



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#: 24-3117	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS: 4 YRS + 0 TERM PERIOD	INITIAL TERM TOTAL COST: \$1,115,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 12/03/2024	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$1,115,000.00
	CURRENT TERM TOTAL COST: \$1,115,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: McKesson Medical Surgical Government Solutions LLC	VENDOR #: 30801	DEPT: DuPage Care Center	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 #: 7481	
<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.). Prime Supplier for general medical and surgical supplies, for a contract period January 15, 2025 through January 14, 2029, for a contract total not to exceed \$1,115,000.00, per MMCAP, Cooperative (DPC2-352), Government Joint Purchasing Act (30ILCS525) or GSA scheduling pricing.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Contract covers prime medical supplies needed to meet resident care needs. These would include categories for exam/diagnostic, resident care, respiratory, surgical, syringe, needle/I.V., urinary/ostomy and wound care supplies. The DuPage Care Center is regulated by the IL Department of Public Health which mandates and monitors our compliance in following procedures and practices. Medical-surgical supplies are a significant part of the orders generated by our Physicians. This contract will allow us to meet our physician orders and resident needs for supplies needed for daily living. This contract pursuant to the Intergovernmental Cooperative Act (MMCAP) 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 reduces the cost of products and services as well as receiving a wholesaler shareback credit at the end of each Fiscal Year.			

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. Quality of life
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 for Prime Supplier Medical and Surgical Supplies, for the period January 15, 2025 through January 14, 2029, per MMCAP. 2) Do not approve contract for Prime Supplier Medical and Surgical Supplies, for the period January 15, 2025 through January 14, 2029, per MMCAP, however, DuPage Care Center would still need to purchase these supplies per Physician orders, which could result in spending more monies than anticipated if not part of MMCAP.

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: Amanda Johnson	Email: government.bids@mckesson.com	Attn: Connie	Email: connie.pureza@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: 800-328-8111	Fax:	Phone: 630-784-4254	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): January 15, 2025	Contract End Date (PO25): January 14, 2029

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		Prime Supplier for General Medical and Surgical Supplies	FY25	1200	2050	52320		195,000.00	195,000.00
2	1	EA		Prime Supplier for General Medical and Surgical Supplies	FY26	1200	2050	52320		215,000.00	215,000.00
3	1	EA		Prime Supplier for General Medical and Surgical Supplies	FY27	1200	2050	52320		225,000.00	225,000.00
4	1	EA		Prime Supplier for General Medical Surgical Supplies	FY28	1200	2050	52320		235,000.00	235,000.00
5	1	EA		Prime Supplier for General Medical and Surgical Supplies	FY29	1200	2050	52320		245,000.00	245,000.00
FY is required, ensure the correct FY is selected.										Requisition Total	\$ 1,115,000.00

Comments

HEADER COMMENTS	Provide comments for P020 and P025. Prime Supplier for general medical and surgical supplies, for a contract period January 15, 2025 through January 14, 2029, for a contract total not to exceed \$1,115,000.00, per MMCAP, Cooperative (DPC2-352), Government Joint Purchasing Act (30ILCS525) or GSA scheduling pricing.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. December 3, 20024 Human Services Committee December 10, 2024 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.