

**CITY OF CHICAGO
DEPARTMENT OF PROCUREMENT SERVICES
ROOM 403, CITY HALL, 121 N. LASALLE STREET**

FOR NCRB USE ONLY	
Date	<u>NOV 26 2012</u>
Recommend Approval	<input checked="" type="checkbox"/>
Return To Dept.	<input checked="" type="checkbox"/>
Reject	<input checked="" type="checkbox"/>
<i>VOTE - HHH (5)</i>	

**NON-COMPETITIVE REVIEW BOARD (NCRB)
JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT**

COMPLETE THIS SECTION IF NEW CONTRACT

For contract(s) in this request, fill in each of the four (4) major subject areas below in accordance with the **Instructions for Preparation of Non-Competitive Procurement Form** on the reverse side. Complete "Other" subject area if additional information is needed. Subject areas must be fully completed. Responses merely referencing attachments will not be accepted.

Request that negotiations be conducted only with Youth Outreach Services for the product(s) and/or service(s) described herein.

This is a request for:

One-Time Contractor Requisition #: 75268, copy attached or Term Agreement or Delegate Agency (Check one).

If Delegate Agency, this request is for "blanket approval" for all contracts within the NA (Attach List).

Pre-Assigned Specification No.: NA

Pre-Assigned Contract No.: NA

COMPLETE THIS SECTION IF AMENDMENT OR MODIFICATION TO CONTRACT

Describe in detail the change in terms of dollars, time period, scope of services, etc., its relationship to the original contract and the specific reasons for the change. Indicate both the original and the adjusted contract amount and/or expiration date with this change, as applicable. Attach copy of all supporting documents. Request approval for a contract amendment or modification to the following:

Contract #: 16189

Company or Agency Name: Youth Outreach Services

Specification #: 59800

Contract or Program Description: Cigarette Sales to Minors Prog.

Modification #: 2

(Attach List, if multiple)

Kenneth Jones

744-1271

Kenneth Z. Jones

BACP

10/15/12

Originator Name
(mm/dd/yr)

Telephone

Signature

Department

Date

<input checked="" type="checkbox"/> PROCUREMENT HISTORY Youth Outreach Services has provided youth personnel for the Tobacco Sales to Minors Program since November 1996.
<input checked="" type="checkbox"/> ESTIMATED COST \$39,000.00
<input checked="" type="checkbox"/> SCHEDULE REQUIREMENTS Project will need to begin on January 1, 2013 and end on June 30, 2013.
<input checked="" type="checkbox"/> EXCLUSIVE OR UNIQUE CAPABILITY This request is for a 6 month extension to the existing Youth Outreach Services PO #16189 which was approved by the NCRB in 2007.
<input checked="" type="checkbox"/> OTHER NA (see attachment for additional information)

APPROVED BY:

Rosemary Kimbel
DEPARTMENT HEAD OR DESIGNEE

10-15-12
DATE

Rich Butler
BOARD CHAIRPERSON

JAN 30 2013
DATE

Rosemary Kimbel
PRINT NAME

RICH BUTLER
PRINT NAME

[Signature]
CHIEF PROCUREMENT OFFICER

JAN 30 2013
DATE OF APPROVAL

DPS PROJECT CHECKLIST

For DPS Use Only

Date Received
Date Returned
Date Accepted
CA/CN's Name

IMPORTANT: ALL INFORMATION SHOULD BE COMPLETED, ATTACH ALL REQUIRED MATERIALS AND SUBMIT FOR ROUTING TO THE DEPARTMENT OF PROCUREMENT SERVICES, ROOM 403, CITY HALL, 121 N. LASALLE STREET, CHICAGO, ILLINOIS 60602, ATTENTION: CHIEF PROCUREMENT OFFICER.

General Information:

Date: 10/3/12	Need by (estimated date): 1/1/13	
Requisition No.: 75268	Contact Person:	Project Manager:
Specification No.: (if known) 59800	Kenneth Jones	Kenneth Jones
PO No.: (if known) 16189	Telephone: -7441271	Telephone: 7441271
Modification No.: (if known)	Fax: 7440261	Fax: 7440261
Previous PO No.: (if known)	Email: Kenneth.Jones@cityofchicago.org	Email: Kenneth.Jones@cityofchicago.org
Project Description: Youth Personnel Services for Cigarette Sales to Minors Program: 6 months Time Extension from 1/1/2013 to 6/30/2013.		

Funding:

City:	<input type="checkbox"/> Corporate	<input type="checkbox"/> Bond	<input type="checkbox"/> Enterprise	<input type="checkbox"/> Grant*	<input type="checkbox"/> Other:
State:	<input type="checkbox"/> IDOT/Transit	<input type="checkbox"/> IDOT/Highway		<input checked="" type="checkbox"/> Grant*	<input type="checkbox"/> Other:
Federal:	<input type="checkbox"/> FHWA	<input type="checkbox"/> FTA	<input type="checkbox"/> FAA	<input type="checkbox"/> Grant*	<input type="checkbox"/> Other:

LINE	FY	FUND	DEPT	ORGN	APPR	ACTV	PROJECT	RPTG	\$ DOLLAR AMOUNT
0001	011	0K03	070	2005	0140	220140			0.00

Term Estimated Value \$0

*IF GRANT FUNDED, ATTACH COPY OF THE APPROVED GRANT AND APPLICATION AND ANY OTHER TERMS AND CONDITIONS OF FUNDING SOURCE THAT MAY APPLY. GRANT FUNDS MUST BE _____ COMMITTED OR _____ SPENT BY DEADLINE: _____ (DATE)

Scope Statement:

Attached is a Detailed Scope of Services and/or Specification. E-mail softcopy in Microsoft Word to DPS Unit Manager

IMPORTANT:

THIS IS A CRITICAL PORTION OF YOUR SUBMITTAL. IN ORDER FOR DPS TO ACCEPT YOUR SUBMITTAL YOU MUST COMPLETE THE SPECIFIC SCOPE REQUIREMENTS AS SET FORTH IN THE SUPPLEMENTAL CHECKLIST FOR THAT UNIT.

Purchase Order Type (Check All That Apply):

New Request	Modification/Amendment
<input type="checkbox"/> Blanket/Term/DUR/Agreement	<input checked="" type="checkbox"/> Time Extension**
<input type="checkbox"/> Master Agreement (Task Order)	<input type="checkbox"/> Vendor Limit Increase
<input type="checkbox"/> Standard/One-Time Purchase	<input type="checkbox"/> Scope Change/Price Increase/Additional Line Item(s)
Forms	<input type="checkbox"/> Other (specify):
<input checked="" type="checkbox"/> Requisition	
<input type="checkbox"/> Special Approvals	
<input type="checkbox"/> Non-Competitive Review Board (NCRB)	

Contract Term: 5 Years

** Requested Term (Number of Months): 6

Pre-Bid/Submittal Requirements:

Mandatory Pre Bid/Submittal Conference? Yes* No

Requesting Site Visit? Yes No

*If yes, explain reasons why mandatory attendance is necessary.

DPS PROJECT CHECKLIST

The following is a general description of what should be included in a Scope of Services or Specification:

A clear description of all anticipated services and products, including: time frame for completion, special qualifications of prospective vendors, special requirements or needs of the project, locations, anticipated participating user departments, citation of any applicable City ordinance or state/federal regulation or statute.

