



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#: 25-2053	RFP, BID, QUOTE OR RENEWAL #: #25-103-DCC	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$30,000.00
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 09/02/2025	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$120,000.00
	CURRENT TERM TOTAL COST: \$30,000.00	MAX LENGTH WITH ALL RENEWALS:	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Prescription Supply, Inc.	VENDOR #: 28804	DEPT: DuPage Care Center	DEPT CONTACT NAME: Jonathan Klimek
VENDOR CONTACT: Elaine Polizzi	VENDOR CONTACT PHONE: 419-661-6600	DEPT CONTACT PHONE #: 630-784-4475	DEPT CONTACT EMAIL: jonathan.klimek@dupagecounty.gov
VENDOR CONTACT EMAIL: epolizzi@rxsupply.com	VENDOR WEBSITE:	DEPT REQ #: 7531	
<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.). Recommendation for the approval of a contract purchase order to Prescription Supply, Inc., for Secondary Pharmaceuticals, for the DuPage Care Center Pharmacy, for the period September 10, 2025 through September 09, 2026, for a contract total amount not to exceed \$30,000.00, per bid 25-103-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.
LOWEST RESPONSIBLE QUOTE/BID (QUOTE < \$25,000, BID ≥ \$25,000; ATTACH TABULATION)

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

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: Prescription Supply, Inc	Vendor#: 28804	Dept: DuPage Care Center	Division: Pharmacy
Attn: Elaine Polizzi	Email: epolizzi@rxsupply.com	Attn: Jonathan Klimek	Email: jonathan.klimek@dupagecounty.gov
Address: 2233 Tracy Road	City: Northwood	Address: 400 N. County Farm Road	City: Wheaton
State: OH	Zip: 43619	State: IL	Zip: 60187
Phone: 419-661-6600 x219	Fax:	Phone: 630-784-4475	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Prescription Supply, Inc	Vendor#: 28804	Dept: DuPage Care Center	Division: Pharmacy
Attn: Randy Buck	Email: rbuck@rxsupply.com	Attn: Jonathan Klimek	Email: jonathan.klimek@dupagecounty.gov
Address: 2233 Tracy Road	City: Northwood	Address: 400 N. County Farm Road	City: Wheaton
State: OH	Zip: 43619	State: IL	Zip: 60187
Phone: 419-661-6600 x123	Fax:	Phone: 630-784-4475	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): September 10, 2025	Contract End Date (PO25): September 9, 2026

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 pharmaceutials	FY25	1200	2085	52300		6,500.00	6,500.00
2	1	EA		secondary pharmaceutials	FY25	1200	2090	52300		1,260.00	1,260.00
3	1	EA		secondary pharmaceutials	FY26	1200	2085	52300		18,500.00	18,500.00
4	1	EA		secondary pharmaceutials	FY26	1200	2090	52300		3,740.00	3,740.00
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 30,000.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Recommendation for the approval of a contract purchase order to Prescription Supply, Inc., for Secondary Pharmaceuticals, for the DuPage Care Center Pharmacy, for the period September 10, 2025 through September 09, 2026, for a contract total amount not to exceed \$30,000.00, per bid 25-103-DCC.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. September 2, 2025 HS Committee September 9, 2025 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.