



Procurement Review Comprehensive Checklist
Procurement Services Division
This form must accompany all Purchase Order Requisitions

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 23-1313	RFP, BID, QUOTE OR RENEWAL #: Quote	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$17,390.48
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 04/04/2023	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS:
	CURRENT TERM TOTAL COST: \$17,390.48	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		Department Information	
VENDOR: Seqirus USA, Inc.	VENDOR #: 26612	DEPT: DuPage Care Center	DEPT CONTACT NAME: Jonathan Klimek
VENDOR CONTACT: Sandra Lafoca	VENDOR CONTACT PHONE: 1-855-358-8966	DEPT CONTACT PHONE #: 630-784-4275	DEPT CONTACT EMAIL: jonathan.klimek@dupageco.org
VENDOR CONTACT EMAIL: customerservice.us@seqirus.com	VENDOR WEBSITE:	DEPT REQ #: 7383	
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.). Flu vaccinations for the DuPage Care Center Residents for the period April 5, 2023 through April 4, 2024, for a total amount not to exceed \$17,390.48, per quote. The Illinois Department of Public Aid request Nursing Facilities to purchase the flu vaccine from their pharmacies, which in turn bill Medicare.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished The DuPage Care Center offers annual vaccines or influenza to it's residents as well as staff. Vaccination is the most effective way of preventing influenza in the elderly. Jonathan Klimek, DuPage Care Center Pharmacist obtained quotes for better pricing per Managed Healthcare Association (MHA Contract, which only a pharmacist has access) NOTE: Better pricing for the Care Center if order is pre booked prior to April 14, 2023. Seqirus USA \$17,390.48 FFF Enterprises \$17,575.43 McKesson Medical Surgical \$18,474.36			

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

STRATEGIC IMPACT	Select an item from the following dropdown menu of County's strategic priorities that this action will most impact.
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: Seqirus USA Inc.	Vendor#: 26612	Dept: DuPage Care Center	Division: Pharmacy
Attn: Kara Boykins	Email: kara.boykins@ec.seqirus.com	Attn: Jonathan Klimek	Email: jonathan.klimek@dupageco.org
Address: 1020 First Avenue, PO Box 61501	City: King of Prussia	Address: 400 N. County Farm Road	City: Wheaton
State: PA	Zip: 19406	State: IL	Zip: 60187
Phone: 1-877-374-0696	Fax:	Phone: 630-784-4275	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Seqirus USA Inc.	Vendor#: 26612	Dept: DuPage Care Center	Division: Pharmacy
Attn: Bank of America Lockbox	Email:	Attn: Jonathan Klimek	Email: jonathan.klimek@dupageco.org
Address: PO Box 745986	City: Atlanta	Address: 400 N. County Farm Road	City: Wheaton
State: GA	Zip: 30374-5986	State: IL	Zip: 60187
Phone:	Fax:	Phone: 630-784-4275	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): April 5, 2023	Contract End Date (PO25): April 4, 2024
Contract Administrator (PO25): Christine Kliebhan			

Purchase Requisition Line Details

LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	12	EA		Flucelvax Quadrivalent 5-ml multi-dose vial	FY23	1200	2085	52300		223.61	2,683.32
2	25	EA		Fluad Quadrivalent 0.5-ml pre-filled syringe (x10 each)	FY23	1200	2085	52300		598.70	14,967.50
3	1	EA		Federal Excise Tax	FY23	1200	2085	52300		277.50	277.50
4	1	EA		Discount prior to 04/14/23 booking	FY23	1200	2085	52300		-537.84	-537.84
FY is required, assure the correct FY is selected.										Requisition Total	\$ 17,390.48

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Flu vaccinations for the DuPage Care Center Residents for the period April 5, 2023 through April 4, 2024, for a total amount not to exceed \$17,390.48, per quote. The Illinois Department of Public Aid request Nursing Facilities to purchase the flu vaccine from their pharmacies, which in turn bill Medicare.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. April 4, 2023 Human Services Committee
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