



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

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 25-0976	RFP, BID, QUOTE OR RENEWAL #: MMCAP	INITIAL TERM WITH RENEWALS: 1 YR + 1 X 1 YR TERM PERIOD	INITIAL TERM TOTAL COST: \$200,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 04/15/2025	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$200,000.00
	CURRENT TERM TOTAL COST: \$200,000.00	MAX LENGTH WITH ALL RENEWALS: TWO YEARS	CURRENT TERM PERIOD:
Vendor Information		Department Information	
VENDOR: McKesson Medical Surgical Government Solutions, LLC	VENDOR #: 30801	DEPT: DuPage Care Center/Nursing	DEPT CONTACT NAME: Annabel Leonida
VENDOR CONTACT: Christine Mazzucchelli	VENDOR CONTACT PHONE: 847-212-9198	DEPT CONTACT PHONE #: 630-784-4250	DEPT CONTACT EMAIL: annabel.leonida@dupagecounty.gov
VENDOR CONTACT EMAIL: christine.mazzucchelli@mckesson.com	VENDOR WEBSITE:	DEPT REQ #: 7502	

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.).
Furnish and deliver incontinent products for the DuPage Care Center, for the period June 30, 2025 through June 29, 2027, (2 years) for a contract total amount not to exceed \$200,000.00, under MMCAP contract MMS2200736.

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished

Incontinent products for the residents in need at the DuPage Care Center.

MMCAP: This contract pursuant to the Intergovernmental Cooperation Act (MMCAP) is Minnesota Multi-State Contracting Alliance for Pharmacy. MMCAP is a voluntary group purchasing organization for government facilities that provide healthcare services. MMCAP's mission is to ensure best value pharmaceuticals and healthcare products and services to government facilities across the nation. Using MMCAP rather than conducting our own bid has proven to be cost effective and much more efficient in terms of staff time to manage. MMCAP has reduced the cost of products and services as well as receiving a wholesaler share-back credit at the end of each Fiscal Year, based on the amount that is purchased. MMCAP has also been very successful with our Prime Vendor for medical/surgical supplies for many years.

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.

COOPERATIVE (DPC2-352), GOVERNMENT JOINT PURCHASING ACT (30ILCS525) OR GSA SCHEDULE PRICING

SECTION 3: DECISION MEMO

SOURCE SELECTION	Describe method used to select source. MMCAP
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 contract to McKesson Medical Surgical to furnish and deliver incontinent products for the DuPage Care Center, for the period June 30, 2025 through June 29, 2027, for a contract total not to exceed \$200,000.00, under MMCAP to obtain best pricing available, the more items we purchase, the better rebate the Care Center receives at the end of the year. 2) Do not approve contract to McKesson Medical Surgical to furnish and deliver incontinent products for the DuPage Care Center, for the period June 30, 2025 through June 29, 2027, for a contract total not to exceed \$200,000.00, under MMCAP, however incontinent products would still need to be purchased to serve the residents at the Care Center for good quality of care.

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: McKesson Medical Surgical Government Solutions, LLC	Vendor#: 30801	Dept: DuPage Care Center	Division: Nursing
Attn:	Email:	Attn: Annabel Leonida	Email: annabel.leonida@dupagecounty.gov
Address: 9954 Maryland Drive, Suite 5176	City: Henrico	Address: 400 N. County Farm Road	City: Wheaton
State: VA	Zip: 23233	State: IL	Zip: 60187
Phone:	Fax:	Phone: 630-784-	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: McKesson Medical Surgical Government Solutions, LLC	Vendor#: 30801	Dept: DuPage Care Center	Division: Nursing
Attn:	Email:	Attn: Annabel Leonida	Email: annabel.leonida@dupagecounty.gov
Address: PO Box 936279	City: Atlanta	Address: 400 N. County Farm Road	City: Wheaton
State: GA	Zip: 31193-6279	State: IL	Zip: 60187
Phone:	Fax:	Phone: 630-784-4250	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): June 30, 2025	Contract End Date (PO25): June 29, 2027

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		Incontinent product	FY25	1200	2050	52320		40,000.00	40,000.00
2	1	EA		Incontinent product	FY26	1200	2050	52320		100,000.00	100,000.00
3	1	EA		Incontinent product	FY27	1200	2050	52320		60,000.00	60,000.00
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 200,000.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Furnish and deliver incontinent products for the DuPage Care Center, for the period June 30, 2025 through June 29, 2027, (2 years) for a contract total amount not to exceed \$200,000.00, under MMCAP contract MMS2200736.
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.