

JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT

COMPLETE THIS SECTION IF NEW CONTRACT(S)

For contract(s) in this request, answer applicable questions in each of the 4 major subject areas below in accordance with the Instructions for Preparation of Non-Competitive Procurement Form on the reverse side.

Request that negotiations be conducted only with Heartland Human Care Services, Inc. for the product and/or services described herein.
(Name of Person or Firm)

This is a request for: ___ (One-Time Contract Per Requisition # _____, copy attached) or ___ Term Agreement
or ___ Delegate Agency (Check one). If Delegate Agency, this request is for "blanket approval" of all contracts within the
_____ (Attach List) Pre-Assigned Specification No. _____
(Program Name) Pre-Assigned Contract No. _____

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 #: 1746 Company, or Agency Name: HEARTLAND HUMAN CARE SERVICES
Specification #: 8823 Contract or Program Description: DELEGATE AGENCY
Mod #: _____ (Attach List, if multiple)

Kristen Cabanban 686-4898 Kristen Cabanban Aviation 12/16/04
Originator Name Telephone Signature Department Date

Indicate SEE ATTACHED in each box below if additional space needed:

<input type="checkbox"/> PROCUREMENT HISTORY Heartland Human Care Services, Inc. has provided Travelers Aid services at Chicago O'Hare International Airport for over twenty (20) years. Please see attached
<input type="checkbox"/> ESTIMATED COST The estimated cost is \$378,000 for the two-year contract extension period. Please see attached
<input type="checkbox"/> SCHEDULE REQUIREMENTS Heartland Human Care Services, Inc. currently serves O'Hare International Airport during the following days and times: Please see attached
<input type="checkbox"/> EXCLUSIVE OR UNIQUE CAPABILITY Heartland Human Care Services, Inc. is the only local affiliate of Travelers Aid International. The Administrator of the program has over twenty-five (25) years of experience at O'Hare. Please see attached
<input type="checkbox"/> OTHER Other related considerations are the extensive interaction among Travelers Aid in Chicago and 25 other major airports in North America. Please see attached

APPROVED BY: [Signature] 12/13/04 _____
DEPARTMENT HEAD OR DESIGNEE DATE BOARD CHAIRPERSON DATE

Procurement History

1. The first Travelers and Immigrants Aid was founded in 1851 in St. Louis, making Travelers Aid the oldest, non-sectarian social welfare movement in America. Most Americans know of Travelers Aid through its information and referral booths in airports and/or bus stations. For over twenty years, Heartland Human Care Services, Inc. has provided Travelers Aid Services at Chicago O'Hare International Airport.
2. This is a previous procurement from the same source. Heartland Human Care Services, Inc. is the only Chicago based affiliate of Travelers Aid International.
3. There were never any attempts to competitively bid this requirement. Since 1980 this has been a non-competitive procurement from non-profit organizations which are the local affiliate of Travelers Aid International.
4. Travelers Aid International was contacted to inquire about any other affiliates of their organization in Chicago. Heartland Human Care Services, Inc. is the only member of this international organization.
5. By researching other major airports in North America, we have found that Travelers Aid International is the current contractor in at least twenty-five (25) major airports. No other organizations were named when we contacted these airports.
6. The future procurement objective is to continue to provide a social service agency to the users of Chicago O'Hare International Airport.
7. The Department of Aviation has determined that this program does not lend itself to competitive bidding. Travelers Aid International, through its network of 45 member agencies and more than 500 cooperating representatives, serves individuals and families in crisis due to mobility or other disruptive services.

Estimated Cost

1. The cost of this program for the next two years is \$378,000. The funding source will be airport revenue.
2. Each new budget will be negotiated and approved by the City on an annual basis.

3. The method for estimating the cost of the contract was based on the budget submitted by Heartland Human Care Services, Inc.
4. The proposed Contractor, having performed the requirements of the contract for approximately twenty (20) years, has a substantial investment in meeting the requirements of the contract. The fact that the Travelers Aid office and volunteer network has already been established at O'Hare Airport would disassociate any cost with recruitment, administrative and labor issues.
5. Heartland Human Care Services, Inc. has proposed a budget of approximately \$378,000 for the two-year contract extension period. The only increases in this budget when compared to previous years have been for cost of living increases.

