





Approved Bid Waiver Summary

Submission Details:

Request # 05832008

Purchase Description: Pharmaceuticals; vaccines, antibiotics, vitamins, IUDs and medications for the treatment of acute and chronic

disease states.

Vendor Name: Cardinal Health

Vendor Number: 115331

Type: Good

Total Commitment Cost: \$300,000.00

Fund, Org, Object Code: 12102630-520800

Grant Funded: No

One Time or On-Going Expense: On-Going Expense

If On-Going Provide Timeline: Fiscal years 2026-2030

Exemption Type: 5. NC State Contract

Exemption Description: State Contract 269-A

Upload all quotes, proposals, or supporting documents: DOC082125-08212025094910.pdf

Requestor's Full Name: Michelle Gent

Requestor's Guilford County Email Address: mgent@guilfordcountync.gov

Requestor's Department: Public Health

Signature Date: 08/21/2025

× Michelle Gent

Signed By: Michelle Gent - mgent@guilfordcountync.gov Date Signed: 08/21/2025 6:50:16 AM -07:00 GMT

IP Address: 165.166.201.162

Is this Submission a Contract or Purchase Order?: Contract

Review Details:

Purchasing Approval: Approve

Small Business and Entrepreneurship Approval: Approve

Small Business and Entrepreneurship Reviewer Full Name: Maria Miles

Small Business and Entrepreneurship Reviewer Guilford County Email: mmiles2@guilfordcountync.gov

Small Business and Entrepreneurship Signature Date: 08/21/2025

× Maria Miles

Signed By: Maria Miles - mmiles2@guilfordcountync.gov Date Signed: 08/21/2025 3:17:09 PM -07:00 GMT

IP Address: 69.132.7.161

Purchasing Approval: Approve

Instructions for Requestor: Board Action Required – Goods (\$90K+) Contact Fran Cameron for BoCC Agenda Item Assignment

Purchasing Signer Full Name: Nora Cameron

Purchasing Signer Guilford County Email: ncameron@guilfordcountync.gov



Bid Waiver Request

Request # 05832008

Purchasing Signature Date: 08/25/2025

× Francesca Cameron

Signed By: Francesca Cameron - ncameron@guilfordcountync.gov Date Signed: 08/25/2025 8:22:26 AM -07:00 GMT IP Address: 75.225.169.1

--- 55CA924B863844B...

General Merchandise Order Form

Vendor Name:			Vendor Address:		
Cardinal Health			Vendor #115331		
Phone Nur	mber	Fax Number			
614.822.4135					
Contact Pe	erson:		Vendor Ema	il Address:	 '
Date		Company Name	PO Number		Customer No.
8/20/2025		Guilford County			
Ordered by		Department	Ship To: (Address) 1100 E. Wendover Ave.		Bill To:
Michelle Gent Phone: 336.641.7588		Health			Guilford County P.O. Box 3427 Greensboro, NC 2740
		Accounting Unit - Account			
		12102630-520800			
urchase of isease state	Pharmaceuticals - va es. State Contract 26				
Qty	Product Number	Description	Countraize	Unit Price \$	Extended Price \$
1		Pharmaceuticals	· · · · · · · · · · · · · · · · · · ·	<u> </u>	300,000.00
	<u> </u>				0.00
					0.00
	<u> </u>	· ·	-	<u> </u>	0.00
			-	<u> </u>	0.00
				<u> </u>	0.00
	 - · ·				0.00
	-				0.00
	<u></u>				0.00
					0.00
			1		0.00
					0,00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
			1		0.00
·-	<u> </u>		1		0.00
	-				0.00
					0.00
	 				0.00
					0.00
					0.00
	1	<u> </u>		C	0.00
				SubTotal	300,000.00
				Oh:	
				Shipping	
	DocuSigned by:			Shipping Handling Total	\$300,000.00

Approved by