



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#: 26-1220	RFP, BID, QUOTE OR RENEWAL #: quote dtd 04/07/26	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$18,491.05
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 04/21/2026	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$18,491.05
	CURRENT TERM TOTAL COST: \$18,491.05	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: Seqirus USA, Inc.	VENDOR #: 26612	DEPT: 7441	DEPT CONTACT NAME: Jonathan Klimek
VENDOR CONTACT: Kamaria Huggins	VENDOR CONTACT PHONE: 630-253-8319	DEPT CONTACT PHONE #: 630-784-4275	DEPT CONTACT EMAIL: jonathan.klimek@dupagecounty.gov
VENDOR CONTACT EMAIL: customerservice.us@deqirus.com	VENDOR WEBSITE:	DEPT REQ #: 7578	
<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.). Flu vaccines for the DuPage Care Center Residents for the period April 22, 2026 through November 30, 2026, for a total Contract amount not to exceed \$18,491.05, per MMCAP a Minnesota multi-state contracting alliance for pharmacy.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished The DuPage Care Center offers annual vaccines or influenza to it's residents as well as staff. Vaccination is the most effective way of preventing influenza in the elderly.			

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

STRATEGIC IMPACT	Select an item from the following dropdown menu of County's strategic priorities that this action will most impact. QUALITY OF LIFE
SOURCE SELECTION	Describe method used to select source. MMCAP
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). DuPage Care Center recommends the approval of flu vaccines for the DuPage Care Center, for the period April 22, 2026 through November 30, 2026, per MMCAP. 2) Do not approve approval of flu vaccines for the DuPage Care Center, for the period April 22, 2026 through November 30, 2026, per MMCAP, however DuPage Care Center would still need to provide flu vaccines for the Residents, and could result in spending more money 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: Seqirus USA, Inc.	Vendor#: 26612	Dept: DuPage Care Center	Division: Pharmacy
Attn: Kamaria Huggins	Email:	Attn: Jonathan Klimek	Email: jonathan.klimek@dupagecounty.gov
Address: 1020 First Avenue, PO Box 61501	City: King of Prussia	Address: 400 N. County Farm Road	City: Wheaton
State: PA	Zip: 19406	State: IL	Zip: 60187
Phone: 630-253-8319	Fax:	Phone: 630-784-4275	Fax:
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: Seqirus USA, Inc.	Vendor#: Seqirus USA, Inc.	Dept: DuPage Care Center	Division:
Attn:	Email:	Attn:	Email:
Address: PO Box 745986	City: Atlanta	Address: 400 N. County Farm Road	City: Wheaton
State: GA	Zip: 30374-5986	State: IL	Zip: 60187
Phone: 1-862-395-5233	Fax:	Phone: 630-784-4275	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): April 22, 2026	Contract End Date (PO25): November 30, 2026
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		Flu vaccines for the DuPage Care Center Residents	FY26	1200	2085	52300		18,491.05	18,491.05
<i>FY is required, assure the correct FY is selected.</i>										Requisition Total	\$ 18,491.05

<i>Comments</i>	
HEADER COMMENTS	Provide comments for P020 and P025. Flu vaccines for the DuPage Care Center Residents for the period April 22, 2026 through November 30, 2026, for a total Contract amount not to exceed \$18,491.05, per MMCAP a Minnesota multi-state contracting alliance for pharmacy.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO. April 21, 2026 HS 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