



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 #:	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$9,270.00
COMMITTEE: ANIMAL SERVICES	TARGET COMMITTEE DATE: 05/20/2025	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$15,770.00
	CURRENT TERM TOTAL COST: \$6,500.00	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: ULINE	VENDOR #: 11772	DEPT: ANIMAL SERVICES	DEPT CONTACT NAME: KRISTIE LECAROS
VENDOR CONTACT: RYAN GOLBECK	VENDOR CONTACT PHONE: (262) 859-3600, Ext 84124	DEPT CONTACT PHONE #: 630-407-2803	DEPT CONTACT EMAIL: KRISTIE.LECAROS@DUPAGECOUNTY.GOV
VENDOR CONTACT EMAIL: UlineSalesIL@uline.com	VENDOR WEBSITE: WWW.ULINE.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.). Small value furniture/equipment and operating supplies to include (but not limited to): shelving, cleaning supplies, mailing supplies, storage supplies, moving/maintenance equipment, etc.

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished  
Animal Services is undergoing a facility renovation that has more than doubled the facility footprint. As we continue to expand into our new spaces, furniture and equipment is needed to help staff to make the most efficient use of space, increase organization of the new spaces, increase safety throughout the facility, and manage the movement of supplies & materials between the new spaces. In addition, the department requires mailing and cleaning equipment on a regular basis to conduct routine operations.

### 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	
<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: ULINE	Vendor#: 11772	Dept: ANIMAL SERVICES	Division:
Attn: RYAN GOLBECK	Email: UlineSalesIL@uline.com	Attn: KRISTIE LECAROS	Email: ANIMALSERVICES@DUPAGECOUNTY.GOV
Address: 12575 Uline Drive	City: Pleasant Prairie	Address: 2255 MANCHESTER RD	City: WHEATON
State: WI	Zip: 53158	State: IL	Zip: 60187
Phone: (262) 859-3600, Ext 84124	Fax:	Phone: 630-407-2800	Fax: 630-407-2801
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: ULINE	Vendor#: 11772	Dept: ANIMAL SERVICES	Division:
Attn: ACCOUNTS RECEIVABLE	Email:	Attn: LAURA FLAMION	Email: LAURA.FLAMION@DUPAGECOUNTY.GOV
Address: PO BOX 88741	City: CHICAGO	Address: 2255 MANCHESTER RD	City: WHEATON
State: IL	Zip: 60680-1741	State: IL	Zip: 60187
Phone: 800-295-5510	Fax:	Phone: 630-407-2800	Fax: 630-407-2801
<b>Shipping</b>		<b>Contract Dates</b>	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): May 21, 2025	Contract End Date (PO25): May 20, 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			OPERATING SUPPLIES	FY25	1100	1300	52200		2,000.00	2,000.00
2	1			CLEANING SUPPLIES	FY25	1100	1300	52280		1,000.00	1,000.00
3	1			FURNITURE/EQUIPMENT SM VALUE	FY25	1100	1300	52000		1,000.00	1,000.00
4	1			OPERATING SUPPLIES	FY26	1100	1300	52200		1,500.00	1,500.00
5	1			CLEANING SUPPLIES	FY26	1100	1300	52280		500.00	500.00
6	1			FURNITURE/EQUIPMENT SM VALUE	FY26	1100	1300	52000		500.00	500.00
<b><i>FY is required, ensure the correct FY is selected.</i></b>										Requisition Total	\$ 6,500.00

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. Animal Services has spent \$9,270.12 with ULINE FY25 YTD.
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.