



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#:	RFP, BID, QUOTE OR RENEWAL #: 23-124-WEX	INITIAL TERM WITH RENEWALS:	INITIAL TERM TOTAL COST: \$206,008.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 11/07/2023	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS:
	CURRENT TERM TOTAL COST: \$206,008.00	MAX LENGTH WITH ALL RENEWALS:	CURRENT TERM PERIOD:
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Healthy Air Heating & Air, Inc.	VENDOR #:	DEPT: Community Services	DEPT CONTACT NAME: Robert Palos
VENDOR CONTACT: PIOTR BLASZCZYK	VENDOR CONTACT PHONE: (630)-980-4575	DEPT CONTACT PHONE #: 6425	DEPT CONTACT EMAIL: robert.palos@dupagecounty.gov
VENDOR CONTACT EMAIL: healthyairheatingandair@gmail.com	VENDOR WEBSITE: heatingcoolingrepairchicago.com	DEPT REQ #:	
<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.). Healthy Air Heating & Air, 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 competitive request for qualification.			
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.
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. QUALITY OF LIFE
SOURCE SELECTION	Describe method used to select source. Vendor selected via request for qualification # 23-124-WEX. Healthy Air Heating & Air, Inc. has worked with DuPage County for 5 years, specifically with our Weatherization program.
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). Healthy Air Heating & Air, Inc. has worked with DuPage County's Weatherization for 5 years and Cook County's Weatherization for 10 years.  1.) 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. 2.) 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

<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: Healthy Air Heating and Air, Inc.	Vendor#:	Dept: Community Services	Division: Intake and Referral
Attn: Piotr Blaszczyk	Email: healthyairheatingandair@gmail.com	Attn: Robert Palos	Email: robert.palos@dupagecounty.gov
Address: 124 N Bloomingdale Rd	City: Bloomingdale	Address: 421 N. County Farm Road	City: Wheaton
State: IL	Zip: 60108	State: IL	Zip: 60187
Phone: (630) 980-4575	Fax:	Phone: 6425	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: SAA	Vendor#:	Dept: SAA	Division:
Attn:	Email:	Attn:	Email:
Address:	City:	Address:	City:
State:	Zip:	State:	Zip:
Phone:	Fax:	Phone:	Fax:
<b>Shipping</b>		<b>Contract Dates</b>	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): November 01, 2023	Contract End Date (PO25): June 30, 2024
Contract Administrator (PO25):			

**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	LIHEAP Furnace Voucher Program	Service or replace furnaces for low-income qualified homeowners under the LIHEAP Grant Program	FY23	5000	1420	53090	23-274028	206,008.00	206,008.00
<b><i>FY is required, assure the correct FY is selected.</i></b>										Requisition Total	\$ 206,008.00

<i>Comments</i>	
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:  W-9  Vendor Ethics Disclosure Statement