



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

### SECTION 1: DESCRIPTION

<i>General Tracking</i>		<i>Contract Terms</i>	
FILE ID#: 23-1741	RFP, BID, QUOTE OR RENEWAL #: 22-039-DCC	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$60,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 06/06/2023	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$240,000.00
	CURRENT TERM TOTAL COST: \$60,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: FIRST RENEWAL
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Prescription Supply	VENDOR #: 28804	DEPT: DuPage Care Center	DEPT CONTACT NAME: Jonathan Klimek
VENDOR CONTACT: Elaine Polizzi	VENDOR CONTACT PHONE: 419-661-6600 x219	DEPT CONTACT PHONE #: 630-784-4275	DEPT CONTACT EMAIL: jonathan.klimek@dupageco.org
VENDOR CONTACT EMAIL: epolizzi@rxsupply.com	VENDOR WEBSITE:	DEPT REQ #: 7387	
<i>Overview</i>			
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 to provide Secondary Pharmaceuticals (wholesale pharmaceuticals) for in-house close shop pharmacy for the DuPage Care Center, for a contract total not to exceed \$60,000, for the period June 19, 2023 through June 18, 2024, per renewal under bid #22-039-DCC.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Wholesale pharmaceuticals that have competitive pricing.			

### 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.  
RENEWAL

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

<b>JUSTIFICATION</b>	Select an item from the following dropdown menu to justify why this is a sole source procurement.
<b>NECESSITY AND UNIQUE FEATURES</b>	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.
<b>MARKET TESTING</b>	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.
<b>AVAILABILITY</b>	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: Prescription Supply	Vendor#: 28804	Dept: DuPage Care Center	Division: Pharmacy Department
Attn: Elaine Pollizzi	Email: epollizzi@rxsupply.com	Attn: Jonathan Klimek	Email: jonathan.klimek@dupageco.org
Address: 2233 Tracy Road	City: Northwood	Address: 400 N. County Farm Road	City: Wheaton
State: Ohio	Zip: 43619	State: IL	Zip: 60187
Phone: 419-661-6600	Fax:	Phone: 630-784-4275	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Prescription Supply	Vendor#: 28804	Dept: DuPage Care Center	Division: Pharmacy Department
Attn:	Email:	Attn: Jonathan Klimek	Email: Jonathan.klimek@dupageco.org
Address: 2233 Tracy Road	City: Northwood	Address: 400 N. County Farm Road	City: Wheaton
State: Ohio	Zip: 43619	State: IL	Zip: 60187
Phone: 419-661-6600	Fax:	Phone: 630-784-4275	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): June 19, 2023	Contract End Date (PO25): June 18, 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	1	EA		Secondary Pharmaceuticals	FY23	1200	2085	52300		25,000.00	25,000.00
2	1	EA		Secondary Pharmaceuticals	FY24	1200	2085	52300		35,000.00	35,000.00
<b>FY is required, assure the correct FY is selected.</b>										Requisition Total	\$ 60,000.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Contract to provide Secondary Pharmaceuticals (wholesale pharmaceuticals) for in-house close shop pharmacy for the DuPage Care Center, for a contract total not to exceed \$60,000, for the period June 19, 2023 through June 18, 2024, per renewal under bid #22-039-DCC.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. June 6, 2023 Human Services Committee      June 13, 2023 County Board
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