



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#: 23-2384	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$26,500.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 08/01/2023	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$26,500.00
	CURRENT TERM TOTAL COST: \$26,500.00	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: ARxIUM, Inc.	VENDOR #: 24540	DEPT: DuPage Care Center	DEPT CONTACT NAME: Jonathan Klimek
VENDOR CONTACT:	VENDOR CONTACT PHONE: 847-512-0472	DEPT CONTACT PHONE #: 630-784-4275	DEPT CONTACT EMAIL: Jonathan.Klimes@dupageco.org
VENDOR CONTACT EMAIL:	VENDOR WEBSITE:	DEPT REQ #: 7403	
<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.). Supplies for the FastPak Elite Medication Dispensing Machine, for the Pharmacy, at the DuPage Care Center, for the period August 16, 2023 through August 15, 2024, for a contract total not to exceed \$26,500.00, per 55-1022 "Competitive Bids" (c) not suitable for competitive bids.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished ARxIUM, Inc. requires that their supplies be utilized in their equipment. If the supplies are not purchased through ARxIUM, Inc. all warranties and service agreements may be voided.			

**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' (C) NOT SUITABLE FOR COMPETITIVE BIDDING
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. SOLE PROVIDER OF FACTORY-AUTHORIZED WARRANTY SERVICE
<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.  ARxIUM, Inc. requires that their supplies be utilized in their equipment. If the supplies are not purchased through ARxIUM, Inc. all warranties and service agreements may be voided.
<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.  DuPage Care Center purchased the FastPak Medication Dispensing Machine off of bid P15-222-GV.
<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: ARxIUM, Inc.	Vendor#: 24540	Dept: DuPage Care Center	Division: Pharmacy
Attn:	Email:	Attn: Jonathan Klimek	Email: jonathan.klimek@dupageco.org
Address: 1400 Busch Parkway	City: Buffalo Grove	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60089	State: IL	Zip: 60187
Phone: 847-512-0472	Fax:	Phone: 630-784-4275	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: ARxIUM, Inc.	Vendor#: 24540	Dept: DuPage Care Center	Division: Pharmacy
Attn:	Email:	Attn: Jonathan Klimek	Email: jonathan.klimek@dupageco.org
Address: 52226 Network Place	City: Chicago	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60673	State: IL	Zip: 60187
Phone:	Fax:	Phone: 630-784-4275	Fax:
<b>Shipping</b>		<b>Contract Dates</b>	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): August 16, 2023	Contract End Date (PO25): August 15, 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		Supplies for the FastPak Elite Medication Dispensing Machine	FY23	1200	2085	52200		8,832.00	8,832.00
2	1	EA		Supplies for the FastPak Elite Medication Dispensing Machine	FY24	1200	2085	52200		17,668.00	17,668.00
<b><i>FY is required, assure the correct FY is selected.</i></b>										Requisition Total	\$ 26,500.00

<i>Comments</i>	
HEADER COMMENTS	Provide comments for P020 and P025. Supplies for the FastPak Elite Medication Dispensing Machine, for the Pharmacy, at the DuPage Care Center, for the period August 16, 2023 through August 15, 2024, for a contract total not to exceed \$26,500.00, per 55-1022 "Competitive Bids" (c) not suitable for competitive bids.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. August 1, 2023 Human Services Committee
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