ARCHITECTURAL/ENGINEERING SUPPLEMENTAL CHECKLIST

Required Attachments: Scope of Services, including location, description of project, services required, deliverables, and other information as required

Risk Management

Current Insurance Requirements prepared/approved by Risk Management: Yes No
Will services be performed within 50 feet of CTA train or other railroad property? Yes No
Will services be performed on or near a waterway? Yes No

If applicable, Pre-Qualification Category No. _____ Category Description: _____
For Pre-Qualification Program, attach list of suggested firms to be solicited

Other Agency Concurrence Required: None State Federal Other _____

If Amendment request, please verify and provide the following:

Contractor's Name:
Contractor's Address:
Contractor's e-mail Address:
Contractor's Phone Number:
Contractor's Contact Person:

Attach Recommendation of MBE/WBE/DBE Analysis Form Yes No

AVIATION CONSTRUCTION SUPPLEMENTAL CHECKLIST

DOA sign-off for final design documents: Yes No

Required Attachments:

Copy of Draft Contract Documents and Detailed Specifications

Risk Management:

Current Insurance Requirements prepared/approved by Risk Management: Yes No
Will work be performed within 50 feet of CTA or ATS structure or property? Yes No
Will work be performed airside? Yes No

*NOTE: Any non-construction Aviation request, complete the applicable section.

Do bid documents contain Sensitive Security Information (SSI)? Yes* No Redacted
*If yes, attach Confidentiality Statement

Attach Recommendation of MBE/WBE/DBE Analysis Form Yes No

If Amendment request, please verify and provide the following:

Contractor's Name:
Contractor's Address:
Contractor's e-mail Address:
Contractor's Phone Number:
Contractor's Contact Person:

DPS PROJECT CHECKLIST

COMMODITIES SUPPLEMENTAL CHECKLIST

Required Attachments:

- Detailed Specifications (Scope of Services) including detailed description of the product, delivery location, user department contact, price escalation considerations
- Bidder's qualification, contract term and extension options
- Contractor's qualifications, citation of any applicable City/State/Federal statutes or regulations, citation of any applicable technical standards
- Price Lists/Catalogs, technical drawings and other exhibits and attachments as appropriate.

Attach Recommendation of MBE/WBE/DBE Analysis Form Yes No
 Is this a Revenue Producing contract? Yes No

If Modification request, please verify and provide the following:

- Contractor's Name:
- Contractor's Address:
- Contractor's e-mail Address:
- Contractor's Phone Number:
- Contractor's Contact Person:

CONSTRUCTION SUPPLEMENTAL CHECKLIST

Required attachments:

Copy of Draft (80% Completion), Contract Documents and Detailed Specifications

Risk Management

- Current Insurance Requirements prepared/approved by Risk Management: Yes No
- Will services be performed within 50 feet of CTA train or other railroad property? Yes No
- Will services be performed on or near a waterway? Yes No

Attach Recommendation of MBE/WBE/DBE Analysis Form Yes No

If Modification request, please verify and provide the following:

- Contractor's Name:
- Contractor's Address:
- Contractor's e-mail Address:
- Contractor's Phone Number:
- Contractor's Contact Person:

PROFESSIONAL SERVICES SUPPLEMENTAL CHECKLIST

If New Request (Check applicable boxes):

- Is this a Request for Information (RFI)? Yes No
- Is this a Request for Qualifications (RFQ)? Yes No
- Is this a Request for Proposal (RFP)? Yes No
- If RFQ or RFP, did any outside Consultant provide advice or deliverables in developing the RFQ or RFP? Yes* No

*If yes, Company Name: PO#

Attach a narrative explaining the consulting services and deliverables provided.

Is this a Non-Competitive Procurement? Yes* No

*If yes, attach completed Non-Competitive Justification form, vendor proposal and completed MBE/WBE compliance plan (Schedules C-1 and D-1) submitted to the Non-Competitive Review Board.

Is this a request for Individual Contract Services? Yes* No

*If yes and you seek a sole source contract to hire a person as a Consultant, attach completed Office of Compliance "Request for Individual Contract Services" approval form signed by Department Head, Office of Compliance & OBM.

Is this a Revenue Producing contract? Yes No

Does this request involve the purchase of Software? Yes* No

If yes, is City required to sign a software license? Yes No

*If yes, attach descriptions of software and software license agreement.

DPS PROJECT CHECKLIST

PROFESSIONAL SERVICES SUPPLEMENTAL CHECKLIST *(continued)*

Required Attachments (IF RFP/RFQ OR SOLE SOURCE):

Statement of Work (SOW), Deliverables or Scope of Services defined

Does SOW involve any work in the public way?

Yes* No

*If yes, attach list of locations.

Does SOW involve any public improvement to property that requires performance bond or prevailing wage?

Yes* No

*If yes, attach list of locations.

Is City Council approval required?

Yes No

Project or Program Background Information

Project Goals and Objectives

Qualifications or Licenses/Certifications required for any disciplines

Evaluation Criterion desired in RFP or RFQ

Evaluation Committee (EC) members recommended. Attach list of names, titles and departments

Technical and/or Functional Requirements, if applicable

Cost Proposal/Schedule of Compensation structure (If Sole Source, over Contract Term by Milestone Deliverables)

If an information Technology (IT) project valued at \$100,000.00 or more, attach approval transmittal sheet from Information Technology Governance Board (ITGB)

Attach Recommendation of MBE/WBE/DBE Analysis Form

Yes No

If Amendment request, please verify and provide the following:

Contractor's Name:

Contractor's Address:

Contractor's e-mail Address:

Contractor's Phone Number:

Contractor's Contact Person:

VEHICLES/HEAVY EQUIPMENT SUPPLEMENTAL CHECKLIST

Required Attachments:

Detailed Specifications including detailed description of the vehicle(s) or equipment, mounted equipment, if any, and options/accessories

Special Provisions (Delivery, Warranty, Manuals, Training, Additional Unit Purchase Options, Bid Submittal Information, etc.)

Delivery Location(s)

Technical Literature

Drawings, if any

Part Number List (Manufacturer, or Dealer, or Other Source)

Current Price List(s)/Catalog(s)

Special Approval Form

Exhibits and Attachments

Attach Recommendation of MBE/WBE/DBE Analysis Form

Yes No

Is this a Revenue Producing Contract?

Yes No

If Modification request, please verify and provide the following:

Contractor's Name:

Contractor's Address:

Contractor's e-mail Address:

Contractor's Phone Number:

Contractor's Contact Person:

DPS PROJECT CHECKLIST

WORK SERVICES/FACILITY MAINTENANCE SUPPLEMENTAL CHECKLIST

Required Attachments:

- Detailed Specifications (Scope of Services) including detailed description of the work, locations (with supporting detail), user department contacts, work hours/days, laborer/supervisor mix, compensation and price escalation considerations
- Bidder's qualification, contract term and extension options
- Contractor's qualifications, citation of any applicable City/State/Federal statutes or regulations, citation of any applicable technical standards
- Price Lists/Catalogs, technical drawings and other exhibits and attachments as appropriate
- If an Information Technology (IT) project valued at \$100,000.00 or more, attach approval transmittal sheet from Information Technology Governance Board (ITGB)

Risk Management:

- Will services be performed within 50 feet (50') of CTA train or other railroad property? Yes No
- Will services be performed on or near a waterway? Yes No
- Will services require the handling of hazardous/bio-waste material? Yes No
- Will services require the blocking of streets or sidewalks which may affect public safety? Yes No

- Attach Recommendation of MBE/WBE/DBE Analysis Form Yes No
- Is this a Revenue Producing contract? Yes No

