

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

S. S. R. B.
 DATE 07/07/09
 APPROVED JNCP Form Rev
 CONDITIONALLY APPROVED 5-0
 RETURN TO DEPT. _____
 DISAPPROVED _____

JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT

COMPLETE THIS SECTION IF NEW CONTRACT

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 EMSAR INC / ERLA INC. for the product and/or services described herein.
 (Name of Person or Firm)

This is a request for _____ (One-Time Contractor Requisition # _____, copy attached) or _____ Term Agreement or _____ Delegate Agency (Check one). If Delegate Agency, this request is for "blanket approval" for 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 #: 15106

Company or Agency Name: ERLA Inc DBA EMSAR

Specification # 54033

Contract or Program Description: Maintenance/Repair Ferno Washington and Stryker Stretchers

Modification #: _____

(Attach List, if multiple)

Karen Sanger 745-3710
 Originator Name Telephone

[Signature] Fire 5/26/09
 Signature Department Date

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

PROCUREMENT HISTORY

See Attached

ESTIMATED COST

See Attached

SCHEDULE REQUIREMENTS

See Attached

EXCLUSIVE OR UNIQUE CAPABILITY

See Attached

OTHER

See Attached

APPROVED BY [Signature]
 DEPARTMENT HEAD OR DESIGNEE
[Signature]
 CHIEF PROCUREMENT OFFICER

9/30/09
 DATE

[Signature] 07/07/09
 BOARD CHAIRPERSON DATE
9/30/09
 DATE OF APPROVAL

Procurement History

Revised 7/28/09

1. Prior to 1996, the Chicago Fire Department performed its own maintenance and repairs of Ferno Equipment and was able to purchase all the necessary parts through a manufacturer's equipment dealer. However, in early 1997, Ferno-Washington, Inc. the OEM (*original equipment manufacturer*) initiated a new venture which restricted the sale of Class 1 & 2 parts to their new service and repair dealerships operating under the name of Equipment Management, Service & Repair (EMSAR), a wholly owned subsidiary of Ferno-Washington, Inc.

In 2004/2005 the Chicago Fire Department began purchasing Stryker stretchers as a part of new ambulance purchases. As a result Stryker stretchers have been integrated into our stock of stretchers, thus initiating the need for mandated maintenance and repair.

2. Since March 1st, 1997, the Chicago Fire Department has been contracting with an EMSAR dealer that provides preventative maintenance and repair service for all Ferno Equipment and 2005 for Stryker Equipment (***) owned or operated by the Chicago Fire Department.

The EMSAR dealer to be affected by this Sole Source contract request is:

"EMSAR Chicago"
115 E. Ellis Ave.
Liberty, IL 60048
(1-847-533-6728)

(**) *Patient conveyance devices for use by Paramedics & Firefighters during the provision of "pre-hospital" emergency medical services and rescue*

3. See response to question 1

4. See response to question 1

5. This is an ongoing requirement for repair and maintenance.

6. The Chicago Fire Department does not feel competitive bidding is possible for this requirement because we currently utilize two (2) different makes of stretcher equipment, Ferno Washington and Stryker. Currently ERLA/EMSAR is the sole authorized repair/maintenance company for Ferno Washington stretcher equipment and is an authorized Stryker stretcher equipment authorized repair/maintenance company. Due to the volume, frequency and urgency of our required repairs and maintenance, it is impractical and unadvisable to have two separate companies responding to our required repairs, as it will cause confusion and can result in improper federally mandated inspections, maintenance and repairs.

Estimated Cost

1. The estimated contract increase cost is \$425,000. The funding source will be 009-0100-0594120-0162-220162.

2. Estimated cost for 5/09 through 12/31/09 is \$100,000
Estimated cost for 1/10 through 12/31/10 is \$150,000
Estimated cost for 1/11 through 12/31/11 is \$150,000
Estimated cost for 1/12 through 2/29/12 is \$25,000

3. Actual expenses were calculated, divided by the number of months the expenses were incurred in and multiplied by the number of months remaining in the contract period.

4. D/N/A
5. Existing contract pricing was utilized.

Schedule Requirements

1. Utilizing past requests, as entered on FMPS.
2. D/N/A
3. D/N/A
4. D/N/A

Exclusive or Unique Capability

1. D/N/A – Not a Profession Service Consultant
2. D/N/A
3. D/N/A
4. This is OEM maintenance and repair
5. We currently utilize two (2) different makes of stretcher equipment, Ferno Washington and Stryker. Currently ERLA/EMSAR is the sole authorized repair/maintenance company for Ferno Washington stretcher equipment and is an authorized Stryker stretcher equipment authorized repair/maintenance company. Due to the volume, frequency and urgency of our required repairs and maintenance, it is impractical and inadvisable to have two separate companies responding to our required repairs, as it will cause confusion and can result in improper federally mandated inspections, maintenance and repairs.
6. D/N/A
7. D/N/A
8. D/N/A

MBE/WBE Compliance Plan

1. Opportunities of direct/indirect involvement of Minority or Women Business Enterprise will be addressed at the appropriate point. The vendor is sending a letter stating they are planning on maintaining the same level of compliance in the modification amount as in the original contract amount, which is 17.20% MBE and 6% WBE compliance.

