



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 #: 25-084-WIOA	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$591,928.00
COMMITTEE: ECONOMIC DEVELOPMENT	TARGET COMMITTEE DATE: 09/16/2025	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$591,928.00
	CURRENT TERM TOTAL COST: \$591,928.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Parents Alliance Employment Project	VENDOR #: 11673	DEPT: WDD	DEPT CONTACT NAME: Lisa Schvach
VENDOR CONTACT: Kristen Sheffield	VENDOR CONTACT PHONE: 630.697.8199	DEPT CONTACT PHONE #: 630.955.2066	DEPT CONTACT EMAIL: lschvach@worknetdupage.org
VENDOR CONTACT EMAIL: ksheffield@parents-alliance.org	VENDOR WEBSITE:	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.). The Workforce Innovation and Opportunity Act (WIOA) provides funding for job training and employment services to residents of DuPage County.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished The WIOA program is designed to assist DuPage County residents achieve self-sufficient employment in in-demand occupations.			

**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.
RFP (REQUEST FOR PROPOSAL)	

**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. ECONOMIC GROWTH
SOURCE SELECTION	Describe method used to select source. A Request for Proposal was issued to secure contracts to serve WIOA youth in DuPage County
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). 1) Provide Contract to Parents Alliance Employment Project 2) Seek new bids through an RFP The recommendation is to award a contract to Parents Alliance Employment Project as they have extensive experience serving WIOA youth in DuPage County

## 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: Parents Alliance Employment Project	Vendor#:	Dept: HR	Division: WDD
Attn: Brian Suste	Email: bsuste@parents-alliance.org	Attn: Thaddeus Zychowski	Email: tzychowski@worknetdupage.org
Address: 2525 Cabot Drive #205	City: Lisle	Address: 2525 Cabot Drive #302	City: Lisle
State: IL	Zip: 60532	State: IL	Zip: 60532
Phone: 630.631.9751	Fax:	Phone: 630.955.2057	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Parents Alliance Employment Project	Vendor#:	Dept:	Division:
Attn: Brian Suste	Email: bsuste@parents-alliance.org	Attn:	Email:
Address: 2525 Cabot Drive #205	City: Lisle	Address:	City:
State: IL	Zip: 60532	State:	Zip:
Phone: 630.631.9751	Fax:	Phone:	Fax:
<b>Shipping</b>		<b>Contract Dates</b>	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Oct 1, 2025	Contract End Date (PO25): Sep 30, 2026
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		Youth Training Program	FY26	5000	2840	53820	25-681006	591,928.00	591,928.00
<b><i>FY is required, assure the correct FY is selected.</i></b>										Requisition Total	\$ 591,928.00

<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