Schedule Requirements

1. Heartland Human Care Services, Inc. provides services at O'Hare International Airport twelve (12) hours per day, seven (7) days per week with the exception of major holidays. These hours may be adjusted at any time at the discretion of the Department of Aviation.
2. N/A
3. N/A
4. N/A
5. Heartland Human Care Services, Inc. provides social services on a day-to-day basis in all terminals, including Federal Inspection areas. They provide travel assistance to passengers before and during arrival in Chicago; they assist elderly, disabled and non-English speaking passengers by meeting flights at the gate. The delay of the competitive bidding process would leave O'Hare Airport without resources to assist stranded and/or distressed passengers on a daily basis.

Exclusive or Unique Capability

1. In addition to being the only local affiliate of Travelers Aid International in the Chicago area, the administrator of the program at O'Hare has over twenty-five (25) years of experience in serving travelers. The Administrator also has a masters degree in the human service field, experience in recruiting and training volunteers and staff, an in-depth knowledge of resources and

familiarity with airport policies and procedures. All of these traits give the administrator the unique skill set necessary to manage this program.

Other staff members are academically trained in the human service field and culturally competent in order to work with a diverse population of travelers in need. In addition, all volunteers are oriented to both agency policies and the expectations of the Department of Aviation. The administrator and program staff provides training and supervision to the cadre of volunteers.

2. See answer #1
3. Heartland Human Care Services, Inc. has been working with the stranded and distressed passengers at O'Hare Airport for the last twenty (20) years, and therefore has developed the necessary network to handle each case appropriately.
4. N/A
5. Additional capabilities include working with adoption agencies and assistance with refugee placement. Travelers Aid also has the capabilities to provide professional casework services for geographically separated families in conjunction with Travelers Aid International through its network of forty-five (45) member agencies and more than five-hundred (500) cooperating individuals. In collaboration with International Social Services and U.S. based embassies and consulates, Heartland Human Care Services, Inc. is able to assist in repatriation cases and other crises affecting both the foreign and the U.S. travelers.
6. N/A
7. N/A
8. N/A

Other

1. Other related considerations are the extensive interaction between Travelers Aid in Chicago and 25 other major airports in North America. Our experience with Heartland Human Care Services, Inc. as the Travelers Aid affiliate has proven them to be extremely professional and capable of providing social services to the users of Chicago O'Hare International Airport.

2. Heartland Human Care Services, Inc. does not use subcontractors to provide Travelers Aid services. However, the agency does use minority and women-owned businesses as vendors for goods and services whenever possible in all program areas.

HEARTLAND HUMAN CARE SERVICES INC.

FY 2007 BUDGET

O'HARE WELCOME

CC: 340

March 1, 2006 TO February 28, 2007

PROGRAM MANAGER: SCHWINGEN, JOAN

REVENUE:	FY 2007 BUDGET
II. Program Service Revenue	
46011 - Grants & Contracts Income	\$189,000
Total Program Service Revenue	<u>\$189,000</u>
TOTAL REVENUE:	<u>\$189,000</u>
EXPENSES:	
I. Personnel Expenses	
51010 - Salary Expense	\$141,859
51112 - FICA Tax Expense	\$10,852
51113 - SUTA Tax Expense	\$3,960
51114 - W/C Insurance Expense	\$759
51115 - LTD Insurance Expense	\$919
51116 - Health Insurance Expense	\$6,600
51117 - Life Insurance Expense	\$156
51118 - Pension Expense	\$2,903
51120 - EAP Expense	\$149
51121 - STD Insurance Expense	\$532
Total Personnel Expenses	<u>\$168,690</u>
II. Staff/Volunteer/Board-Related Expenses	
52010 - Employee Business Expenses	\$600
52011 - Staff Development	\$350
52012 - Subscription/Reference Materials	
52013 - Membership Dues	
52014 - Professional Liability Insurance	\$75
Total Staff/Vol/BD-Related Expenses	<u>\$1,025</u>
III. Professional Services Expense	
61010 - Professional Fee/Contractual Services	\$0
61013 - Recruitment Expenses	\$0
Total Professional Services Expense	<u>\$0</u>
IV. Office Services Expenses	
65010 - Office Supplies	
65011 - Postage/Delivery/Messenger Expenses	
65014 - Communications Expense	
Total Office Services Expenses	<u>\$0</u>
V. Occupancy Expenses	
71010 - Rent Expense	
71013 - Utilities Expense	
71014 - Building Maintenance Supplies	\$750
71016 - Property/General Liability Insurance	\$150
Total Occupancy Expenses	<u>\$900</u>
VI. Equipment Expenses	
75010 - Office Equip. Purchases/Lease (non-capital)	\$700
75011 - Other Equip Purchases/Lease (non-capital)	
75012 - Equipment Repairs & Maintenance	
75014 - Vehicle Insurance	
75015 - Vehicle Repairs & Maintenance	
Total Equipment Expenses	<u>\$700</u>
VII. Client Support Expenses	
81010 - Food	
81016 - Transportation	
81030 - Client Support	\$503
Total Client Support Expenses	<u>\$503</u>
SUBTOTAL EXPENSES	<u>\$171,818</u>
XI. Management, General, & Admin. Expense	
91010 - MG&A/MSF Expense Allocation @10%	\$17,182
TOTAL EXPENSES	<u>\$189,000</u>
NET SURPLUS/(DEFICIT)	<u>(\$0)</u>