Other

1. D/N/A



City of Chicago
Richard M. Daley, Mayor

Chicago Fire Department


John W. Brooks
Commissioner

14th Floor
10 West 35th Street
Chicago, Illinois 60616-3799
(312) 745-3705

<http://www.cityofchicago.org/fire>

FINANCE / PAYROLL

To: Montel M Gayles
Chief Procurement Officer
Department of Procurement Services
City Hall Room 403

From: 
Jean Roberts
Director of Finance
Chicago Fire Department

Re: Specification: 54033
Requisition: 43461
PO: 15106
Vendor: EMSAR Inc / ERLA
Vendor Limit Increase Request

DATE: May 20, 2009

The Fire Department is requesting a modification to the above mentioned Blanket PO be issued. The current/original vendor limit is \$210,000. We have just reached the limit. The contract term is from 3/1/07 thru 2/29/12. With this in mind, it appears that usage is about \$105,000. per year. For that reason and taking into consideration that there may be increases in parts, we requesting an increase in the contract for \$350,000. This would bring the contract limit to \$560,000.

Attached please find:

- 1) One DPS Checklist.
- 2) Requisition 43461

Your assistance in this matter is appreciated. If you have any questions or require any further information please contact Karen Sanger on 745-3710



jr/ks



DPS PROJECT CHECKLIST

For DPS Use Only	
Date Received	_____
Date Returned	_____
Date Accepted	_____
CA/CN's Name	_____

IMPORTANT: PLEASE READ AND FOLLOW THE INSTRUCTIONS FOR COMPLETING THE PROJECT CHECKLIST AND CONTACT THE APPROPRIATE UNIT MANAGER IF YOU HAVE ANY FURTHER QUESTIONS. ALL INFORMATION SHOULD BE COMPLETED, 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.

GENERAL INFORMATION:

Date: 5/18/09
REQ No.: 43461

Contact Person: Karen Sanger
Tel: 745-3710 Fax: 5-3700 E-mail:ksanger@cityofchicago.org

PO No.: (if known): 15106

Project Manager: Karen Sanger
Tel: _____ Fax: _____ E-mail: _____@cityofchicago.org

Modification No.: (if known):

Previous PO No.: (if known):

Project Description: Maint of Ferno Washington and Stryker Stretchers

FUNDING:

City: Corporate Bond Enterprise Grant* Other
 State: IDOT/Transit IDOT/Highway Grant* Other
 Federal: FHWA FTA FAA Grant* Other

LINE	FY	FUND	DEPT	ORGN	APPR	ACTV	OBJT	PROJECT	RPTG	\$ DOLLAR AMOUNT
001	009	0100	59	4120	0162		0162			350000

Estimated Value \$350,000.

*IF GRANT FUNDED, A COPY OF THE APPROVED GRANT AND APPLICATION ARE REQUIRED and any other Terms and Conditions that may apply.

SCOPE STATEMENT:

Attached is a Detailed Scope of Services and/or Specification

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.

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.

TYPE OF PROCUREMENT REQUESTED (check all that apply):

NEW REQUEST

- Blanket Agreement
- Standard Agreement
- Small Orders

MOD/AMENDMENT

- Time Extension
- Vendor Limit Increase
- Scope Change/Price Increase/Additional Line Item(s)
- Other (specify): _____

FORMS: Requisition Special Approvals Non-Competitive Review Board (NCRB)

CONTRACT TERM: 5 Requested Term (number of months):
years

DPS PROJECT CHECKLIST

PRE BID/SUBMITTAL REQUIREMENTS:

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

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

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 (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

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

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 and Price Lists/Catalogs, technical drawings and other exhibits and attachments as appropriate.

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

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

DPS 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:)
- Current Price List(s)/Catalog(s)
- Special Approval Form
- Exhibits and Attachments

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

- Detailed description of project listing obligations of each party.
 - The Schedule of Compensation
 - Deliverables
 - Request for individual contract services (if applicable)
 - The appropriate EPS form
 - ITSC (approved by BIS)
 - OBM (approved by Budget form/memo)
 - Grant document attached
- Attach any documentation indicating any previous purchase activity to assist in the procurement process

TELECOMMUNICATIONS AND UTILITIES SUPPLEMENTAL CHECKLIST

Required Attachments: Detailed Scope of Services/Specification which sets forth all of the anticipated services and products the user department wants provided, 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.

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

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 and Price Lists/Catalogs, technical drawings and other exhibits and attachments as appropriate.

