



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#: AS-P-0002-25	RFP, BID, QUOTE OR RENEWAL #: 24-104-ANS	INITIAL TERM WITH RENEWALS:	INITIAL TERM TOTAL COST: \$33,919.42
COMMITTEE: ANIMAL SERVICES	TARGET COMMITTEE DATE: 01/21/2025	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$33,919.42
	CURRENT TERM TOTAL COST: \$33,919.42	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: MIDWEST VETERINARY SUPPLY INC	VENDOR #: 13975	DEPT: ANIMAL SERVICES	DEPT CONTACT NAME: KRISTIE LECAROS
VENDOR CONTACT: LAUREN FREAK	VENDOR CONTACT PHONE: 612-2101201	DEPT CONTACT PHONE #: 630-407-2803	DEPT CONTACT EMAIL: KRISTIE.LECAROS@DUPAGECOUNTY.GOV
VENDOR CONTACT EMAIL: LAUREN.FREAK@MIDWESTVET.NET	VENDOR WEBSITE: MIDWESTVETSUPPLY.COM	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.). CTS Duo+ Companion Laser Therapy System to include jump start program kit, doggles kit and 5-year warranty per lowest responsible quote.

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Animal Services aims to provide the highest quality veterinary care for its animals. To this end, Animal Services is seeking to purchase a cold laser for the newly renovated veterinary/medical space to treat shelter animals. Cold laser therapy is proven to stimulate healing and reduce inflammation in animals suffering from osteoarthritis, muscular strain/sprain, bone fracture, tendon injury, and any case where an animal is experiencing musculoskeletal pain. Laser therapy is also useful in accelerating the healing of wounds and post-operative incisions. Cold laser therapy is painless and easy to perform. Cold laser therapy system is funded by a grant from DuPage Animal Friends.

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. 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

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

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

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: MIDWEST VETERINARY SUPPLY INC	Vendor#: 13975	Dept: ANIMAL SERVICES	Division:
Attn: LAUREN FREAK	Email: LAUREN.FREAK@MIDWESTVET.NET	Attn: KRISTIE LECAROS	Email: ANIMALSERVICES@DUPAGECOUNTY.GOV
Address: 21467 HOLYOKE AVE	City: LAKEVILLE	Address: 120 N. COUNTY FARM RD.	City: WHEATON
State: MN	Zip: 55044	State: IL	Zip: 60187
Phone: 612-210-1201	Fax: 952-894-5407	Phone: 630-407-2800	Fax: 630-407-2801
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: MIDWEST VETERINARY SUPPLY INC	Vendor#: 13975	Dept: ANIMAL SERVICES	Division:
Attn: ACCOUNTS RECEIVABLE	Email: EPAY@MIDWESTVET.NET	Attn: LAURA FLAMION	Email: LAURA.FLAMION@DUPAGECOUNTY.GOV
Address: PO BOX 856500	City: MINNEAPOLIS	Address: 120 N. COUNTY FARM RD.	City: WHEATON
State: MN	Zip: 55485	State: IL	Zip: 60187
Phone: 952-567-6249	Fax: 612-255-3287	Phone: 630-407-2800	Fax: 630-407-2801
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Jan 29, 2025	Contract End Date (PO25): Jan 28, 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	EA		CTS DUO+ COMPANION LASER THERAPY SYSTEM	FY25	5000	1310	54110	DAFCAP2	33,919.42	33,919.42
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 33,919.42

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.