



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

### SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 24-2914	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$16,431.00
COMMITTEE: FINANCE	TARGET COMMITTEE DATE: 11/12/2024	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$16,431.00
	CURRENT TERM TOTAL COST: \$16,431.00	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD:
Vendor Information		Department Information	
VENDOR: Alliant (Liberty Surplus)	VENDOR #: 44109	DEPT: Finance	DEPT CONTACT NAME: Jim Morrissy
VENDOR CONTACT: Wendy Teller	VENDOR CONTACT PHONE: (312) 595-7495	DEPT CONTACT PHONE #: (630) 407-6116	DEPT CONTACT EMAIL: Jim.Morrissy@dupagecounty.gov
VENDOR CONTACT EMAIL: Wendy.Teller@alliant.com	VENDOR WEBSITE:	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.). Secure Underground Storage Tank Insurance at a cost of \$16,431			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished The County requires underground storage tank insurance due to the tanks aging.			

### 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.
OTHER PROFESSIONAL SERVICES (DETAIL SELECTION PROCESS ON DECISION MEMO)	

### SECTION 3: DECISION MEMO

SOURCE SELECTION	Describe method used to select source. Broker solicited multiple insurance carriers.
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). The age of the tanks continue to provide difficulty in the placement of coverage. Due to the continued aging of the tank, Liberty was able to provide a \$1,000,000 limit per occurrence. The retentions continue at the \$100,000 retention for tanks installed after 1989, a \$250,000 retention for the tanks installed prior to 1989, and \$500,000 deductible for tanks installed prior to 1981.

## 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: Alliant	Vendor#: 44109	Dept: DuPage County	Division: Finance Department
Attn: Wendy Teller	Email: Wendy.Teller@alliant.com	Attn: Jim Morrissy	Email: jim.morrissy@dupagecounty.gov
Address: 353 N. Clark St	City: Chicago	Address: 421 N. County Farm Rd	City: Wheaton
State: IL	Zip: 60654	State: IL	Zip: 60187
Phone: (312) 595-7495	Fax: (312) 595-7163	Phone: (630) 407-6116	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Alliant	Vendor#: 44109	Dept: DuPage County	Division: Finance Department
Attn:	Email:	Attn: Jim Morrissy	Email: jim.morrissy@dupagecounty.gov
Address: 29278 Network Place	City: Chicago	Address: 421 N. County Farm Rd	City: Wheaton
State: IL	Zip: 60673-1292	State: IL	Zip: 60187
Phone:	Fax:	Phone: (630) 407-6116	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): 12/1/2024	Contract End Date (PO25): 12/1/2025

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		Underground Storage Tank Insurance	FY25	1100	1212	53130		16,431.00	16,431.00
<b><i>FY is required, ensure the correct FY is selected.</i></b>										Requisition Total	\$ 16,431.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. \$2,000,000 SIR; Increase in premium of \$2,142 from FY2024. This contract covers the period of December 1, 2024 to December 1, 2025.
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.