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

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

Contractor's Name: ERLA INC. D/B/A EMSAR

Contractor's Address: 11629 W. DIXON ST
Chicago

Contractor's e-mail Address:

Contractor's Phone Number: 312-310-5074

Contractor's Contact Person: David RIGGWOOD

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

Copy (Department)

DELIVER TO: 336 FINANCE 10 W. 35TH STREET 14TH FLOOR CHICAGO, IL 60616	REQUISITION: 43481 For PO Number 15106 PAGE: 1 DEPARTMENT: 59 - FIRE DEPARTMENT PREPARER: Karen L Sanger NEEDED: PRE-APPROVED 5/19/aa
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REQUISITION DESCRIPTION

Vendor Limit Increase - PO 15106 - ERLA/ENSAR
 SPECIFICATION NUMBER: 54033
 Mod Reason: SCOPE CHANGE

COMMODITY INFORMATION

LINE	ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST
1	03838	350,000.00	USD	0.00	0.00
Vendor Limit Increase From \$210,000. to \$560,000					

SUGGESTED VENDOR:

REQUESTED BY: Karen L Sanger

DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	TOTAL COST
1	009	0100	0594120	0162	220162	0000	00000000	000000	00000	0000	0.00
LINE TOTAL:											0.00
REQUISITION TOTAL:											0.00

CITY OF CHICAGO DEPARTMENT OF PROCUREMENT SERVICES
AWARD CHECKLIST FOR CONTRACTS, MODIFICATIONS & AMENDMENTS
 (Complete a separate sheet for each contract)

SPECIFICATION #: 54033

RFQ #: N/A

CONTRACT (PO) #: 15106

REQUISITION NO. 31425

MODIFICATION or AMENDMENT: Yes or No

CONTRACT TYPE: WORK SERVICES

PROJECT DESCRIPTION: PREVENTIVE MAINTENANCE, REPAIR AND REPLACEMENT PARTS FOR FERNO WASHINGTON AND STRYKER STRETCHERS

ADVERTISEMENT DATE: N/A

PRE-BID CONFERENCE DATE: N/A

BID/PROPOSAL DUE DATE: N/A

NUMBER OF ADDENDUM: N/A

VENDOR NAME: ERLA, INC. D/B/A EMSAR CHICAGO

VENDOR # 1060681

ORIGINAL CONTRACT PERIOD: 3/1/07 TO 2/28/2012 **STANDARD PO:** Yes or No

APLIANCE COMMITMENT: 17.2% (MBE), 6.0% (WBE) or _____ % (DBE) or _____ % Other (_____)

APPROVED WAIVER: _____ % (MBE), _____ % (WBE) or _____ % (DBE) or _____ % Other (_____)

TARGET MARKET: Yes or No **NO STATED GOALS APPROVED:** Yes - - No or N/A

CONTRACT AWARD (Check applicable boxes):

- Procurement Type: Bid ; RFQ ; RFP ; or Sole Source
- Bid Tab Report Attached, Dated: _____
- Department Recommendation of Award Letter Dated: _____
- Multiple Awards (This Spec #) Yes or No : Total # Awards: 1
- Groups/Lines Awarded (This Contract): ALL
- Annual EDS and Disclosure of Retained Parties on file & current: Yes or No

CHECKOFF (Check applicable boxes):

- Sole Responsive and Responsible bidder/proposal (see One Bid/Proposer Inquiry Form)
- Lowest Responsive and Responsible bidder/proposal
- Lowest Responsive and Responsible bidder/proposal with two percent (2%) percent Chicago Business Preference consideration
- Lowest Responsive and Responsible bidder/proposal based on Award Criteria Figure (Construction Only)
- Non-Competitive Review Board Approved: 3/01/07 (DATE)
- Offered proposal with Highest Revenue producing price/rate
- Most qualified firm based on Evaluated Committee (EC) recommendation

Contract Value:

Original Contract Award (or Blanket PO DUR Estimate):	<u>\$210,000.00 D.U.R.</u>
Current Contract Value (Cumulative To Date):	<u>\$ _____</u>
Plus or (Minus) this Change (NA, if Original Award):	<u>\$ _____</u>
Adjusted Contract Value (Including this Change):	<u>\$ _____</u>

Extension Options Available: 2

MODIFICATION OR AMENDMENT (Check applicable boxes):

REASON FOR CHANGE: TIME EXTENSION; SCOPE CHANGE; VENDOR LIMIT INCREASE; UNIT PRICE INCREASE; LINE ITEM ADDITION; LINE ITEM QUANTITY CHANGE (LIC); PCM; OTHER: _____.

