

## Procurement Review Comprehensive Checklist Procurement Services Division

This form must accompany all Purchase Order Requisitions

| SECTION 1: DESCRIPTION   |   |   |   |  |  |
|--|---|---|---|--|--|
| General Tracking   |   | Contract Terms                            |   |  |  |
| FILE ID#: 25-0787  | RFP, BID, QUOTE OR RENEWAL #:           | INITIAL TERM WITH RENEWALS:<br>OTHER      | INITIAL TERM TOTAL COST:<br>\$19,000.00                     |  |  |
| COMMITTEE:<br>HUMAN SERVICES   | TARGET COMMITTEE DATE:<br>04/01/2025    | PROMPT FOR RENEWAL: 3 MONTHS              | CONTRACT TOTAL COST WITH ALL<br>RENEWALS:<br>\$19,000.00    |  |  |
|  | CURRENT TERM TOTAL COST:<br>\$19,000.00 | MAX LENGTH WITH ALL RENEWALS:<br>ONE YEAR | CURRENT TERM PERIOD:<br>INITIAL TERM                        |  |  |
| Vendor Information   |   | Department Information                    |   |  |  |
| VENDOR:<br>Redsail Technologies, LLC                                 | VENDOR #:<br>34012                      | DEPT:<br>DuPage Care Center               | DEPT CONTACT NAME:<br>Jonathan Klimek                       |  |  |
| VENDOR CONTACT:<br>Brent Thomasson                                   | VENDOR CONTACT PHONE:<br>864-253-8632   | DEPT CONTACT PHONE #: 630-784-4275        | DEPT CONTACT EMAIL:<br>jonathan.klimek@dupagecounty.go<br>v |  |  |
| VENDOR CONTACT EMAIL:<br>brent.thomasson@redsailtechnolog<br>ies.com | VENDOR WEBSITE:                         | DEPT REQ #: 7498                          |   |  |  |

## 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.). Software and software maintenance for the data system in the Pharmacy Department, for the period May 1, 2025 through April 30, 2026, for a total contract not to exceed \$19,000.00. Also to include miscellaneous other charges as necessary, per 55 ILCS 5/5-1022 "COMPETITIVE BIDES" (D) IT/TELECOM PURCHASES UNDER \$35,000.00.

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

The Pharmacy Department uses a data system to electronically store prescriptions. The system keeps track of patient information, inventory and billing. DPCC purchases a maintenance agreement each year to keep the system up to date on pricing clinical information and regulatory information. The software allows new prescriptions and filling refills quick and easy. HIPPAA-compliant system makes processing claims, reporting, managing inventory and maintaining and updating data easier. Redsail offers a range of integrated services and systems that enhance work flow and patient safety in our pharmacy while providing the comprehensive management tools necessary for better service and profitability. The DPCC Pharmacy has utilized the data system since 1998 with little to no interruption in service. The system is flexible enough to interface with new technology and is adaptable with the needs to our inpatient and outpatient needs of our Pharmacy Department.

