

Procurement Review Comprehensive Checklist Procurement Services Division

This form must accompany all Purchase Order Requisitions

SECTION 1: DESCRIPTION					
General Tracking		Contract Terms			
FILE ID#: 24-2840	RFP, BID, QUOTE OR RENEWAL #: 49535419	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$81,766.44		
COMMITTEE: TECHNOLOGY	TARGET COMMITTEE DATE: 11/05/2024	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$81,766.44		
	CURRENT TERM TOTAL COST: \$81,766.44	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD:		
Vendor Information		Department Information			
VENDOR: Carahsoft Technology Corp	VENDOR #: 12819	DEPT: Information Technology	DEPT CONTACT NAME: Shanita Thompson		
VENDOR CONTACT: Brendan Goepfrich	VENDOR CONTACT PHONE: 571.591.6427	DEPT CONTACT PHONE #: 630-407-5023	DEPT CONTACT EMAIL: shanita.thompson@dupagecounty.g ov		
VENDOR CONTACT EMAIL: brendan.goepfrich@carahsoft.com	VENDOR WEBSITE: www.carahsoft.com/ca- technologies	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.).

Annual software and program product licensing in the amount of \$81,766.44 purchased through Carahsoft Technology Group cooperative.

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Software and programs are needed to maintain z System support/software licensing: CA-I,SYMDUMP CICS, DADS PLUS, CA-MIGRATE, FAVER, D|SK ALLOCATE, VANTAGE and CA INTERTEST FOR CICS. Support software required for system and mission critical application development, testing and debugging support.

SECTION 2: DECISION MEMO REQUIREMENTS				
DECISION MEMO NOT REQUIRED SOLE SOURCE PER DUPAGE ORDIN	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is not required. NANCE, SECTION 2-350 (MUST FILL OUT SECTION 4)			
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.
	SOLE PROVIDER OF A LICENSED OR PATENTED GOOD OR SERVICE
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.
	CA Technologies is the sole manufacturer/provider of the noted support software currently integrated into the County's operating and application environments.
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.
	N/A - This is a proprietary software owned/supported directly by CA Technologies.
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.
	N/A - This is a proprietary software owned/supported directly by CA Technologies.

	SECTION 5: Purchase I	Requisition Information	า		
Send Purch	ase Order To:	Send Invoices To:			
Vendor: Carahsoft Technology Corp.	Vendor#: 12819	Dept: Information Technology	Division:		
Attn: Brendan Goepfrich	Email: Brendan.Goepfrich@carahsoft.com	Attn: Sarah Godzicki	Email: ITAP@dupagecounty.gov		
Address: 11493 Sunset Hills Road, Suite 100	City: Reston	Address: City: 421 N. County Farm Rd. Wheaton			
State: VA	Zip: 20190	State: Zip: 60187-3978			
Phone: (571) 591-6427	Fax:	Phone: 630-407-5037	Fax:		
Send Payments To:		Ship to:			
Vendor: SAME AS ABOVE	Vendor#:	Dept: Information Technology	Division:		
Attn:	Email:	Attn: Email: Shanita Thompson Gov			
Address:	City:	Address: City: 421 N. County Farm Rd. Wheaton			
State:	Zip:	State: Zip: IL 60187-3978			
Phone: Fax:		Phone: 630-407-5023	Fax:		
Shipping		Contract Dates			
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Contract End Date (PO25): 11/30/2025			

	Purchase Requisition Line Details										
LN	Qty	UOM	ltem Detai l (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA	CABUNDLE-S	Product SKUs are listed in the Quote Terms – Fee covers all product SKUs in quote terms for the duration of the POP dates provided. CA, Inc A Broadcom Company - CABUNDLE-S Start Date: 12/01/2024 End Date: 11/30/2025 : 51172582	FY25	1000	1110	53806		81,766.44	81,766.44
FY is required, ensure the correct FY is selected. Requisition Total					\$ 81,766.44						

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. Please send PO to Sarah Godzicki and Shanita Thompson and copy both when emailing PO to vendor.			
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.			