Time Extension:

Original Expiration Date:	_____
Current Expiration Date:	_____
Number of Days This Request:	_____
Adjusted Expiration Date:	_____
Remaining Extension Options Available:	_____
If Blanket PO, Status of Renewal Contract:	_____

PREPARED BY: <u>[Signature]</u> <u>12/21/07</u> (CA/CN Signature & Date)	APPROVED BY: <u>[Signature]</u> <u>12/24/07</u> (Unit Manager Signature & Date)
APPROVED BY: <u>[Signature]</u> <u>12/31/07</u> (Deputy Compliance Officer Signature & Date)	APPROVED BY: <u>[Signature]</u> <u>12/31/07</u> (Deputy PO Signature & Date)

AWARD HOLD (Check if Required)

PERFORMANCE BOND: _____ % and \$ _____

Approval Date: _____

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

Copy (Department)

DELIVER TO: 336 FINANCE 10 W. 35TH STREET 14TH FLOOR CHICAGO, IL 60616	REQUISITION: 43461 For PO Number 15106 PAGE: 1 DEPARTMENT: 59 - FIRE DEPARTMENT PREPARER: Karen L Sanger NEEDED: PRE-APPROVED 5/19/5a
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REQUISITION DESCRIPTION

Vendor Limit Increase - PO 15106 - ERLA/EMSAR
 SPECIFICATION NUMBER: 51033
 Mod Reason: SCOPE CHANGE

COMMODITY INFORMATION

LINE	ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST
1	93838	350,000.00	USD	0.00	0.00
Vendor Limit Increase From \$210,000. to \$560,000					

SUGGESTED VENDOR:

REQUESTED BY: Karen L Sanger

DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR		
1	009	0100	0594120	0162	220162	0000	00000000	000000	00000	0000	0.00	
											LINE TOTAL:	0.00
											REQUISITION TOTAL:	0.00

This requisition is subject to the City of Chicago's Procurement Code and the City of Chicago's Procurement Code. All requests for modification or override of a requisition must be approved by the City of Chicago's Procurement Code. Requisitions are subject to the City of Chicago's Procurement Code and the City of Chicago's Procurement Code. Requisitions are subject to the City of Chicago's Procurement Code and the City of Chicago's Procurement Code.

**CITY OF CHICAGO DEPARTMENT OF PROCUREMENT SERVICES
AWARD CHECKLIST FOR CONTRACTS, MODIFICATIONS & AMENDMENTS**

SUMMARY OF AWARD NEGOTIATIONS/COMMENTS:

(IF SPLIT AWARDS, LIST EACH ADDITIONAL AWARDEE BY NAME AND CONTRACT (PO) NUMBER)

N/A
N/A
N/A
N/A
N/A

BID/PROPOSAL REJECTION SUMMARY:

IF CONTRACT AWARD IS TO OTHER THAN THE LOWEST RESPONSIVE AND RESPONSIBLE BIDDER (OR TO OTHER THAN THE HIGHEST QUALIFIED PROPOSERS), EXPLAIN SPECIFIC REASON(S) FOR REJECTING OR NON-AWARD AND ATTACHED SUPPORT DOCUMENTATION.

SUMMARY OF REJECTION/NON-AWARD/COMMENTS:

<u>N/A:</u>	BID & BOND ROOM DISQUALIFIED RESPONDENT (see attached)
<u>N/A:</u>	INCOMPLETE BID
<u>N/A:</u>	OFFERED UNACCEPTABLE ALTERNATE
<u>N/A:</u>	TOOK UNACCEPTABLE EXCEPTIONS
<u>N/A:</u>	SAMPLE(S) DID NOT MEET SPECIFICATION
<u>N/A:</u>	BIDDER/PROPOSER CONSIDERED NOT CAPABLE OF PERFORMING
<u>N/A:</u>	OTHER (SPECIFY)

N/A
N/A
N/A

COMMENTS:

N/A
N/A
N/A

******TRACKING USE ONLY******

- COMPLETED SIGNATURE CYCLE ON: _____.
- IF CONTRACT, ELECTRONIC PO FORWARDED FOR CPO APPROVAL ON _____.
- CONTRACT OR MODIFICATION/AMENDMENT SCANNED ON CITY'S WEBSITE ON: _____.
- IF MODIFICATION OR AMENDMENT, ELECTRONIC REQUISITION FORWARDED TO UNIT MANAGER FOR APPROVAL ON: _____.
- FMPS and DATA TRACKER UPDATED ON: _____.

Seq	Date	Rev	Action	Performed By	Note
3		0		ANTHONY SANDERS.	
2	24-DEC-2007 16:27	0	Forward	HUMPHREY, CLAUDE	OK to forward/route P
1	21-DEC-2007 11:56	0	Forward	WASHINGTON, LARRY	P.O. 15106 ready for a
0	21-DEC-2007 11:56	0	Submit	WASHINGTON, LARRY	P.O. 15106 ready for a

To
TCO

**CITY OF CHICAGO DEPARTMENT OF PROCUREMENT SERVICES
AWARD CHECKLIST FOR CONTRACTS, MODIFICATIONS & AMENDMENTS**

INSURANCE CERTIFICATE

Expiration Date: 4/01/08

STATE/FEDERAL AGENCY CONCURRENCE



MEMORANDUM

Contract Conflict of Interest Certification Department of Procurement Services

Project Description: Preventive Maintenance, Repair & Replacement Parts for Ferno Washington & Stryker Stretchers

Specification No.: 54033

Contract No.: 15106

Contractor: ERLA, INC. D/B/A EMSAR CHICAGO

I hereby certify that to the best of my knowledge, neither I, nor my spouse or domestic partner, any parent, sibling or child (hereinafter "my household or immediate family"), has a financial, personal or professional relationship with the vendor, subcontractor, or any other party associated with the contract identified above.