| 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.  PER 55 ILCS 5/5-1022 'COMPETITIVE BIDS' (D) IT/TELECOM PURCHASES UNDER \$35,000.00 |  |  |  |  |  |
| 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<br>AND<br>TWO<br>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<br>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 R                    | Requisition Informat            | ion                                  |  |  |  |  |
|------------------------------------|--|---------------------------------|--------------------------------------|--|--|--|--|
| Send Po                            | urchase Order To:                        | Send Invoices To:               |                                      |  |  |  |  |
| Vendor:                            | Vendor#:                                 | Dept:                           | Division:                            |  |  |  |  |
| Redsail Technologies, LLC          | 34012                                    | DuPage Care Center              | Pharmacy                             |  |  |  |  |
| Attn:                              | Email:                                   | Attn: Email:                    |                                      |  |  |  |  |
| Brent Thomasson                    | brent.thomasson@redsailtechnolog ies.com | Jonathan Klimek                 | jonathan.klimek<br>@dupagecounty.gov |  |  |  |  |
| Address:                           | City:                                    | Address:                        | City:                                |  |  |  |  |
| 201 W. St. John Street             | Spartanburg                              | 400 N. County Farm Road Wheaton |                                      |  |  |  |  |
| State:                             | Zip:                                     | State:                          | Zip:                                 |  |  |  |  |
| SC                                 | 29306                                    | IL                              | 60187                                |  |  |  |  |
| Phone:                             | Fax:                                     | Phone:                          | Fax:                                 |  |  |  |  |
| 800-845-7558                       |  | 630-784-4275                    |                                      |  |  |  |  |
| Send                               | d Payments To:                           | Ship to:                        |                                      |  |  |  |  |
| Vendor:                            | Vendor#:                                 | Dept:                           | Division:                            |  |  |  |  |
| Redsail Technologies, LLC          | 34012                                    | DuPage Care Center              | Pharmacy                             |  |  |  |  |
| Attn:                              | Email:                                   | Attn:                           | Email:                               |  |  |  |  |
|                                    |  | Jonathan Klimek                 | jonathan.klimek<br>@dupagecounty.gov |  |  |  |  |
| Address:                           | City:                                    | Address:                        | City:                                |  |  |  |  |
| 201 W. St. John Street Spartanburg |  | 400 N. County Farm Road         | Wheaton                              |  |  |  |  |
| State:                             | Zip:                                     | State:                          | Zip:                                 |  |  |  |  |
| SC                                 | 29306                                    | IL                              | 60187                                |  |  |  |  |
| Phone:                             | Fax:                                     | Phone:                          | Fax:                                 |  |  |  |  |
|                                    |  | 630-784-4275                    |                                      |  |  |  |  |
| Shipping                           |  | Contract Dates                  |                                      |  |  |  |  |
| Payment Terms:                     | FOB:                                     | Contract Start Date (PO25):     | Contract End Date (PO25):            |  |  |  |  |
| PER 50 ILCS 505/1                  | Destination                              | May 1, 2025 April 30, 2026      |                                      |  |  |  |  |

|       |  |     |                            |   | Purcha | se Requis | ition Lin         | e Details    |                             |            |           |
|-------|--|-----|----------------------------|---|--------|-----------|-------------------|--------------|-----------------------------|------------|-----------|
| LN    | Qty  | UOM | Item Detail<br>(Product #) | Description   | FY     | Company   | AU                | Acct Code    | Sub-Accts/<br>Activity Code | Unit Price | Extension |
| 1     | 1  | EA  |                            | Software & Software<br>Maintenance for the Data<br>System in the Pharmacy<br>Department | FY25   | 1200      | 2085              | 53250        |                             | 4,000.00   | 4,000.00  |
| 2     | 1  | EA  |                            | Software & Software<br>Maintenance for the Data<br>System in the Pharmacy<br>Department | FY25   | 1200      | 2085              | 53807        |                             | 9,000.00   | 9,000.00  |
| 3     | 1  | EA  |                            | Software & Software<br>Maintenance for the Data<br>System in the Pharmacy<br>Department | FY26   | 1200      | 2085              | 53250        |                             | 3,000.00   | 3,000.00  |
| 4     | 1  | EA  |                            | Software & Software<br>Maintenance for the Data<br>System in the Pharmacy<br>Department | FY26   | 1200      | 2085              | 53807        |                             | 3,000.00   | 3,000.00  |
| FY is | FY is required, ensure the correct FY is selected. |     |                            |   |        |           | Requisition Total | \$ 19,000.00 |                             |            |           |

| Comments             |  |  |  |
|----------------------|--|--|--|
| HEADER COMMENTS      | Provide comments for P020 and P025.  Software and software maintenance for the data system in the Pharmacy Department, for the period May 1, 2025 through April 30, 2026, for a total contract not to exceed \$19,000.00. Also to include miscellaneous other charges as necessary, per 55 ILCS 5/5-1022 "COMPETITIVE BIDES" (D) IT/TELECOM PURCHASES UNDER \$35,000.00. |  |  |
| SPECIAL INSTRUCTIONS | Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.  April 1, 2025 Human Services  |  |  |
| 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.   |  |  |