If Modification or Amendment request, please verify and provide the following:

- Contractor's Name:
- Contractor's Address:
- Contractor's e-mail Address:
- Contractor's Phone Number:
- Contractor's Contact Person:

**CITY OF CHICAGO
PRE-APPROVED
MODIFICATION / OVERRIDE REQUISITION**

Copy (Department)


DELIVER TO: 070-4009 FINANCE AND PAYROLL 50 W WASHINGTON Chicago, IL 60601	REQUISITION: 75268 For PO Number: 16189 PAGE: 1 DEPARTMENT: 70 - DEPT OF BUSINESS AFFAIRS & CON PREPARER: Kenneth L Jones NEEDED: PRE-APPROVED 10/2/2012
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REQUISITION DESCRIPTION

6 MONTHS TIME EXTENSION FROM 1/1/2013 TO 6/30/2013.
 SPECIFICATION NUMBER: 59800

COMMODITY INFORMATION

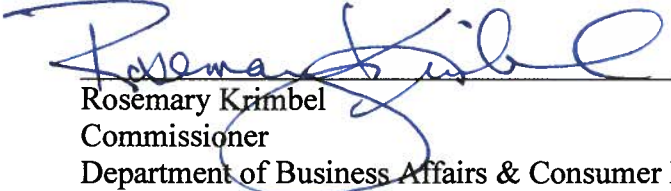
LINE	ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST						
1	96162 6 MONTHS TIME EXTENSION	1.00	USD	0.00	0.00						
SUGGESTED VENDOR: YOUTH OUTREACH SERV.		REQUESTED BY: Kenneth L Jones									
DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	TOTAL COST
1	011	0K03	0702005	0140	220140	0000	00000000	000000	00000	0000	0.00
LINE TOTAL:											0.00
REQUISITION TOTAL:											0.00

Where a  unique use other than standard quality, grades, color, size or other characteristics, give details of how it will be and for what purpose. Requisitions prepared incorrectly will be returned to the using department.



DEPARTMENT OF BUSINESS AFFAIRS AND CONSUMER PROTECTION
MEMORANDUM

To: Jamie L. Rhee
Chief Procurement Officer
Department of Procurement Services

From: 
Rosemary Krimbel
Commissioner
Department of Business Affairs & Consumer Protection

Date: October 22, 2012

Subject: Request for 6 Month Time Extension for Youth Outreach Services
Requisition #75268
Specification #59800
PO #16189

The Department of Business Affairs and Consumer Protection (BACP) is requesting a (6) six month contract time extension for Youth Outreach Services PO #16189 for the purpose of providing continuity of services while procuring a replacement contract. This time extension must be presented to the Non-Competitive Review Board (NCRB) because the current contract was approved by the NCRB and there are no additional time extension options available for this contract. A new RFP was submitted to the Department of Procurement Services under Requisition #70503 and is currently being reviewed by the Department of Law. The BACP cost estimate for the (6) six month extension option is \$39,000.00. BACP is not requesting a vendor limit increase because there is an \$89,994.52 difference between what has been expended and the contract limit. The funding for this program has already been secured by a State of Illinois grant.

I have attached the following documents:

- 1) Justification for Non-Competitive Procurement
- 2) Non-Competitive Review Board Meeting Attendees Memo
- 3) Youth Outreach Services Exclusive Capability Letter
- 4) Youth Outreach Services Proposal Letter
- 5) Scope of Services & Compensation Schedule from current contract
- 6) MBE/WBE Compliance Plan
- 7) EDS Certificate of Filing
- 8) Certificate of Insurance
- 9) DPS Project Checklist



- 10) FMPS Requisition
- 11) Copy of Grant Agreement

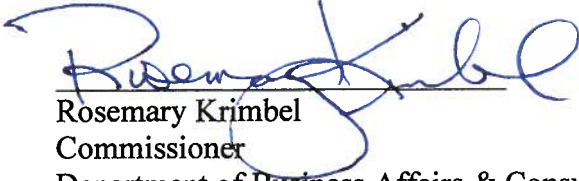
If you have any questions or require any additional information, please contact Mr. Kenneth Jones at 744-1271. Your assistance in this matter is greatly appreciated.

Cc Richard Butler (DPS)
Peter Ferro (BACP)



DEPARTMENT OF BUSINESS AFFAIRS AND CONSUMER PROTECTION
MEMORANDUM

To: Jamie L. Rhee
Chief Procurement Officer
Department of Procurement Services

From: 
Rosemary Krimbel
Commissioner
Department of Business Affairs & Consumer Protection

Date: October 24, 2012

Subject: Youth Outreach Services Concurrence

The Department of Business Affairs & Consumer Protection does concur that Youth Outreach Services has made several attempts to provide a viable company to partner with under the requirements of MBE compliance. Youth Outreach Services has (1) one subcontractor in which they achieved partial MBE participation. Due to the small size of their company and specialty of their services there are no additional subcontracting opportunities for this vendor.

If you have any questions or require any additional information, please contact Mr. Kenneth Jones at 744-1271. Your assistance in this matter is greatly appreciated.

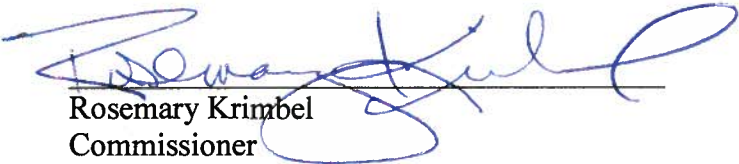




DEPARTMENT OF BUSINESS AFFAIRS AND CONSUMER PROTECTION

MEMORANDUM

To: Jamie L. Rhee
Chief Procurement Officer
Department of Procurement Services

From: 
Rosemary Krimbel
Commissioner
Department of Business Affairs & Consumer Protection

Date: October 15, 2012

Subject: Non-Competitive Review Board Meeting Attendees for the Cigarette Sales to Minors Program Time Extension Request

The Department of Business Affairs and Consumer Protection (BACP) is submitting the names of Sherri Cianciarulo, Assistant Commissioner and Kenneth Jones, Director of Administration II for the Cigarette Sales to Minors Program Time Extension Request that is up for consideration by the Non-Competitive Review Board. BACP is requesting that the Department of Procurement Services extend the existing agreement with Youth Outreach Services PO #16189 by up to (6) six months.

If you have any questions or require any additional information, please contact Mr. Kenneth Jones at 744-1271. Your assistance in this matter is greatly appreciated.

Cc: John O'Brien (DPS)
Jeffrey Lewelling (BACP)
Ron Calicchio (BACP)
Sherri Cianciarulo (BACP)
Rade Ivanovic (BACP)
Peter Ferro (BACP)
Kenneth Jones (BACP)





DEPARTMENT OF BUSINESS AFFAIRS AND CONSUMER PROTECTION
MEMORANDUM

To: Jamie L. Rhee
Chief Procurement Officer
Department of Procurement Services

From: Kenneth L. Jones
Kenneth L. Jones
Director of Administration II
Department of Business Affairs & Consumer Protection

Date: October 3, 2012

Subject: Request for 6 Month Time Extension for Youth Outreach Services
Requisition #75268
Specification #59800
PO #16189

The Department of Business Affairs and Consumer Protection (BACP) is requesting a (6) six month contract time extension for Youth Outreach Services PO #16189.

I have attached the following documents:

- 1) DPS Project Checklist
- 2) FMPS Requisition
- 3) Copy of Grant Agreement

If you have any questions or require any additional information, please contact Mr. Kenneth Jones at 742-1271. Your assistance in this matter is greatly appreciated.