I further certify to the best of my knowledge, that no part of this contract will positively or negatively affect the financial, personal or professional interests of me or any member of my household or immediate family.

I acknowledge that I must immediately disclose to the Chief Procurement Officer, in writing, the acquisition, discovery or development by me or any member of my household or immediate family of any financial, personal or professional interest related to the review, approval, recommendation or negotiation of the contract identified herein.

Contract Administrator/Negotiator

Larry L. Washington
Print Name

Contract Administrator
Title

Signature

December 21, 2007
Date

Supervisor

Claude Humphrey
Print Name

Deputy Procurement Officer
Title

Signature

December 21, 2007
Date



DPS PROJECT CHECKLIST



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

GENERAL INFORMATION:

Date: 2/15/2007
 REQ No.: 31425
 Specification No.: 54033
 PO No.: (if known):
 Modification No.: (if known): *parts and accessories*
 Project Description: *Purchase, maint and repair of Ferno-Washington and Stryker Stretchers + stair chairs*
Replaces T24592

Contact Person: Kirk Benson
 Tel: 745-3874 Fax: 745-3700 E-mail: kirk.benson@cityofchicago.org
 Project Manager:
 Tel: Fax: E-mail:

FUNDING:

City: Corporate Bond Enterprise Grant* Other
 State: IDOT/Transit IDOT/Highway Grant* Other
 Federal: FHWA FTA FAA Grant* Other

LINE	FY	FUND	DEPT	ORGN	APPR	ACTV	OBJT	PROJECT	RPTG	\$ DOLLAR AMOUNT
001	007	0100	58	4120	0162	0000	0162			\$210,000

Estimated Value \$

*IF GRANT FUNDED, A COPY OF THE APPROVED GRANT AND APPLICATION ARE REQUIRED and any other Terms and Conditions that may apply.

SCOPE STATEMENT:

Attached is a Detailed Scope of Services and/or Specification

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.

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 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):

NEW REQUEST

- Blanket Agreement
- Standard Agreement
- Small Orders

MOD/AMENDMENT

- Time Extension
- Vendor Limit Increase
- Scope Change/Price Increase/Additional Line Item(s)
- Other (specify):

FORMS Requisition Special Approvals Non-Competitive Review Board (NCRB)

CONTRACT TERM: Requested Term (number of months):

PRE BID/SUBMITTAL REQUIREMENTS:

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

DPS PROJECT SUPPLEMENTAL 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

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 (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

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

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 and Price Lists/Catalogs, technical drawings and other exhibits and attachments as appropriate.

CONSTRUCTION SUPPLEMENTAL CHECKLIST

Required attachments:

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

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

X

PROFESSIONAL SERVICES SUPPLEMENTAL CHECKLIST

Detailed description of project listing obligations of each party.

The Schedule of Compensation

Deliverables

Request for individual contract services (if applicable)

The appropriate EPS form

ITSC (approved by BIS)

OBM (approved by Budget form/memo)

Grant document attached

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

DPS PROJECT SUPPLEMENTAL CHECKLIST

TELECOMMUNICATIONS AND UTILITIES SUPPLEMENTAL CHECKLIST

Required Attachments: Detailed Scope of Services/Specification which sets forth all of the anticipated services and products the user department wants provided, 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.

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

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 and Price Lists/Catalogs, technical drawings and other exhibits and attachments as appropriate.

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

If Modification of 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: 336 FINANCE AND FISCAL MANAGEMENT 10 W 35TH STREET 14TH FLOOR CHICAGO, IL 60616	REQUISITION: 31425 For PO Number: REPLACES T24592 PAGE: 1 DEPARTMENT: 59 - FIRE DEPARTMENT PREPARER: Karen L Sanger NEEDED: PRE-APPROVED 2/28/2007
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REQUISITION DESCRIPTION

PREVENTIVE MAINTENANCE AND REPAIR FOR FERNO WASHINGTON AND STRYKER EQUIPMENT - ANNUAL BLANKET PO
 SPECIFICATION NUMBER: 54033

COMMODITY INFORMATION

LINE	ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST						
1	9383841432	1,542	Each	0.00	0.00						
MAINTENANCE AND REPAIR SERVICES OF FERNO EQUIPMENT - MAINTNANCE AND REPAIR OF FERNO WASHINGTON MODEL 30, PREVENTATIVE MAINTENANCE FEE PER ITEM											
SUGGESTED VENDOR:				REQUESTED BY: Karen L Sanger							
DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	TOTAL COST
1	007	0100	0594120	0162	220162	0000	00000000	000000	00000	0000	0.00
LINE TOTAL:											0.00