HEARTLAND HUMAN CARE SERVICES INC.

FY 2006 BUDGET

O'HARE WELCOME

CC: 340

March 1, 2005 TO February 28, 2006

PROGRAM MANAGER: SCHWINGEN, JOAN

REVENUE:	FY 2006 BUDGET
II. Program Service Revenue	
46011 - Grants & Contracts Income	189,000
Total Program Service Revenue	<u>189,000</u>
TOTAL REVENUE:	<u><u>189,000</u></u>
EXPENSES:	
I. Personnel Expenses	
51010 - Salary Expense	137,727
51112 - FICA Tax Expense	10,536
51113 - SUTA Tax Expense	3,577
51114 - W/C Insurance Expense	578
51115 - LTD Insurance Expense	893
51116 - Health Insurance Expense	6,528
51117 - Life Insurance Expense	154
51118 - Pension Expense	2,819
51120 - EAP Expense	134
51121 - STD Insurance Expense	423
Total Personnel Expenses	<u><u>163,368</u></u>
II. Staff/Volunteer/Board-Related Expenses	
52010 - Employee Business Expenses	1,500
52011 - Staff Development	530
52012 - Subscription/Reference Materials	600
52013 - Membership Dues	1,500
52014 - Professional Liability Insurance	150
Total Staff/Vol/Bd-Related Expenses	<u><u>4,280</u></u>
III. Professional Services Expense	
61010 - Professional Fee/Contractual Services	0
61013 - Recruitment Expenses	0
Total Professional Services Expense	<u><u>0</u></u>
IV. Office Services Expenses	
65010 - Office Supplies	1,000
65011 - Postage/Delivery/Messenger Expenses	500
65014 - Communications Expense	0
Total Office Services Expenses	<u><u>1,500</u></u>
V. Occupancy Expenses	
71010 - Rent Expense	
71013 - Utilities Expense	
71014 - Building Maintenance Supplies	0
71016 - Property/General Liability Insurance	300
Total Occupancy Expenses	<u><u>300</u></u>
VI. Equipment Expenses	
75010 - Office Equip. Purchases/Lease (non-capital)	
75011 - Other Equip Purchases/Lease (non-capital)	
75012 - Equipment Repairs & Maintenance	370
75014 - Vehicle Insurance	
75015 - Vehicle Repairs & Maintenance	
Total Equipment Expenses	<u><u>370</u></u>
VII. Client Support Expenses	
81010 - Food	500
81016 - Transportation	1,000
81030 - Client Support	500
Total Client Support Expenses	<u><u>2,000</u></u>
SUBTOTAL EXPENSES	<u><u>171,818</u></u>
XI. Management, General, & Admin. Expense	
91010 - MG&A/MSF Expense Allocation@10%	17,182
TOTAL EXPENSES	<u><u>189,000</u></u>
NET SURPLUS/(DEFICIT)	<u><u>0</u></u>

the failure of Consultant to comply with the time limits described in this Section 3.2 may result in economic or other losses to the City.

(b) Neither Consultant nor Consultant's agents, employees or Subcontractors are entitled to any damages from the City, nor is any party entitled to be reimbursed by the City, for damages, charges or other losses or expenses incurred by Consultant by reason of delays or hindrances in the performance of the Services, whether or not caused by the City.