Cc John O'Brien (DPS)
Peter Ferro (BACP)



CITY OF CHICAGO
DEPARTMENT OF PROCUREMENT SERVICES
ROOM 403, CITY HALL, 121 N. LASALLE STREET

JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT

YOUTH OUTREACH SERVICES, INC.

PROCUREMENT HISTORY

The Department of Business Affairs & Consumer Protection, Enforcement & Investigations Division in conjunction with the Illinois Liquor Control Commission (ILCC) jointly operated a Cigarette Sales to Minors Program. The program consisted of investigations that tested tobacco licensees for compliance with underage tobacco laws. Under the observation of a BACP Investigator a youth attempted to purchase tobacco products. The BACP Investigator issued a citation if the underage purchase was successful. The penalty for the sale of tobacco products to a minor begins at \$500.00 with a related penalty of \$200.00 if an underage tobacco warning sign is not posted. ILCC contracted with Youth Outreach Services, Inc. to provide youths between the ages of fifteen and seventeen to participate in attempted underage purchases. The joint effort ran from November 1996 through 1998. In 1999 ILCC began an autonomous program focusing on compliance testing throughout the State of Illinois and unfortunately outside of the City of Chicago. The Department of Business Affairs & Consumer Protection has since been conducting a number of independent investigations with Youth Outreach Services, Inc. and has an immediate need to continue the program and to maintain the number of investigations at an effective level.

The Department of Revenue was approved for a contract (PO #T26445) with Youth Outreach Services from June 9, 2002 to June 30, 2007. The contract and the Cigarette Sales to Minors Program were reassigned to the Department of Business Affairs & Licensing in November 2005. The Department of Business Affairs & Licensing was approved for a contract (PO #16189) in January 2008 with Youth Outreach Services. That contract was reassigned to the Department of Business Affairs & Consumer Protection in January 2009.

Accordingly, the Department of Business Affairs & Consumer Protection is requesting that a (6) six month time extension be entered into with Youth Outreach Services, Inc. to provide individuals between the ages of fifteen and seventeen to participate in compliance testing with regards to underage tobacco laws.

ESTIMATED COST

Youth Outreach Services, Inc. will not need to be allocated in additional funding. There are already sufficient funds in the current grant agreement to cover the cost. Business Affairs & Consumer Protection estimates the cost to be approximately \$39,000.00. BACP spent an average of \$6,350.00 for the past nine months on this program.

SCHEDULE REQUIREMENTS

The work is to be covered by a (6) six month time extension beginning on January 1, 2013 and ending on June 30, 2013. It is the primary goal of the Department of Business Affairs & Consumer Protection to continue the effectiveness of this program by maintaining the current level of investigations and to heighten awareness between license holders and the community in general.

EXCLUSIVE OR UNIQUE CAPABILITY

The former Department of Business Affairs & Licensing was not aware of any other service provider that had the organization and procedures in place to support the program or was capable of providing the required youths at the time of the initial contracting. Youth Outreach Services, Inc., a non-for-profit organization, had the unique position of participating in the development of the City of Chicago, ILCC joint Cigarette Sales to Minors Program. They have the organization and procedures in place to provide the required continuation of services. Youth Outreach Services, Inc. also has the organization and procedures in place to protect the youths involved in their programs. Youth Outreach Services, Inc. contracts directly with the youths, provides the youth a stipend, provides funding for youth lunches during full work days, obtains and maintains records to include parental consent and birth certificates, and provides funding for the tobacco related purchases.

By using Youth Outreach Services, Inc. the Department of Business Affairs & Consumer Protection has the unique ability to continue the Cigarette Sales to Minors Program and ensure the continuity of effective work being performed.



Committed to caring. **Inspiring change.**

October 19, 2012

Kenneth Jones
Director of Administration II
Department of Business Affairs & Consumer Protection
City Hall, Room 805
121 N. LaSalle Street
Chicago, Illinois 60602

Dear Mr. Jones,

Thank you for the opportunity to extend contract #16189 for an additional six months.

Our agency has enjoyed a long-standing working relationship with the Department of Business Affairs & Consumer Protection successfully managing this program for several years. We are the only vendor who can successfully provide these services to the City of Chicago because of our connection to youth in Chicago.

Youth Outreach Services (YOS) provides a wide array of counseling, juvenile justice, prevention, and child welfare services to youth below the age of 18 and is able to easily recruit participants to the Cigarette Sales to Minors program. YOS has successfully contracted directly with youth and obtained all necessary documents from the minor including parent/guardian consent and birth certificates. YOS has always had timely submissions of the Youth Participant Timesheet and Petty Cash Log. YOS is the only vendor to continue to provide these services to the City of Chicago.

If I can be of any assistance please do not hesitate to call me at 773-777-7112 ext. 7225 or at rickv@yos.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Rick Velasquez", is written over a large, faint, yellow circular graphic in the background of the letter.

Rick Velasquez
Executive Director

Youth Outreach Services
Administrative Office
2411 W. Congress Pkwy.
Chicago, Illinois 60612
773.777.7112
773.777.7611 (fax)
www.yos.org





Committed to caring. Inspiring change.

October 15, 2012

Kenneth Jones
Director of Administration II
Business Affairs & Consumer Protection
City Hall, Room 805
121 N. LaSalle Street
Chicago, Illinois 60602

Re: Cigarette Sales to Minors Program PO #16189

Dear Mr. Jones,

Thank you for the opportunity to extend the current contract between the Department of Business Affairs & Consumer Protection and Youth Outreach Services for an additional six months. The current contract is set to expire on December 31, 2012.

Youth Outreach Services will continue to provide the services under the Cigarette Sales to Minors Program PO #16189 with no changes to the Scope of Services or Compensation Schedule for up to an additional six months.

Sincerely,

A handwritten signature in black ink, appearing to read "Rick Velasquez".

Rick Velasquez
Executive Director

Youth Outreach Services
Administrative Office
2411 W. Congress Pkwy.
Chicago, Illinois 60612
773.777.7112
773.777.7611 (fax)
www.yos.org



Contract (PO) No. 16189
Specification No. 59800
Vendor No. 1066210 A

PROFESSIONAL SERVICES AGREEMENT

BETWEEN

**THE CITY OF CHICAGO
DEPARTMENT OF BUSINESS AFFAIRS AND LICENSING**

AND

YOUTH OUTREACH SERVICES, INC.



CIGARETTE SALES TO MINORS PROGRAM

**RICHARD M. DALEY
MAYOR**

SCOPE OF SERVICES

Background

Youth Outreach Services, Inc.(YOS), ("Consultant") will provide the Department of Business Affairs and Licensing's Compliance and Investigations Division with youths and administrative oversight for the Cigarette Sales to Minors Program, consistent with labor laws, rules, regulations, other applicable laws and in accordance with the terms and conditions of this scope of services.

YOS will provide the Department of Business Affairs and Licensing with youths, between the ages of fifteen and seventeen to participate in investigations testing the compliance of cigarette license holders with underage cigarette laws. YOS will contract directly with the youths. The youths will not be City of Chicago (City) employees or contractors. YOS will provide the youth a stipend, provide funding for youth lunches during full work days, obtain and maintain records to include properly completed parental consent documents, birth certificates and provide funding for the cigarette purchases.

