



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#: 26-2002	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$24,088.34
COMMITTEE: HUMAN SERVICES	TARGET COMMITTEE DATE: 08/04/2026	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$24,088.34
	CURRENT TERM TOTAL COST: \$24,088.34	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: Gina Dewey	VENDOR CONTACT PHONE: 204-594-6205	DEPT CONTACT PHONE #: 630-784-4275	DEPT CONTACT EMAIL: jonathan.klimek@dupagecounty.gov
VENDOR CONTACT EMAIL: gdewey@arxium.com	VENDOR WEBSITE:	DEPT REQ #: 7515	

Overview

DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Maintenance /support for the FastPak Elite medication dispensing machine, for the Pharmacy at the DuPage Care Center, for the period September 1, 2026 through August 31, 2027, per 55 ILCS 5/5-1022(c) not suitable for competitive bids. (Sole Source maintenance/support of medication dispensing machine for the Pharmacy at the DPCC)

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished
This machine dispenses medications for the DuPage Care Center residents and out patients. It is vital, that our machine is operational at all times, to ensure that our residents and community are able to receive their medications without any delay.
It is more cost effective to purchase the annual total of maintenance/support, rather than the quarterly invoices, which includes at least a 10-12% administrative fee to each quarterly invoice.

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.
SOLE SOURCE PER DUPAGE ORDINANCE, SECTION 2-350 (MUST FILL OUT SECTION 4)

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. SOLE PROVIDER OF ITEMS THAT ARE COMPATIBLE WITH EXISTING EQUIPMENT, INVENTORY, SYSTEMS, PROGRAMS OR SE
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. The ARxIUM, Inc. contract is specific to the medication dispensing machine located in the pharmacy Department at the DuPage Care Center. There are no other companies which provide maintenance/support for the FastPak Elite medication dispensing machine. ARxIUM, Inc. provides a unique machine for the packaging of bulk medications.
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. We purchased the dispensing machine, per bid 15-222-GV in 2016
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: ARxIUM, Inc.	Vendor#: 24540	Dept: DuPage Care Center	Division: Pharmacy
Attn: Gina Dewey	Email: gdewey@arxiumcom	Attn: Jonathan Klimek	Email: jonathan.klimek@dupagecounty.gov
Address: 1400 Busch Parkway	City: Buffalo Grove	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60089	State: IL	Zip: 60187
Phone: 204-594-6205	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:
Attn:	Email:	Attn:	Email: @dupagecounty.gov
Address: 52226 Network Place	City: Chicago	Address: 400 N. County Farm Road	City: Wheaton
State: IL	Zip: 60673-1522	State: IL	Zip: 60187
Phone:	Fax:	Phone: 630-784-4275	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): September 1, 2026	Contract End Date (PO25): August 31, 2027

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		Maintenance/support for the Fast-Pak Elite medication dispensing machine	FY26	1200	2085	53370		24,088.34	24,088.34
<i>FY is required, ensure the correct FY is selected.</i>										Requisition Total	\$ 24,088.34

Comments	
HEADER COMMENTS	Provide comments for P020 and P025. Maintenance /support for the FastPak Elite medication dispensing machine, for the Pharmacy at the DuPage Care Center, for the period September 1, 2026 through August 31, 2027, per 55 ILCS 5/5-1022(c) not suitable for competitive bids. (Sole Source maintenance/support of medication dispensing machine for the Pharmacy at the DPCC)
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.