3.3 Agreement Extension Option

The Chief Procurement Officer may at any time before this Agreement expires elect to extend this Agreement for up to 2 additional periods, each period not to exceed 1 year, under the same terms and conditions as this original Agreement, by notice in writing to Consultant.

ARTICLE 4. COMPENSATION

4.1 Basis of Payment

The City will pay Consultant according to the Schedule of Compensation in the attached Exhibit 2 for the successful completion of the Services.

4.2 Method of Payment

Consultant must submit monthly invoices (in triplicate) to the City for labor and other direct costs as billed, as outlined in the Schedule of Compensation in Exhibit 2. The invoices must be in such detail as the City requests. The City will process payment within 60 days after receipt of invoices and all supporting documentation necessary for the City to verify the Services provided under this Agreement.

4.3 Funding

The source of funds for payments under this Agreement is Fund number 740-85-4045-0140-0140. Payments under this Agreement must not exceed \$270,000 without a written amendment in accordance with Section 9.3.

4.4 Non-Appropriation

If no funds or insufficient funds are appropriated and budgeted in any fiscal period of the City for payments to be made under this Agreement, then the City will notify Consultant in writing of that occurrence, and this Agreement will terminate on the earlier of the last day of the fiscal period for which sufficient appropriation was made or whenever the funds appropriated for payment under this Agreement are exhausted. Payments for Services completed to the date of notification will be made to Consultant. No payments will be made or due to Consultant and



PROJECT CHECKLIST

Delegato Agency ELSO

For CPAC Team Use Only	
Date Received	_____
Date Returned	_____
Date Accepted	_____

IMPORTANT: PLEASE READ AND FOLLOW THE INSTRUCTIONS FOR COMPLETING THE PROJECT CHECKLIST AND CONTACT THE APPROPRIATE TEAM LEADER IF YOU HAVE ANY FURTHER QUESTIONS. ALL INFORMATION SHOULD BE COMPLETED INCLUDING THE SUPPLEMENTAL CHECKLIST REQUIRED BY THE SPECIFIC CPAC TEAM. ATTACH ALL REQUIRED MATERIALS AND SUBMIT FOR HANDLING TO THE DEPARTMENT OF PROCUREMENT SERVICES, ROOM 403, CITY HALL, 121 N. LASALLE STREET, CHICAGO, ILLINOIS 60602.

PROJECT
 Date: 8/2/04
 ID No (Spec, RX, Project): 8823
 Department: Aviation
 Bureau: Contracts Administration
 Contract No(if known): 1746
 Project Title/Description: TRAVELERS AND IMMIGRANTS AID AT CHICAGO AIRPORT

Contact Person: Steven Loboda
 Tel: 686-3590 Fax: 686-6235 E-mail: Groupwise
 Project Manager: bratchen Meyer
 Tel: 773-844-2005 E-mail: Groupwise
 Estimated Value \$ ~~216,000~~ \$378,000

SCOPE STATEMENT

Attached is a detailed scope of services and/or specification

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

The following is a general description of what would 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..

TYPE OF PROCUREMENT REQUESTED (check all that apply)

Competitive Bid RFQ/RFP/RFS/RFI Sole Source** Term Agreement One Shot
 Mod/Amendment Time Extension Additional Funding Small Order S/O Emergency

FORMS

F-25* (add line item) F-10* (special approvals) SSRB** (sole source approval)
 F-26* (new term agreement) RX (one-shot requisition) OBM Authorization
 F-27* (time extension) APRF (all purpose request form)

** Sole source requests must include vendor quotes/proposal and MBE/WBE compliance requirements

FUNDING

City: Corporate Bond Enterprise Grant* Other AIRPORT O&M
 State: IDOT/Transit IDOT/Highway Grant* Other _____
 Federal: FHWA FTA FAA Grant* Other _____
 Funding Strip(s): 05-740-85-4045-0140-0140

* Attach copy of any applicable grant agreement terms and conditions

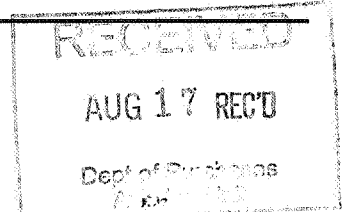
TIME FRAME

Date Needed: 1/31/05 Requested Contract Term (y/m/d): 8/1/05 - 2/28/06

PRE BID/SUBMITTAL REQUIREMENTS

Requesting Pre Bid/Submittal Conference? Yes No Requesting Conference be Mandatory? Yes No
 Requesting Site Visit? Yes No Requesting Site Visit be Mandatory? Yes No