The Cigarette Sales to Minors Program consists of investigations that test cigarette license holders for compliance with underage cigarette laws. Under the control and observation of a City of Chicago employee, Revenue Investigator, the youth attempts to purchase cigarette products. Regardless of the outcome of the attempted cigarette purchase, the youth exits the premises and joins a second Revenue Investigator waiting in a vehicle.

Description of Services/Supplies to Be Provided

Youth Outreach Services will provide the following to the City of Chicago Department of Business Affairs and Licensing in conducting the Cigarette Sales to Minors Program.

1. Youth Outreach Services will recruit youths between the ages of fifteen and seventeen to participate in investigations testing the compliance of license holders with underage cigarette laws. Youth Outreach Services will contract directly with the youths and obtain all necessary documents from the minor including but not limited to, parent/guardian consent and birth certificates. Youth Outreach Services will retain

the original set of forms of the Youth Participants with a copy being retained for the Department of Business Affairs and Licensing. The forms will be provided by Youth Outreach Services.

2. Youth Outreach Services will provide supplies during the contract period for a minimum of 1000 investigations and a maximum of 6000 investigations during a year period.
3. Youth Outreach Services will establish and monitor record keeping procedures to account for use of all funds expended for this program.
4. Youth Outreach Services will provide petty cash funds to the Department of Business Affairs and Licensing at the beginning of the contract period. The petty cash will be used for purchases of cigarette products and meal allowances for Youth Participants.
5. Youth Outreach Services understands that the purchase of cigarette products may occur and that the Department of Business Affairs and Licensing will secure and retain the cigarette products.
6. Youth Outreach Services will make Petty Cash funds available to Department of Business Affairs and Licensing investigators who will record petty cash expenditures on a Petty Cash Log to be provided by Youth Outreach Services. A copy of the log will be submitted to Youth Outreach Services on a weekly basis. Cash funds will be replenished in a timely manner as it is requested from the Department of Business Affairs and Licensing. Any unused petty cash funds will be returned to Youth Outreach Services at the end of the contract.
7. A monthly invoice will be submitted by Youth Outreach Services to the Department of Business Affairs and Licensing indicating payment for service provided during the period.
8. In the case of accident or injury to a Youth Participant during the course of the investigations specified above, Youth Outreach Services will follow the procedures specified in the attached Exhibit 1A. "Automobile Accident Procedure".

Exhibit 1A

Automobile Accident Procedure

Cigarette Sales to Minors Program

- 1) In the event of an automobile accident that results in an injury of a minor participating in the Cigarette Sales to Minors Program,
 - a. the driver of the vehicle involved in the accident or the City of Chicago Department of Business Affairs and Licensing (DBA) supervisor shall call 911 and request immediate emergency medical attention and,
 - b. notify the Youth Outreach Services (YOS) Program Coordinator (or designated YOS representative) of the accident and provide any pertinent information (location of the accident, nature of injury, and hospital in which the minor is being transported).
 - c. YOS will immediately notify the parent/guardian of the accident and dispatch the designated YOS personnel to meet the minor at the hospital.
 - d. The designated YOS personnel shall remain with the minor at the hospital until which time
 - i. The parent/guardian arrives at the hospital or provides verbal authorization (witnessed) for YOS to return the minor to their home or a mutually agreed upon location.
 - e. In the event of an injured minor refusing emergency medical attention, YOS shall present to the emergency medical technician (EMT) the signed Parent/Guardian Consent Form authorizing YOS to seek immediate medical care for the minor.
 - f. If minor refuses treatment, YOS personnel will have the minor sign and date the Refusal of Treatment Form. The YOS Program Coordinator will then contact the parents/legal guardians (if unable to contact, the emergency contact will be called) to inform them that the minor has refused medical attention and that the minor will be taken to a YOS location until the parents/legal guardian pick the minor up.
 - i. The original signed and dated Refusal of Treatment Form will be kept on file at Youth

Outreach Services. In addition, a YOS Incident Report will be completed and kept on file.

- 2) In the event of a slight automobile accident that does not result in any apparent injury of a minor participating in the Cigarette Sales to Minor Program
 - a. the driver of the vehicle involved in the accident or the City of Chicago Department of Business Affairs and Licensing (DBA) supervisor shall notify the Youth Outreach Services (YOS) Program Coordinator (or designated YOS representative) of the accident and provide any pertinent information (location of the accident, nature of any injury sustained by the minor.
 - b. YOS will immediately notify the parent/guardian of the accident and dispatch the designated YOS personnel to meet the minor and City of Chicago Department of Business Affairs and Licensing Revenue Investigators at the location of the accident.
 - c. Upon arrival at the site of the accident, the YOS personnel shall assess the situation with the minor and notify the parent/guardian of the condition of the minor and seek the parent/guardian's approval for-
 - i. YOS to return the minor to their home or a mutually agreed upon location, or
 - ii. Seek immediate medical attention.
 - d. If the Parent/Guardian instructs YOS to seek medical care for the minor, the YOS personnel shall call 911 and remain with the minor until an EMT arrives. At no time will YOS transport the minor to a hospital for immediate care.
 - i. The designated YOS personnel shall meet the minor at the hospital and remain with the minor at the hospital until which time the parent/guardian arrives at the hospital or provides verbal authorization (witnessed) for YOS to return the minor to their home or a mutually agreed upon location.
 - e. If minor refuses treatment, YOS personnel will have the minor sign and date the Refusal of Treatment Form. The Department of Business Affairs and Licensing Revenue Investigator will also sign off on the form. The YOS Program Coordinator will then contact the parents/legal guardians (if unable to contact, the emergency contact will be called) to inform them that the minor has refused medical attention and that the

minor will be taken to a YOS location until the parents/legal guardian pick the minor up.

- i. The original signed and dated Refusal of Treatment Form will be kept on file at Youth Outreach Services. In addition, a YOS Incident Report will be completed and kept on file.

EXHIBIT 2

SCHEDULE OF COMPENSATION

The Consultant shall be paid a fee of \$22.00 (twenty-two dollars) per investigation to provide the services as identified in Exhibit 1, Scope of Services. The total number of investigations is to include a minimum of 1,000 and a maximum of 6,000 investigations per year. The minimum annual compensation is \$22,000.00 and the maximum annual compensation is not to exceed \$132,000.00.

The total compensation over the 3-year term of the contract is not to exceed **\$396,000.00**

The Consultant will provide a monthly invoice detailing the investigations activity for the Cigarette Sales to Minors Program. The City will process properly completed invoices approved by the Director within 60 days.



CERTIFICATE OF FILING FOR
CITY OF CHICAGO ECONOMIC DISCLOSURE STATEMENT

EDS Number: 37613

Date of This Filing:10/22/2012 10:45 AM

Certificate Printed on: 10/22/2012

Original Filing Date:10/22/2012 10:45 AM

Disclosing Party: Youth Outreach Services

Title:Executive Director

Filed by: Mr. Rick Velasquez

Matter: Tobacco Sales to Minors

Applicant: Youth Outreach Services

Specification #: 59800

Contract #: 16189

The Economic Disclosure Statement referenced above has been electronically filed with the City. Please provide a copy of this Certificate of Filing to your city contact with other required documents pertaining to the Matter. For additional guidance as to when to provide this Certificate and other required documents, please follow instructions provided to you about the Matter or consult with your City contact.

A copy of the EDS may be viewed and printed by visiting <https://webapps.cityofchicago.org/EDSWeb> and entering the EDS number into the EDS Search. Prior to contract award, the filing is accessible online only to the disclosing party and the City, but is still subject to the Illinois Freedom of Information Act. The filing is visible online to the public after contract award.