LINE	ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST						
2	9383841433	335	Each	0.00	0.00						
MAINTENANCE AND REPAIR SERVICES OF FERNO EQUIPMENT - MAINTNANCE AND REPAIR OF FERNO WASHINGTON MODEL 65, PREVENTATIVE MAINTENANCE FEE PER ITEM											
SUGGESTED VENDOR:				REQUESTED BY: Karen L Sanger							
DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	TOTAL COST
1	007	0100	0594120	0162	220162	0000	00000000	000000	00000	0000	0.00
LINE TOTAL:											0.00

LINE	ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST						
3	9383841434	945	Each	0.00	0.00						
MAINTENANCE AND REPAIR SERVICES OF FERNO EQUIPMENT - MAINTNANCE AND REPAIR OF FERNO WASHINGTON MODEL 107, PREVENTATIVE MAINTENANCE FEE PER ITEM											
SUGGESTED VENDOR:				REQUESTED BY: Karen L Sanger							
DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	TOTAL COST
1	007	0100	0594120	0162	220162	0000	00000000	000000	00000	0000	0.00
LINE TOTAL:											0.00

LINE	ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST						
4	9383841436	260	Each	0.00	0.00						
MAINTENANCE AND REPAIR SERVICES OF FERNO EQUIPMENT - MAINTNANCE AND REPAIR OF FERNO WASHINGTON MODEL 118, PREVENTATIVE MAINTENANCE FEE PER ITEM											
SUGGESTED VENDOR:				REQUESTED BY: Karen L Sanger							
DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	TOTAL COST
1	007	0100	0594120	0162	220162	0000	00000000	000000	00000	0000	0.00
LINE TOTAL:											0.00

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

Copy (Department)

DELIVER TO: 336 FINANCE AND FISCAL MANAGEMENT 10 W. 35TH STREET 14TH FLOOR CHICAGO, IL 60616	REQUISITION: 31425 For PO Number: REPLACES T24592 PAGE: 2 DEPARTMENT: 59 - FIRE DEPARTMENT PREPARER: Karen L Sanger NEEDED: PRE-APPROVED 2/28/2007
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REQUISITION DESCRIPTION

PREVENTIVE MAINTENANCE AND REPAIR FOR FERNO WASHINGTON AND STRYKER EQUIPMENT - ANNUAL BLANKET PO
 SPECIFICATION NUMBER: 54033

COMMODITY INFORMATION

LINE ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST
5 9383841431	7,900	Hour	0.00	0.00

MAINTENANCE AND REPAIR SERVICES OF FERNO EQUIPMENT - HOURLY LABOR RATE FOR ON-SITE REPAIRS

SUGGESTED VENDOR: **REQUESTED BY:** Karen L Sanger

DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	TOTAL COST
1	007	0100	0594120	0162	220162	0000	00000000	000000	00000	0000	0.00
LINE TOTAL:											0.00

LINE ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST
8 93838.41	100,000	USD	0.00	0.00

REPAIR PARTS AND ACCESSORIES FOR FERNO EQUIPMENT *October 2006*

SUGGESTED VENDOR: *from -> Price list* **REQUESTED BY:** Karen L Sanger

DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	TOTAL COST
1	007	0100	0594120	0340	220340	0000	00000000	000000	00000	0000	0.00
LINE TOTAL:											0.00

LINE ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST
9 93838.41	100,000	USD	0.00	0.00

REPAIR PARTS AND ACCESSORIES FOR STRYKER EQUIPMENT

SUGGESTED VENDOR: **REQUESTED BY:** Karen L Sanger

DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	TOTAL COST
1	007	0100	0594120	0340	220340	0000	00000000	000000	00000	0000	0.00
LINE TOTAL:											0.00

LINE ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST
10 9383874100	120	Each	0.00	0.00

MAINTENANCE AND REPAIR OF STRYKER EQUIPMENT - PREVENTIVE MAINTENANCE STAIR CHAIR MODEL NO. 6253

SUGGESTED VENDOR: **REQUESTED BY:** Karen L Sanger

DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	TOTAL COST
1	007	0100	0594120	0162	220162	0000	00000000	000000	00000	0000	0.00
LINE TOTAL:											0.00

When a commodity is purchased under an approved blanket purchase order, the City of Chicago is not responsible for the quality of the goods or services provided. The City of Chicago is not responsible for the quality of the goods or services provided. The City of Chicago is not responsible for the quality of the goods or services provided.

