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

| SECTION 1: DESCRIPTION |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- |
| Feneral Tracking | RFP, BID, QUOTE OR RENEWAL \#: | Contract Terms | INITIAL TERM WITH RENEWALS: | INITIAL TERM TOTAL COST: |
| \$27,000.00 |  |  |  |  |


|  | 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 <br> OTHER PROFESSIONAL SERVICES (DETAIL SELECTION PROCESS ON DECISION MEMO) |  |


| 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. <br> QUALITY OF LIFE |
| SOURCE SELECTION | Describe method used to select source. <br> 3rd renewal from county website posting past year. |
| RECOMMENDATION <br> AND <br> TWO <br> ALTERNATIVES | Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including <br> status quo, (i.e., take no action). <br> 1) Staff recommends issuance of this contract to Kelly A. Graham to find employment for probationers in Probation <br> 2) Headcount does not included staff availability to provide these services. |


| 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 <br> UNIQUE FEATURES | Describe the product or services that are not available from other vendors. Explain necessary and unique features or <br> services. Attach letters from manufacturer, letters from distributor, warranties, licenses, or patents as needed. Be <br> 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 <br> 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 <br> services by brand/manufacturer examined and include names, phone numbers, and emails of people contacted. |


| SECTION 5: Purchase Requisition Information |  |  |  |
| :---: | :---: | :---: | :---: |
| Send Purchase Order To: |  | Send Invoices To: |  |
| Vendor: <br> Kelly A. Graham | Vendor\#: $14161$ | Dept: <br> Probation and Court Services | Division: <br> Finance |
| Attn: <br> Kelly A. Graham | Email: <br> email on file | Attn: <br> Sharon Donald | Email: <br> sharon.donald@dupageco.org |
| Address: <br> address on file | City: <br> Batavia | Address: <br> 503 N County Farm Road | City: <br> Wheaton |
| State: <br> Illinois | $\begin{array}{l\|} \hline \text { Zip: } \\ 60510 \end{array}$ | State: <br> Illinois | Zip: <br> 60187 |
| Phone: <br> phone number on file | Fax: | Phone: 630-407-8413 | $\begin{array}{\|l\|} \hline \text { Fax: } \\ 630-407-2502 \end{array}$ |
| Send Payments To: |  | Ship to: |  |
| Vendor: <br> Kelly A. Graham | Vendor\#: $14161$ | Dept: <br> Probation and Court Services | Division: <br> Finance |
| Attn: <br> Kelly A. Graham | Email: email on file | Attn: <br> Sharon Donald | Email: <br> sharon.donald@dupageco.org |
| Address: <br> address on file | City: <br> Batavia | Address: <br> 503 N County Farm Road | City: <br> Wheaton |
| State: <br> Illinois | $\begin{array}{\|l\|} \hline \text { Zip: } \\ 60510 \end{array}$ | State: <br> Illinois | $\begin{array}{\|l\|} \text { Zip: } \\ 60187 \end{array}$ |
| Phone: <br> phone number on file | Fax: | Phone: $630-407-8413$ | $\begin{aligned} & \text { Fax: } \\ & 630-407-2502 \end{aligned}$ |
| Shipping |  | Contract Dates |  |
| Payment Terms: PER 50 ILCS 505/1 | FOB: <br> Destination | Contract Start Date (PO25): <br> May 29, 2023 | Contract End Date (PO25): <br> May 28, 2024 |
| Contract Administrator (PO25): |  |  |  |


| Purchase Requisition Line Details |  |  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| LN | Qty | UOM | Item Detail (Product \#) | Description | FY | Company | AU | Acct Code | Sub-Accts/ <br> Activity Code | Unit Price |  | Extension |
| 1 | 1 | EA |  | Contractual Employment Services Trainer to implement a job placement program for Probationers | FY23 | 1400 | 6120 | 53090 |  | 20,000.00 |  | 20,000.00 |
| 2 | 1 | EA |  | Contractual Employment Services Trainer to implement a job placement program for Probationers | FY24 | 1400 | 6120 | 53090 |  | 7,000.00 |  | 7,000.00 |
| 3 |  | EA |  |  |  |  |  |  |  |  |  | 0.00 |
| 4 |  | EA |  |  |  |  |  |  |  |  |  | 0.00 |
| 5 |  | EA |  |  |  |  |  |  |  |  |  | 0.00 |
| 6 |  | EA |  |  |  |  |  |  |  |  |  | 0.00 |
| 7 |  | EA |  |  |  |  |  |  |  |  |  | 0.00 |
| FY is required, assure the correct $F Y$ is selected. |  |  |  |  |  |  |  |  |  | Requisition Total | \$ | 27,000.00 |


| 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: $\quad \square$ W-9 $\quad \square$ Vendor Ethics Disclosure Statement