CERTIFICATE OF LIABILITY INSURANCE

OP ID: JP

DATE (MM/DD/YYYY)

10/23/12

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Eugene Tkallitch & Assoc., Ltd. P.O. Box 598056 Chicago, IL 60659-9998	773-262-3737	CONTACT NAME:	
		PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		PRODUCER CUSTOMER ID #:	YOUTH-1
INSURED Youth Outreach Services, Inc. Youth Outreach Properties, Inc 2411 Congress Pkwy Chicago, IL 60612	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A :	First Nonprofit Mutual	
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X		*TMP1216825-12	03/20/12	03/20/13	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
				INCLUDES SOCIAL WORKERS			MED EXP (Any one person) \$ 5,000
				PROFESSIONAL LIABILITY			PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COM/POP AGG \$ 1,000,000
							\$
A	AUTOMOBILE LIABILITY			TAP1206839-12	03/20/12	03/20/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per person) \$
				\$500 DEDUCTIBLE			BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
							\$
A	UMBRELLA LIAB			UXL1206875-12	03/20/12	03/20/13	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 1,000,000
	DEDUCTIBLE						\$
	<input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		N/A	WCC123536	01/01/12	01/01/13	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$ 500,000
							E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Building			TMP1216825-12	03/20/12	03/20/13	Blanket 3,440,022
A	Contents-RC/Spec			TMP1216825-12	03/20/12	03/20/13	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate Holder is Additional Insured as respects liability arising from contract with Named Insured (Tobacco Sales to Minors).

CERTIFICATE HOLDER	CANCELLATION
CITY006	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
City of Chicago 121 N. LaSalle St. Chicago, IL 60602	AUTHORIZED REPRESENTATIVE <i>Eugene Tkallitch, PRESIDENT</i>

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Committed to caring. **Inspiring change.**

Kenneth Jones
Director of Administration II
Department of Business Affairs & Consumer Protection
City Hall, Room 805
121 N. LaSalle Street
Chicago, IL 60602

October 23, 2012

Dear Mr. Jones,

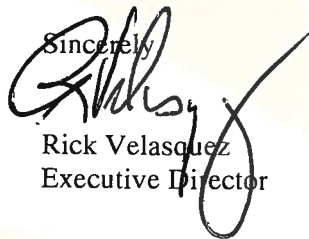
Youth Outreach Services (YOS) would like to request a partial waiver of our MBE compliance goals. 3% compliance was the maximum we were able to obtain.

We have made several efforts to raise our commitment above 3%. For example, we contacted Multi Products Distribution Company, a certified MBE company, to consider purchasing office supplies. However, the cost of these products is much higher than the cost of our nonprofit purchase agreement with Staples through the Back Office Cooperative. To give one example, Multi Products Distribution Company offers a box of 5,000 sheets of every day copy paper for \$199.39; the Staples Back Office Cooperative purchase agreement offers a box of 5,000 sheets of every day copy paper for \$31.40.

YOS also considered purchasing janitorial supplies from Alpine Cleaning Equipment, a certified MBE company. However, this company only offers products in bulk, unlike Staples. For example, a mop head is \$2.41 at Staples. Alpine Cleaning Equipment only offers similar mop heads in packs of 12 for \$69.99. YOS does not have such a large need for cleaning supplies to justify this sort of bulk purchase.

YOS has a strong commitment to diversity. Our workforce is approximately 50% African American, 17% Latino, 2% Asian, and 2% Native American. Additionally, our workforce is approximately 65% female. Our offices are located in diverse communities, such as Austin, Maywood, Cicero, and Melrose Park. We seek out the best pricing for the products and services we purchase, so that more of our funding can be funneled directly into our services with youth.

Please do not hesitate to contact me with any questions at 773.777.7112 ext. 7225 or rickv@yos.org.

Sincerely,

Rick Velasquez
Executive Director

Youth Outreach Services
Administrative Office
2411 W. Congress Pkwy.
Chicago, Illinois 60612
773.777.7112
773.777.7611 (fax)
www.yos.org



SCHEDULE D-1

Affidavit of MBE/WBE Goal Implementation Plan

Contract Name Cigarette Sales to Minors
Specification No. 16189

State of Illinois

County (City) of Chicago

I HEREBY DECLARE AND AFFIRM that I am duly authorized representative of:

Youth Outreach Services

Name of Bidder/Proposer

and that I have personally reviewed the material and facts set forth herein describing our proposed plan to achieve the MBE/WBE goals of this contract.

All MBE/WBE firms included in this plan have been certified as such by the City of Chicago (Letters of Certification Attached).

I. Direct Participation of MBE/WBE Firms

(Note: The bidder/proposer shall, in determining the manner of MBE/WBE participation, first consider involvement with MBE/WBE firms as joint venture partners, subcontractors, and suppliers of goods and services directly related to the performance of this contract.)

A. If bidder/proposer is a certified MBE or WBE firm, attach copy of City of Chicago Letter of Certification. (Certification of the bidder/proposer as a MBE satisfies the MBE goal only. Certification of the bidder/proposer as a WBE satisfies the WBE goal only.)

B. If bidder/proposer is a joint venture and one or more joint venture partners are certified MBEs or WBEs, attach copies of Letters of Certification and a copy of Joint Venture Agreement clearly describing the role of the MBE/WBE firm(s) and its ownership interest in the joint venture.

C. MBE/WBE Subcontractors/Suppliers/Consultants:

- Name of MBE/WBE: Open Kitchens, Inc.
Address: 1161 W. 21st St.
Contact Person: Teresa Fiore Phone: 312-666-5335
Dollar Amount Participation \$ 9,749
Percent Amount of Participation: 16.667 %
Schedule C-1 attached? Yes No *

*(see next page)

SCHEDULE D-1
Affidavit of MBE/WBE Goal Implementation Plan

2. Name of MBE/WBE: R & D Bus Company
Address: 4654 W. Washington Blvd
Contact Person: Ryan Dunn Phone: 713-854-2116
Dollar Amount Participation \$ 1,755
Percent Amount of Participation: 3 %
Schedule C-1 attached? Yes No *

3. Name of MBE/WBE: _____
Address: _____
Contact Person: _____ Phone: _____
Dollar Amount Participation \$ _____
Percent Amount of Participation: _____ %
Schedule C-1 attached? Yes _____ No _____ *

4. Name of MBE/WBE: _____
Address: _____
Contact Person: _____ Phone: _____
Dollar Amount Participation \$ _____
Percent Amount of Participation: _____ %
Schedule C-1 attached? Yes _____ No _____ *

5. Name of MBE/WBE: _____
Address: _____
Contact Person: _____ Phone: _____
Dollar Amount Participation \$ _____
Percent Amount of Participation: _____ %
Schedule C-1 attached? Yes _____ No _____ *

6. Attach additional sheets as needed.

* All Schedule C-1s and Letters of Certification not submitted with bid/proposal must be submitted so as to assure receipt by the Contract Administrator within three (3) business days after bid opening (or proposal due date.)

SCHEDULE D-1
Affidavit of MBE/WBE Goal Implementation Plan

II. Indirect Participation of MBE/WBE Firms

(Note: This section need not be completed if the MBE/WBE goals have been met through the direct participation outlined in Section I. If the MBE/WBE goals have not been met through direct participation, contractor will be expected to demonstrate that the proposed MBE/WBE direct participation represents the maximum achievable under the circumstances. Only after such a demonstration will indirect participation be considered.)