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

Copy (Department)

DELIVER TO: 336 FINANCE AND FISCAL MANAGEMENT 10 W. 35TH STREET 14TH FLOOR CHICAGO, IL 60616	REQUISITION: 31425 For PO Number: REPLACES T24592 PAGE: 3 DEPARTMENT: 59 - FIRE DEPARTMENT PREPARER: Karen L. Sanger NEEDED: PRE-APPROVED 2/28/2007
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REQUISITION DESCRIPTION

PREVENTIVE MAINTENANCE AND REPAIR FOR FERNO WASHINGTON AND STRYKER EQUIPMENT - ANNUAL BLANKET PO
 SPECIFICATION NUMBER: 94033

COMMODITY INFORMATION

LINE ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST
7 9383841650	750	Each	0.00	0.00
MAINTENANCE AND REPAIR SERVICES OF FERNO EQUIPMENT - PREVENTATIVE MAINTENANCE, BRONZE LEVEL FOR STRYKER COTS, MX-PRO3, MODEL 6082				

SUGGESTED VENDOR:

REQUESTED BY: Karen L. Sanger

DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR		
1	007	0100	0594120	0162	220162	0000	00000000	000000	00000	0000	0.00	
											LINE TOTAL:	0.00
											REQUISITION TOTAL:	0.00

JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT

COMPLETE THIS SECTION IF NEW CONTRACT

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 EM SAR for the product and/or services described herein.
 (Name of Person or Firm)

This is a request for _____ (One-Time Contractor 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

PURCHASE & MAINTENANCE (Attach List) Pre-Assigned Specification No. 54033
OF FERRIS (Program Name) Pre-Assigned Contract No. _____
- WASHINGTON AND STRYKER STRUCTURES

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 #: _____ Company or Agency Name: _____
 Specification #: _____ Contract or Program Description: _____
 Mod. #: _____ (Attach List, if multiple)

KIRK BENSON 312 745 3874 [Signature] CHICAGO FIRE DEPT 2/15/07
 Originator Name Telephone Signature Department Date

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

<input type="checkbox"/> PROCUREMENT HISTORY SEE ATTACHED	S. S. R. B. DATE <u>3-21-07</u> APPROVED <u>[Signature]</u>
<input type="checkbox"/> ESTIMATED COST SEE ATTACHED	CONDITIONALLY APPROVED _____ RETURN TO DEPT _____
<input type="checkbox"/> SCHEDULE REQUIREMENTS NA	DISAPPROVED _____
<input type="checkbox"/> EXCLUSIVE OR UNIQUE CAPABILITY SEE ATTACHED LETTER	
<input type="checkbox"/> OTHER SEE ATTACHED	

APPROVED BY: [Signature] 3-2-07 [Signature] 3-21-07
 DEPARTMENT HEAD OR DESIGNEE DATE BOARD CHAIRPERSON DATE

INSTRUCTIONS FOR PREPARATION OF NON-COMPETITIVE PROCUREMENT FORM (Rev. 5/04)

If a City Department has determined that the purchase of supplies, equipment, work and/or services can not be done on a competitive basis, a sole source justification must be prepared on this "Justification for Non-Competitive Procurement Form" in which procurement is requested on a non-bid or non-competitive basis in accordance with 65 ILCS 5/8-10-4 of the Illinois Compiled Statutes. All applicable questions in each Subject Area below must be answered. The information provided must be complete and in sufficient detail to allow for a decision to be made by the Non-Competitive Procurement Review Board. Also attach a complete CPAC Project Checklist, and any other required forms (see Other #1, below). The Board will not consider justifications with incomplete information documentation

PROCUREMENT HISTORY (INCLUDING FUTURE PROCUREMENT OBJECTIVES)

1. Describe the requirement and how it evolved from initial planning to its present status.
2. Is this a first time requirement or a continuation of previous procurement from the same source? If so, explain the procurement history.
3. Explain attempts made to competitively bid the requirement. (Attach copy of notices and list of sources contacted)
4. Describe all research done to find other sources. (List other cities contacted, companies in the industry contacted, professional organizations, periodicals and other publications used).
5. Explain future procurement objectives. Is this a one-time request or will future requests be made for doing business with the same source?
6. Explain whether or not future competitive bidding is possible. If not, why not?

ESTIMATED COST (tc "ESTIMATED COST")

{tc ""}

1. What is the estimated cost for this requirement (or for each contract, if multiple awards contemplated)? What is the funding source?
2. What is the estimated cost by fiscal year, if the job project or program covers multiple years?
3. Explain the basis for estimating the cost and what assumptions were made and/or data used (ie. budgeted amount, previous contract price, current catalog or cost proposal from firms solicited, engineering or in-house estimate, etc).
4. Explain whether the proposed Contractor or the City has a substantial dollar investment in original design, tooling or other factors which would be duplicated at City expense if another source was considered. Describe cost savings or other measurable benefits to the City which may be achieved.
5. Explain what negotiation of price has occurred or will occur. Detail why the estimated cost is deemed reasonable.

SCHEDULE REQUIREMENTS (tc "SCHEDULE REQUIREMENTS")

1. Explain how the schedule was developed and at what point the specific dates were known.
2. Is lack of drawings and/or specifications a constraining factor to competitive bidding? If so, why is the proposed Contractor the only person or firm able to perform under these circumstances? Why are the drawings and specifications lacking? What is the lead time required to get drawings and specifications suitable for competition? If lack of drawings and specifications is not a constraining factor to competitive bidding, explain why only one person or firm can meet the required schedule.
3. Outline the required schedule by delivery or completion dates and explain the reasons why the schedule is critical.
4. Describe in detail what impact delays for competitive bidding would have on City operations, programs, costs and budgeted funds.

