

Procurement Review Comprehensive Checklist Procurement Services Division

This form must accompany all Purchase Order Requisitions

SECTION 1: DESCRIPTION							
General Tracking		Contract Terms					
FILE ID#: 23-1092	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$24,706.71				
COMMITTEE: TARGET COMMITTEE DATE: HUMAN SERVICES 03/21/2023		PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$24,706.71				
	CURRENT TERM TOTAL COST: \$24,706.71	MAX LENGTH WITH ALL RENEWALS:	CURRENT TERM PERIOD: INITIAL TERM				
Vendor Information		Department Information					
VENDOR: McKesson Medical Surgical Government Solutions	esson Medical Surgical		DEPT CONTACT NAME: Annabel Leonida DEPT CONTACT EMAIL:				
VENDOR CONTACT: Christine Mazzucchelli	VENDOR CONTACT PHONE: 800-328-8111	630-784-4250 DEPT REQ #:					
VENDOR CONTACT EMAIL: Christine.Mazzucchelli@mckesson.c om	VENDOR WEBSITE:	7376					

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.). Connex Spot Vital Sign Monitors and mobile work stands with baskets for the DuPage Care Center, for the period March 22, 2023 through November 30, 2023, for a contract total not to exceed \$24,706.71, per MMCAP Cooperative Purchasing Agreement (ARPA item)

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished The Connex Vital Signs Monitor is an advanced, touch screen monitor for all health care environments and clinical workflows, it measures pulse oximetry, blood pressure and temperature. These additional machines will specifically be used for Covid Unit and or isolated units.

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 COOPERATIVE (DPC2-352), GOVER	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required. NMENT JOINT PURCHASING ACT (30ILCS525) OR GSA SCHEDULE PRICING				

	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. MMCAP Cooperative Purchasing Agreement
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) Approve the purchase of Connex Spot Vital Sign Monitors and Mobile Work rolling stands with baskets for the Covid Unit and or isolated units, so that when these situation exists, current machines are not being taken from other units in need. 2) Do not approve purchase of Connex Spot Vital Sign Monitors and Mobile Work rolling stands with baskets for the Covid Unit and or isolated units, which would cause units to move machines to other units, hard to keep track of machines and operationally take more time for nursing staff to identify a resident issue without the use of monitors.

	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.

Send Purc	hase Order To:	Send Invoices To:			
Vendor: McKesson Medical Surgical Government Solutions Vendor#: 30801		Dept: DuPage Care Center	Division: Nursing Division		
Attn: Chrisitne Mazzucchelli	Email: christine.mazzucchelli@mckesson.c om	Attn: Annabel Leonida	Email: annabel.leonida@dupageco.org		
Address: 9954 Mayland Drive, Suite 5176	City: Henrico	Address: 400 N. County Farm Road State: IL City: Wheaton Zip: 60187			
State: VA	Zip: 23233				
Phone: 833-343-2700	Fax:	Phone: 630-784-4250	Fax:		
Send Po	ayments To:	Ship to:			
Vendor: McKesson Medical Surgical Government Solutions	Vendor#: McKesson Medical Surgical Government Solutions	Dept: DuPage Care Center	Division:		
Attn:	Email:	Attn: Annabel Leonida	Email: annabel.leonida@dupageco.org		
Address: PO Box 936279	City: Atlanta	Address: 400 N. County Farm Road	City: Wheaton		
State: GA	Zip: 31193-6279	State:	Zip: 60187		
Phone:	Fax:	Phone: 630-784-4250	Fax:		
Sh	ipping	Cor	itract Dates		
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): March 22, 2023	Contract End Date (PO25): November 30, 2023		

Purchase Requisition Line Details											
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	7	EA	946244	Connex Spot Vital Sign Monitor w/NIBP, SPO2, sure temp thermometers	FY23	5000	2115	52000	ARPA2302 29	3,141.18	21,988.26
2	7	EA	959363	Spot Monitor Mobile Work Stand w/basket for Connex Unit	FY23	5000	2115	52000	ARPA2302 29	538.35	3,768.45
3	7	EA		rebate	FY23					-150.00	-1,050.00
FY is required, assure the correct FY is selected. Requisition Total						\$ 24,706.71					

Comments					
HEADER COMMENTS	Provide comments for P020 and P025. Connex Spot Vital Sign Monitors and mobile works stands with baskets for the DuPage Care Center, for the period March 22, 2023 through November 30, 2023, for a contract total not to exceed \$24,706.71, per MMCAP Cooperative Purchasing Agreement (ARPA item)				
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
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