MBE/WBE Subcontractors/Suppliers/Consultants proposed to perform work or supply goods or services where such performance does not directly relate to the performance of this contract:

A. Name of MBE/WBE: _____
Address: _____
Contact Person: _____ Phone: _____
Dollar Amount Participation \$ _____
Percent Amount of Participation: _____ %
Schedule C-1 attached? Yes _____ No _____ *

B. Name of MBE/WBE: _____
Address: _____
Contact Person: _____ Phone: _____
Dollar Amount Participation \$ _____
Percent Amount of Participation: _____ %
Schedule C-1 attached? Yes _____ No _____ *

C. Name of MBE/WBE: _____
Address: _____
Contact Person: _____ Phone: _____
Dollar Amount Participation \$ _____
Percent Amount of Participation: _____ %
Schedule C-1 attached? Yes _____ No _____ *

D. Name of MBE/WBE: _____
Address: _____
Contact Person: _____ Phone: _____
Dollar Amount Participation \$ _____
Percent Amount of Participation: _____ %
Schedule C-1 attached? Yes _____ No _____ *

E. Attach additional sheets as needed.

* All Schedule C-1s and Letters of Certification not submitted with bid/proposal must be submitted so as to assure receipt by the Contract Administrator within three (3) business days after bid opening (or proposal due date).

SCHEDULE D-1
Affidavit of MBE/WBE Goal Implementation Plan

III. Summary of MBE/WBE Proposal:

A. MBE Proposal

1. MBE Direct Participation (from Section I.)

MBE Firm Name	Dollar Amount	Percent Amount
<u>R & D Bus Company</u>	<u>\$ 1,755</u>	<u>3.0</u> %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
Total Direct MBE Participation	\$ <u>1,755</u>	<u>3.0</u>

2. MBE Indirect Participation (from Section II.)

MBE Firm Name	Dollar Amount	Percent Amount
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
Total Indirect MBE Participation	\$ _____	_____ %

B. WBE Proposal

1. WBE Direct Participation (from Section I.)

WBE Firm Name	Dollar Amount	Percent Amount
<u>Open Kitchens, In</u>	<u>\$ 9,749</u>	<u>16.667</u> %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
Total Direct WBE Participation	\$ <u>9,749</u>	<u>16.667</u>

2. WBE Indirect Participation (from Section II)

WBE Firm Name	Dollar Amount	Percent Amount
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
Total Indirect WBE Participation	\$ _____	_____ %

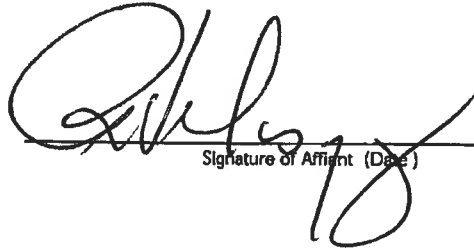
SCHEDULE D-1
Affidavit of MBE/WBE Goal Implementation Plan

To the best of my knowledge, information and belief, the facts and representations contained in this Schedule are true, and no material facts have been omitted.

The contractor designates the following person as their MBE/WBE Liaison Officer:

Name: Claire Barner Phone Number: 773-777-7112 x 7229

I do solemnly declare and affirm under penalties of perjury that the contents of the foregoing document are true and correct, and that I am authorized, on behalf of the contractor, to make this affidavit.



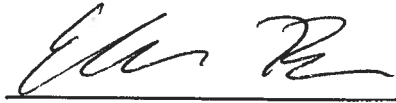
Signature of Affiant (Date)

State of Illinois
County of Cook

This instrument was acknowledged before me on 10/19/2012 (date)
by Claire Barner (name /s of person/s)
as Notary (type of authority, e.g., officer, trustee, etc.)
of Youth Outreach Services (name of party on behalf of whom instrument was executed).



(Seal)



Signature of Notary Public

Letter of Intent from MBE/WBE to Perform
as Subcontractor, Supplier and/or Consultant

Name of Project/Contract: Cigarette Sales to Minors
Specification Number: 16189

From: R+D BUS COMPANY
(Name of MBE/WBE Firm)

MBE: Yes No
WBE: Yes No

To: Youth Outreach Services and the City of
Chicago:
(Name of Prime Contractor - Bidder/Proposer)

The undersigned intends to perform work in connection with the above projects as a:

Sole Proprietor
 Partnership Corporation
 Joint Venture

The MBE/WBE status of the undersigned is confirmed by the attached letter of Certification from the City of Chicago effective date of 11/1/11 to 11/1/12 for a period of five years.

The undersigned is prepared to provide the following described services or supply the following described goods in connection with the above named project/contract:

SCHOOL BUS
TRANSPORTATION

The above described performance is offered for the following price and described terms of payment:

\$ 1,755 annually
3.0%
Net 30 days

If more space is needed to fully describe the MBE/WBE firm's proposed scope of work and/or payment schedule, attach additional sheets.

The undersigned will enter into a formal written agreement for the above work with you as a Prime Contractor, conditioned upon your execution of a contract with the City of Chicago, and will do so within (3) three working days of receipt of a signed contract from the City of Chicago.

[Signature]
(Signature of Owner or Authorized Agent)
Ryan Jones / President
Name / Title (Print)
10/19/2012
Date
773-854-2116
Phone



CITY OF CHICAGO
OFFICE OF COMPLIANCE

November 4, 2011

Ryan Dunn
R & D Bus Company
4654 West Washington Boulevard
Chicago, IL 60644-3617

NOV 23 2011

Annual Certificate Expires: November 1, 2012

Dear Ryan Dunn:

Congratulations on your continued eligibility for certification as a **Minority Business Enterprise (MBE)** by the City of Chicago. This certification is valid until **November 1, 2012**.

You have an affirmative duty to file for recertification 60 days prior to the date of expiration. Therefore, you must file for recertification by **9/1/2012**.

It is important to note that you also have an ongoing affirmative duty to notify the City of Chicago of any changes in ownership or control of your firm, or any other fact affecting your firm's eligibility for certification within 10 days of such change. These changes may include but are not limited to a change of address, change of business structure, change in ownership or ownership structure, change of business operations, and/or gross receipts that exceed the program threshold.

Please note – you shall be deemed to have had your certification lapse and will be ineligible to participate as a MBE/WBE/BEPD if you fail to:

- o file your No Change Affidavit within the required time period;
- o provide financial or other records requested pursuant to an audit within the required time period; or
- o notify the City of any changes affecting your firm's certification within 10 days of such change.

Further, if you or your firm is found to be involved in certification, bidding and/or contractual fraud or abuse, the City will pursue decertification and debarment. And in addition to any other penalty imposed by law, any person who knowingly obtains, or knowingly assists another in obtaining, a contract with the city by falsely representing that the individual or entity, or the individual or entity assisted, is a minority-owned business or a woman-owned business, is guilty of a misdemeanor, punishable by incarceration in the county jail for a period not to exceed six months or a fine of not less than \$5,000.00 and not more than \$10,000, or both.

Your firm is listed in the City's Directory of Minority Business Enterprises and Women Business Enterprises in the specialty area(s) of:

NIGP-96216: BUS TRANSPORTATION SERVICES, SCHOOL

**Letter of Intent from MBE/WBE to Perform
as Subcontractor, Supplier and/or Consultant**

Name of Project/Contract: Cigarette Sales to Minors
Specification Number: 16189

From: Open Kitchens
(Name of MBE/WBE Firm)

MBE: Yes _____ No
WBE: Yes No _____

To: Youth Outreach Services and the City of
Chicago:
(Name of Prime Contractor - Bidder/Proposer)

The undersigned intends to perform work in connection with the above projects as a:

_____ Sole Proprietor _____ Corporation
 Partnership _____ Joint Venture

The MBE/WBE status of the undersigned is confirmed by the attached letter of Certification from the City of Chicago effective date of 11/30/2011 to 11/30/2012 for a period of five years.