FMPJ REQ # 16267





CPAC PROJECT CHECKLIST

ARCHITECTURAL/ENGINEERING SUPPLEMENTAL CHECKLIST

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

Risk Management

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

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 (fill in) _____

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

COMMODITIES SUPPLEMENTAL CHECKLIST

Required attachments:

Copies of price lists, catalogs, drawings, variations of part numbers

Any other exhibits or attachments

CONSTRUCTION SUPPLEMENTAL CHECKLIST (LARGE & SMALL)

Required attachments: Copy of Draft (80% Completion)

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

Risk Management

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

DELEGATE AGENCY SUPPLEMENTAL CHECKLIST

Required attachments:

Attach Scope of Services that includes the following information 1) Program background & objectives; 2) Type of services for which proposals are sought; 3) Location and time line for delivery of services; 4) Qualifications, skills, and/or experience necessary; 5) Special licenses or certifications required; 6) Evaluation process (if known).

Other Attachments (please submit all that apply)

1. Copy of grant application and/or grant agreement
2. Evidence of award authority (DAAC agenda with agency name highlighted; City Council ordinance with agency name highlighted; or OBM letter)
3. Modification information (Copy of Form F-8A; screen print of EPS AWDS table)

Does program require Executive Order 91-1 clearance? Yes No

Is boilerplate from Law available or in production? Yes No

Would your department benefit from technical assistance? Yes No



CPAC PROJECT CHECKLIST

HARDWARE/SOFTWARE SUPPLEMENTAL CHECKLIST

ITSC (approved by BIS)

OBM (approved by Budget form/memo)

Attach any documentation indicating any previous purchase activity to assist in the procurement process

Grant document attached

PROFESSIONAL SERVICES SUPPLEMENTAL CHECKLIST

- Detailed scope of services as described on page 1.
- The Schedule of Compensation
- Deliverables
- Request for individual contract services (if applicable)
- The appropriate EPS form

*** If this is a Telecommunications/Utilities project, please also address the following:**

Has the project been reviewed by DGS? Yes No

Attach copy of DGS Recommendation; Reservation(s); or participate under current contract.

Does the project include software? Yes No

If yes, is signed ITSC form attached? Yes No

Does the location involve:

A public way? Yes No

Any concession in the City's facilities? Yes No

Is it anticipated City Council approval of the project or contract will be required? Yes No

SMALL ORDERS SUPPLEMENTAL CHECKLIST

Yes No

- 1. Special Approval Form/Justification Letter.
e.g. (Emergency Contract, Telecommunication Back-up documents, Proposals, EPS Form F-10, etc.,).
- 2. Suggested Vendor.
- 3. Commodity Code, Manufacturer, Catalog Information, Model No., Quantity, Unit Cost/Measure, Color etc.,
- 4. Detailed Specification or Scope of Work.

ATTACHMENT REQUIRED FOR EACH SMALL ORDERS PROCUREMENT TYPE

(Check Appropriate Group)

1. ONE SHOT (PN)

- YES () NO () Detailed Specifications
- YES () NO () Suggested Vendor
- YES () NO () Support Documentation

3. EMERGENCY CONTRACT

- YES () NO () Justification Letter
- YES () NO () Vendor Proposal
- YES () NO () Pre-assigned Requisition (RX)

2. SOLE SOURCE REQUIREMENTS

- YES () NO () Vendor Proposal
- YES () NO () Disclosure Affidavit
- YES () NO () Letter of Exclusive or Unique Capability
- YES () NO () Support Documentation from Vendor/Manufacturer.
- YES () NO () Signature(s) of Originator or Departmental Head/Designee.

4. TELEPHONE/FAX BIDS

- YES () NO () Justification Letter

PROJECT CHECKLIST

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: _____)
 - Copy of current Price List(s)/Catalog(s)
 - Form F-10 or other authorization document
 - Any other exhibits and attachments
-

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, contract term and extension options, contractor qualifications, citation of any applicable City/State/Federal statutes or regulations, citation of any applicable technical standards and price lists, catalogs, technical drawings and other exhibits and attachments as appropriate.

Risk Management

- 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
- Will services require the handling of hazardous/biowaste material? Yes No
- Will services require the blocking of streets or sidewalks in any way which may affect public safety? Yes No