Department Information</i> | |
| VENDOR: Joerns Healthcare, LLC | VENDOR #: 27216 | DEPT: DuPage Care Center | DEPT CONTACT NAME: Annabel.Leonida@dupageco.org |
| VENDOR CONTACT: Andrew Woolner | VENDOR CONTACT PHONE: 800-966-6662 | DEPT CONTACT PHONE #: 630-784-4250 | DEPT CONTACT EMAIL: annabel.leonida@dupageco.org |
| VENDOR CONTACT EMAIL: andrew.woolner@joerns.com | VENDOR WEBSITE: | DEPT REQ #: 7407 | |
| <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.). Rental of fluid immersion simulation mattress system for beds, for the DuPage Care Center, for the period 09/08/23 through 09/07/24, for a contract total amount not to exceed \$36,600, per bid #23-087-DCC. | | | |
| JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Fluid immersion simulation technology creates an optimal immersion and envelopment profile based on measurement and responses to specific patient body mass and contour. This creates a near neutrally buoyant state, by simulating the effects of a body immersed in a fluid medium. This technology provides patients with relief from bed pressure sores. | | | |

SECTION 2: DECISION MEMO REQUIREMENTS

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| 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

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|-------------------------------------|--|
| 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

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| 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

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|---|-------------------------------------|--|--|
| <i>Send Purchase Order To:</i> | | <i>Send Invoices To:</i> | |
| Vendor: Joerns Healthcare, LLC | Vendor#: 27216 | Dept: DuPage Care Center | Division: Nursing |
| Attn: Andrew Woolner | Email: andrew.woolner@joerns.com | Attn: Annabel Leonida | Email: annabel.leonida@dupageco.org |
| Address: 2430 Whitehall Park | City: Charlotte | Address: 400 N. County Farm Road | City: Wheaton |
| State: NC | Zip: 28273 | State: IL | Zip: 60187 |
| Phone: 800-826-0270 x1705 | Fax: | Phone: 630-784-4250 | Fax: |
| <i>Send Payments To:</i> | | <i>Ship to:</i> | |
| Vendor: Joerns Healthcare, LLC | Vendor#: 27216 | Dept: DuPage Care Center | Division: Nursing |
| Attn: Accounts Payable | Email: ap@joerns.com | Attn: Annabel Leonida | Email: annabel.leonida@dupageco.org |
| Address: 2430 Whitehall Park | City: Charlotte | Address: 400 N. County Farm Road | City: Wheaton |
| State: NC | Zip: 28273 | State: IL | Zip: 60187 |
| Phone: | Fax: | Phone: 630-784-4250 | Fax: |
| Shipping | | Contract Dates | |
| Payment Terms: PER 50 ILCS 505/1 | FOB: Destination | Contract Start Date (PO25): Sep 8, 2023 | Contract End Date (PO25): Sep 7, 2024 |
| Contract Administrator (PO25): Christine Kliebhan | | | |

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 | | rental of fluid immersion simulation mattress system | FY23 | 1200 | 2050 | 53410 | | 11,700.00 | 11,700.00 |
| 2 | 1 | EA | | rental of fluid immersion simulation mattress system | FY24 | 1200 | 2050 | 53410 | | 24,900.00 | 24,900.00 |
| <i>FY is required, assure the correct FY is selected.</i> | | | | | | | | | | Requisition Total | \$ 36,600.00 |

| <i>Comments</i> | |
|----------------------|--|
| HEADER COMMENTS | Provide comments for P020 and P025. Rental of fluid immersion simulation mattress system for beds, for the DuPage Care Center, for the period 09/08/23 through 09/07/24, for a contract total amount not to exceed \$36,600, per bid #23-087-DCC. |
| SPECIAL INSTRUCTIONS | Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. August 15, 2024 HS Committee August 22, 2023 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