



AGENDA ITEM

Consent Agenda

REPORT TO: Work Session (09/08/26)

REPORT TO: Voting Meeting (09/10/26)

ITEM NO: 452/2026

SUBJECT: Approve the award of RFQ/P #47-010 On-site Pharmacy Services Provider to Riverside Pharmacy Inc. of Gainesville, GA. The estimated annual cost is \$505,512.00.

Meetings:

Work Session Date: 09/08/26

Voting Meeting Date: 09/10/26

Executive Summary:

Presenter: DLM

Recommendation:
Approve.

Purpose of Request:

Approve the award of RFQ/P #47-010 On-site Pharmacy Services Provider to Riverside Pharmacy Inc. of Gainesville, GA. The estimated annual cost is \$505,512.00.

History:

Facts and Issues:

Options:

RFQ/P #47-010 received three (3) bids: On-Site Rx (current vendor), Riverside Pharmacy, A-S Medication Solutions (ASM), and a "No Bid" from Citizen Pharmacy.

On-Site Rx submitted a bid cost that proposes a flat fee of \$613,140 per year, versus a per employee per month (PEPM) fee along with a 3% escalation cap; Riverside Pharmacy submitted a bid cost of \$505,512 per year (\$14.00 PEPM) and a 2.5% annual escalation; ASM submitted a bid cost of \$527,527 per year with a 4-5% annual escalation.

The selected vendor for this RFQ/P is Riverside Pharmacy: Local pharmacy with an established location; bringing Riverside aboard will garner two (2) locations for the pharmacy; provides on-site deliveries and home deliveries; extended service hours; County will gain access to wholesaler pricing platforms.

Funding Requested

\$ 505,512.00

Are funds within current budget?

Yes

Source of Funds

Group Insurance Fund

Does the action involve a Resolution, Ordinance, Contract, Agreement, etc.?

Yes

Has it been reviewed by the County Attorney?

Yes

Is there a deadline for this item?

Approvals:

Submit	Approve	Purchasing	Budget
LM	LM	AY	EW
Finance	Attorney	Administration	Clerk
TS	JL	CR	JR

Attachments:

Financial Supplement

Bid Tab

Signature Request Cover Sheet

Contract

Cost Proposal



**HALL COUNTY BOARD OF COMMISSIONERS
FINANCIAL SUPPLEMENT REPORT**

AGENDA ITEM 452/2026

Funds Requested: \$ 505,512.00

Request Budgeted: Yes

Proposed Source of Funding:

Budget Transfer Requested:

Group Insurance Fund

No

Funding Source Items:

Fiscal Year	Fund	Division	Account	Amount
2027	601-GROUP INSURANCE FUND	5171-HALL COUNTY PHARMACY	521000- PROFESSIONAL SERVICES	\$252,756.00
2028	601-GROUP INSURANCE FUND	5171-HALL COUNTY PHARMACY	521000- PROFESSIONAL SERVICES	\$252,756.00

Budget Transfer Items:

Additional Information/Comments:

Contact for Questions: DLM

Phone: 770-531-6712