The undersigned is prepared to provide the following described services or supply the following described goods in connection with the above named project/contract:
Food services

The above described performance is offered for the following price and described terms of payment:
\$9,749 annually
18.667%
Net 30 days

If more space is needed to fully describe the MBE/WBE firm's proposed scope of work and/or payment schedule, attach additional sheets.

The undersigned will enter into a formal written agreement for the above work with you as a Prime Contractor, conditioned upon your execution of a contract with the City of Chicago, and will do so within (3) three working days of receipt of a signed contract from the City of Chicago.

Terese M. Fiore
(Signature of Owner or Authorized Agent)
Terese M. Fiore / Pres., CEO
Name / Title (Print)
10-19-12
Date
312-666-5335
Phone

WBENC Women's Business Enterprise
National Council

hereby grants

National Women's Business Enterprise Certification

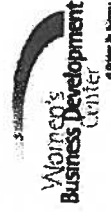
to

Open Kitchens

who has successfully met WBENC's standards as a Women's Business Enterprise (WBE).
This certification affirms the business is woman-owned, operated and controlled; and is valid through the date herein.

WBENC National WBE Certification was processed and validated by Women's
Business Development Center - Chicago, a WBENC Regional Partner Organization.

Hedy M. Ratner
Authorized by Hedy M. Ratner, Co-President, S. Carol Dougal, Co-President
Women's Business Development Center - Chicago



Expiration Date: 11/30/2012
WBENC National Certificate Number: 252346

NAICS Codes: 722310, 311412

UNSPSC Codes: 50192500, 50192501, 50192502, 71123005, 90101603





DEPARTMENT OF PROCUREMENT SERVICES
CITY OF CHICAGO

REQUEST FOR WAIVER

TO: Jamie L. Rhee
Chief Procurement Officer

FROM: Rona Jeongco *RJ*
Contract Negotiator

DATE: December 18, 2012

User Department: Department of Business Affairs and Consumer Protection
Description of Services: Tobacco Sales to Minors Prevention Program -181 day extension
Contract Period: 1/1/2008 – 6/30/2013
Specification No. 59800
Contract No. 16189
Vendor: Youth Outreach Services
Contract Amount: \$396,000.00 (\$39,000.00 remaining on contract)
Current W/MBE: 3.0% MBE 4.5% WBE

Waiver Amount: 4.5% WBE = \$1,755.00 (based on remaining \$39,000.00)

COMPLIANCE WITH REQUIREMENT:
 PROVIDED TIMELY NOTICE TO AN APPROPRIATE ASSOCIATION

REASON(S) PURSUANT TO ORDINANCE AND REGULATIONS FOR APPROVAL:
 SOLICITED APPROPRIATE NUMBER OF MBE/WBE's
 EXCESSIVELY COSTLY
 IMPRACTICABLE

The Department sought a 181 day extension of the existing contract with Youth Outreach Services (YOS). Their longstanding WBE subcontractor, Open Kitchens, Inc., has allowed their WBE Certification to lapse. As a result, YOS attempted to find other WBE firms to replace Open Kitchens, Inc. and identified 2 WBE certified printing companies. At this time, however, YOS has 2 years remaining on a contract with their current printing vendor. YOS has determined that changing printing vendors would be cost prohibitive and as such is requesting a full waiver of the WBE commitment. Please see attached letter from YOS dated December 5, 2012. Also, attached is a letter from BACP dated December 11, 2012 concurring with the YOS waiver request.

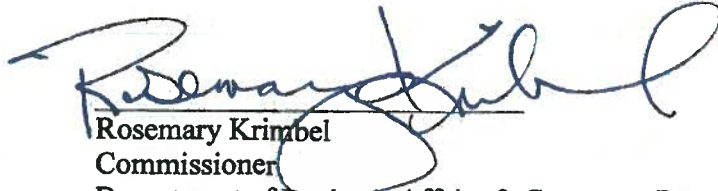
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CONCUR:
NOT CONCUR: *[Signature]* 1/24/2013
Monica Jimenez Date
Deputy Procurement Officer

()
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APPROVE:
DISAPPROVE: *[Signature]* 1/24/13
Jamie L. Rhee Date



DEPARTMENT OF BUSINESS AFFAIRS AND CONSUMER PROTECTION
MEMORANDUM

To: Jamie L. Rhee
Chief Procurement Officer
Department of Procurement Services

From: 
Rosemary Krimbel
Commissioner
Department of Business Affairs & Consumer Protection

Date: December 11, 2012

Subject: Youth Outreach Services Concurrence

The Department of Business Affairs & Consumer Protection does concur that Youth Outreach Services has made several attempts to provide a viable company to partner with under the requirements of WBE compliance. Youth Outreach Services has (1) one subcontractor in which they achieved partial MBE participation. Due to the small size of their company and specialty of their services there are no additional practical subcontracting opportunities for this vendor. BACP is requesting a full waiver for the WBE compliance.

If you have any questions or require any additional information, please contact Mr. Kenneth Jones at 744-1271. Your assistance in this matter is greatly appreciated.





Committed to caring. Inspiring change.

Kenneth Jones
Director of Administration II
Department of Business Affairs & Consumer Protection
City Hall, Room 805
121 N. LaSalle Street
Chicago, IL 60602

December 5, 2012

Dear Mr. Jones,

Youth Outreach Services (YOS) would like to request a waiver of our WBE compliance goals.

We have made several efforts to raise our commitment. We have contracted with Open Kitchens Inc. to provide food services for several years. Open Kitchens, Inc. used to be a WBE certified company that satisfied the City of Chicago's goals. However, we recently discovered that Open Kitchens is out of compliance. While Open Kitchens is still owned by a woman, they have not maintained the necessary paperwork to be considered a certified WBE by the City of Chicago.

Since we just learned that Open Kitchens will no longer qualify for our WBE compliance goal, we would need to switch vendors quickly. This would not be in our best interest. For example, we could consider switching to Cost Per Copy Consultants, Inc or Consolidating Printing Company. Both vendors are certified WBE companies we found doing research in the City of Chicago's MBE/WBE directory that is on the Department of Procurement Services website. However, we have two years left on our contract with our current copy and print company, Impact Networking. Impact offered us a discounted rate due to our nonprofit status and financially, it would not be in our interest to switch companies.

YOS has a strong commitment to diversity. Our workforce is approximately 50% African American, 17% Latino, 2% Asian, and 2% Native American. Additionally, our workforce is approximately 65% female. Our Senior Management Team is 75% female. Our offices are located in diverse communities, such as Austin, Maywood, Cicero, and Melrose Park. We seek out the best pricing for the products and services we purchase, so that more of our funding can be funneled directly into our services with youth.

Please do not hesitate to contact me with any questions at 773.777.7112 ext. 7225 or rickv@yos.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Rick Velasquez", is written over the typed name and title. The signature is fluid and cursive, with a large, sweeping flourish at the end.

Rick Velasquez
Executive Director

Youth Outreach Services
Administrative Office
2411 W. Congress Pkwy.
Chicago, Illinois 60612
773.777.7112
773.777.7611 (fax)
www.yos.org

