



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

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 25-1786	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS: 1 YR + 1 X 1 YR TERM PERIOD	INITIAL TERM TOTAL COST: \$4,500,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 08/05/2025	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS:
	CURRENT TERM TOTAL COST: \$4,500,000.00	MAX LENGTH WITH ALL RENEWALS: TWO YEARS	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		Department Information	
VENDOR: Cardinal Health, Inc.	VENDOR #: 22472	DEPT: DuPage Care Center	DEPT CONTACT NAME: Jonathan Klimek
VENDOR CONTACT: Dan Hartl	VENDOR CONTACT PHONE:	DEPT CONTACT PHONE #: 630-784-4275	DEPT CONTACT EMAIL: jonathan.kliemek@dupageco.org
VENDOR CONTACT EMAIL: dan.hartl@cardinalhealth.com	VENDOR WEBSITE:	DEPT REQ #: 7522	
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.). Contract purchase order for Primary Pharmaceuticals for inpatient and outpatient pharmacy services, for the DuPage Care Center, for the period September 1, 2025 through August 31, 2027, for a total contract amount not to exceed \$4,500,000.00, contract pursuant to State of IL Contract #22-416CMS-BOSS4-P-33618.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished To Purchase and supply pharmaceuticals for in patient and out patient pharmacy services at the DuPage Care Center			

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

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. State of IL Contract #22-416CMS-BOSS4-P-33618.
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) Recommendation to approve Contract purchase order for Primary Pharmaceuticals for inpatient and outpatient pharmacy services, for the DuPage Care Center, for the period September 1, 2025 through August 31, 2027, for a total contract amount not to exceed \$4,500,000.00, per State of IL Contract #22-416CMS-BOSS4-P-33618. 2) Do not approve Contract purchase order for Primary Pharmaceuticals for inpatient and outpatient pharmacy services, for the DuPage Care Center, for the period September 1, 2025 through August 31, 2027, for a total contract amount not to exceed \$4,500,000.00, per State of IL Contract #22-416CMS-BOSS4-P-33618, however, Pharmaceuticals would still need to be purchased to serve the residents of the Care Center for good quality of care, Dispensary of Hope Program and out patient pharmacy, which could mean a loss of revenue.

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: Cardinal Health, Inc.	Vendor#: 22472	Dept: DuPage Care Center	Division: Pharmacy
Attn: Dan Hartl	Email: dan.hartl@cardinalhealth.com	Attn: Jonathan Klimek	Email: jonathan.klimek@dupageco.org
Address: 7000 Cardinal Place	City: Dublin	Address: 400 N. County Farm Road	City: Wheaton
State: OH	Zip: 43017	State: IL	Zip: 60187
Phone: 614-757-7468	Fax:	Phone: 630-784-4275	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Cardinal Health, Inc.	Vendor#: 22472	Dept: DuPage Care Center	Division: Pharmacy
Attn:	Email:	Attn: Jonathan Klimek	Email: jonathan.klimek@dupageco.org
Address: 5303 Collections Center Drive	City: Chicago	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60693	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): September 1, 2025	Contract End Date (PO25): August 31, 2027
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	1	EA		Pharmaceuticals for inpatient drugs	FY25	1200	2085	52300		700,000.00	700,000.00
2	1	EA		Pharmaceuticals for outpatient drugs	FY25	1200	2090	52300		300,000.00	300,000.00
3	1	EA		Pharmaceuticals for inpatient drugs	FY26	1200	2085	52300		1,500,000.00	1,500,000.00
4	1	EA		Pharmaceuticals for outpatient drugs	FY26	1200	2090	52300		250,000.00	250,000.00
5	1	EA		Pharmaceuticals for inpatient drugs	FY27	1200	2085	52300		1,500,000.00	1,500,000.00
6	1	EA		Pharmaceuticals for outpatient drugs	FY27	1200	2090	52300		250,000.00	250,000.00
FY is required, assure the correct FY is selected.										Requisition Total	\$ 4,500,000.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Contract purchase order for Primary Pharmaceuticals for inpatient and outpatient pharmacy services, for the DuPage Care Center, for the period September 1, 2025 through August 31, 2027, for a total contract amount not to exceed \$4,500,000.00, contract pursuant to State of IL Contract #22-416CMS-BOSS4-P-33618.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. August 5, 2025 Human Services Committee August 12, 2025 County Board Meeting
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