



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>	
MINUTETRAQ ID#: 26-0635	RFP, BID, QUOTE OR RENEWAL #: 23-116-SHF	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$680,444.38
COMMITTEE: JUDICIAL AND PUBLIC SAFETY	TARGET COMMITTEE DATE: 02/17/2026	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$2,721,777.52
	CURRENT TERM TOTAL COST: \$680,444.38	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: SECOND RENEWAL
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Polaris Pharmacy Services of Warrington, LLC DBA Contract Pharmacy Services	VENDOR #:	DEPT: Sheriff	DEPT CONTACT NAME: Commander John Putnam
VENDOR CONTACT: Steve Baker	VENDOR CONTACT PHONE: 800-589-9747	DEPT CONTACT PHONE #: 630-407-2050	DEPT CONTACT EMAIL: john.putnam@dupagesheriff.org
VENDOR CONTACT EMAIL: sbaker@polarisrx.com	VENDOR WEBSITE:	DEPT REQ #:	
<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.). This contract purchase order provides pharmaceutical services and supplies for the detainees of the DuPage County Correctional Center as per low bid 23-116-shf. The contract total is 680,444.38 (not to exceed). This is the second of three possible renewals.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished Mandate to provide medical care to detainees.			

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

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: Polaris Pharmacy Services of Warrington, LLC DBA Contract Pharmacy Services	Vendor#:	Dept: Sheriff	Division: Budget Support
Attn: Robert Meyer	Email: rmeyer@polarisrx.com	Attn: Colleen Zbilski	Email: colleen.zbilski@dupagesheriff.org
Address: 2900 NW 60th St	City: Ft Lauderdale	Address: 501 N County Farm RD	City: Wheaton
State: FL	Zip: 33309	State: IL	Zip: 60187
Phone: 800-589-9747	Fax:	Phone: 630-407-2212	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Polaris Pharmacy Services of Warrington, LLC DBA Contract Pharmacy Services	Vendor#:	Dept: Sheriff	Division: Corrections-Medical
Attn: Robert Meyer	Email: rmeyer@polarisrx.com	Attn: Orlando Venecia	Email: orlando.venecia@dupagesheriff.org
Address: 2900 NW 60th ST	City: Ft Lauderdale	Address: 501 N County Farm RD	City: Wheaton
State: FL	Zip: 33309	State: IL	Zip: 60187
Phone: 800-589-9747	Fax:	Phone: 630-407-2222	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Feb 26, 2026	Contract End Date (PO25): Feb 25, 2027
Contract Administrator (PO25):			

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		Pharmaceutical services and supplies	FY26	1000	4410	52300		567,036.98	567,036.98
2	1	EA		Pharmaceutical services and supplies	FY27	1000	4410	52300		113,407.40	113,407.40
<i>FY is required, assure the correct FY is selected.</i>										Requisition Total	\$ 680,444.38

<i>Comments</i>	
HEADER COMMENTS	Provide comments for P020 and P025.
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.

The following documents have been attached: W-9 Vendor Ethics Disclosure Statement