



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#:	RFP, BID, QUOTE OR RENEWAL #: 22-067-ANS	INITIAL TERM WITH RENEWALS: 1 YR + 3 X 1 YR TERM PERIODS	INITIAL TERM TOTAL COST: \$74,000.00
COMMITTEE: ANIMAL SERVICES	TARGET COMMITTEE DATE: 08/15/2023	PROMPT FOR RENEWAL: 3 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$300,000.00
	CURRENT TERM TOTAL COST: \$76,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: FIRST RENEWAL
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: COVETRUS NORTH AMERICA, LLC	VENDOR #: 33918	DEPT: Animal Services	DEPT CONTACT NAME: Kristie Lecaros
VENDOR CONTACT: Charles Jakeway - Sr. Analyst, Bids and Contracts	VENDOR CONTACT PHONE: 885-724-3461	DEPT CONTACT PHONE #: (630) 407-2800	DEPT CONTACT EMAIL: kristie.lecaros@dupageco.org
VENDOR CONTACT EMAIL: biddesk@covetrus.com	VENDOR WEBSITE: www.covetrus.com	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 is to provide Veterinary Pharmaceuticals & Medical Supplies for shelter animals and community animals serviced via Specialty Veterinary Vehicle outreach.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished These products and services are required to uphold high standards of medical care and treatment of shelter animals and community animals.			

**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

<b>JUSTIFICATION</b>	Select an item from the following dropdown menu to justify why this is a sole source procurement.
<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.
<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.
<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: COVETRUS NORTH AMERICA, LLC	Vendor#: 33918	Dept: Animal Services	Division:
Attn: Charles Jakeway - Sr. Analyst, Bids and Contracts	Email: biddesk@covetrus.com	Attn: Kristie Lecaros	Email: animalservices@dupageco.org
Address: 400 Metro Place North	City: Dublin	Address: 120 N. County Farm Rd	City: Wheaton
State: OH	Zip: 43017-3340	State: IL	Zip: 60187
Phone: 885-724-3461	Fax:	Phone: (630) 407-2800	Fax: (630) 407-2801
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: COVETRUS NORTH AMERICA, LLC	Vendor#: 33918	Dept: Animal Services	Division:
Attn:	Email: ACHRemits@covetrus.com	Attn: Laura Flamion	Email: animalservices@dupageco.org
Address: PO BOX 734579	City: Chicago	Address: 120 N. County Farm Rd	City: Wheaton
State: IL	Zip: 60673-4579	State: IL	Zip: 60187
Phone: 1-800-258-2148	Fax:	Phone: (630) 407-2800	Fax: (630) 407-2801
<b>Shipping</b>		<b>Contract Dates</b>	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Sep 14, 2023	Contract End Date (PO25): Sep 13, 2024
Contract Administrator (PO25): Laura Flamion			

**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		Contract Vet Pharmaceuticals and Medical Supplies	FY23	1100	1300	52320		6,000.00	6,000.00
2	1	EA		Off- Price List Veterinary Pharmaceuticals and Supplies	FY23	1100	1300	52320		3,000.00	3,000.00
3	1	EA		Contract Vet Pharmaceuticals and Medical Supplies	FY23	1100	1300	52320	SVV	1,300.00	1,300.00
4	1	EA		Off- Price List Veterinary Pharmaceuticals and Supplies	FY23	1100	1300	52320	SVV	700.00	700.00
5	1	EA		Contract Vet Pharmaceuticals and Medical Supplies	FY24	1100	1300	52320		37,000.00	37,000.00
6	1	EA		Off- Price List Veterinary Pharmaceuticals and Supplies	FY24	1100	1300	52320		22,000.00	22,000.00
7	1	EA		Contract Vet Pharmaceuticals and Medical Supplies	FY24	1100	1300	52320	SVV	4,000.00	4,000.00
8	1	EA		Off- Price List Veterinary Pharmaceuticals and Supplies	FY24	1100	1300	52320	SVV	2,000.00	2,000.00
<b><i>FY is required, assure the correct FY is selected.</i></b>										Requisition Total	\$ 76,000.00

<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. This is the first of three available renewals
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