EXCLUSIVE OR UNIQUE CAPABILITY (tc "EXCLUSIVE OR UNIQUE CAPABILITY")

1. If contemplating hiring a person or firm as a Professional Service Consultant, explain in detail what professional skills, expertise, qualifications, other factors make this person or firm exclusively or uniquely qualified for the project. Attach copy of cost proposal and scope of services.
2. Does the proposed firm have personnel considered unquestionably predominant in the particular field?
3. What prior experience of a highly specialized nature does the person or firm exclusively possess that is vital to the job, project or program?
4. What technical facilities or test equipment does the person or firm exclusively possess of a highly specialized nature which is vital to the job?
5. What other capabilities and/or capacity does the proposed firm possess which is necessary for the specific job, project or program which makes them the only source who can perform the work within the required time schedule without unreasonable costs to the City?
6. If procuring products or equipment, describe the intended use and explain any exclusive or unique capabilities, features and/or functions the items have which no other brands or models, etc. possess. Is compatibility with existing equipment critical from an operational standpoint? Explain why.
7. Is competition precluded because of the existence of patent rights, copyrights, trade secrets, technical data, or other proprietary data? Attach documentation verifying such.
8. If procuring replacement parts and/or maintenance services, explain whether or not replacement parts and/or services can be obtained from any other sources? If not, is the proposed firm the only authorized or exclusive dealer/distributor and/or service center? If so, attach letter from manufacturer.

MBE/WBE COMPLIANCE PLAN

1. All submissions must contain detailed information about how the proposed firm will comply with the requirements of the City's Minority and Women Owned Business program. All submissions must include a complete C-1 and D-1 form, which is available on the Procurement Services page on the City's intranet site.

OTHER (tc "OTHER")

{tc ""}

1. Explain other related considerations and attach all applicable supporting documents (an approved Information Technology Strategy Committee (ITSC) form, an approved Request for Individual Contract Services form, etc.)

REVIEW AND APPROVAL (tc "REVIEW AND APPROVAL")

{tc ""}

This form must be signed by both the Originator of the request and approved by the Department Head or authorized designee. After review and final disposition from the Board, this form will be stamped to indicate the final disposition and signed by the Chairperson of the Board of authorized designee. {tc "This form must be signed by both the Originator of the request and approved by the Department Head or authorized designee. After

review and final disposition from the Board, this form be stamped to indicate the final disposition and signed ie Chairperson of the Board of
authorized designee."}

Procurement History

Prior to 1996, the Chicago Fire Department performed its own maintenance and repairs of Ferno Equipment and was able to purchase all the necessary parts through a manufacturer's equipment dealer. However, in early 1997, Ferno-Washington, Inc. the **OEM (original equipment manufacturer)** initiated a new venture which restricted the sale of Class 1 & 2 Parts to their new service and repair dealerships operating under the name of Equipment Management, Service & Repair (EMSAR), a wholly owned subsidiary of Ferno-Washington, Inc.

Consequently, since March 1st, 1997, the Chicago Fire department has been contracting with an EMSAR dealer that provides preventative maintenance and repair service for all Ferno Equipment (**) owned or operated by the Chicago Fire Department.

The EMSAR dealer to be affected by this Sole Source contract request is **"EMSAR Chicago" 115 E. Ellis Ave. Liberty, IL 60048 (1-847-533-6728)**

*(**) Patient conveyance devices for use by Paramedics & Firefighters during the provision of "pre-hospital" emergency medical services and rescue*

The current contract has been extended to its maximum number of times and must now be re-negotiated

The proposed new contract covers the following:

1. Cost of preventative maintenance inspections and tests to verify that the device is able to perform within the original equipment manufacturer's (OEM) specifications and is fit for continued field use or is in need of adjustment(s) and/or replacement of worn part(s) to prevent a foreseeable breakdown, before being redeployed to the field. **The proposed EMSAR contract covers the purchase of Preventative Maintenance (PM) based on a flat fee for each of (5) separate devices**
2. Repair those devices not covered by warranty, that have sustained damage while in the field use and are inoperable. **The proposed EMSAR contract covers the purchase of Labor, per hour, for repair services.**
3. Cost of parts The OEM authorizes the sale of replacement parts under three (3) separate schedules:
 - Class I and II parts are sold exclusively through EMSAR dealers (service centers) and are solely intended for replacements by EMSAR authorized technicians who have been factory-trained and certified. **The proposed EMSAR contract covers the purchase of Class I and Class II parts based on a 5% discount from the OEM's published catalog prices**
 - Class III parts are sold through one of three sources: 1) EMSAR dealers and 2) Ferno dealers (selling whole devices) and 3) Some parts are contracted with Edwards Medical contract. These parts are intended for replacement by non-technically trained or non-OEM certified end-users, such as Paramedics or District Aides employed at the Department's Support and Logistics Division.

Since the OEM regulates the sale of parts and the provision of “certified” repair service through its granting of exclusive territorial franchises to sub-contracts, competitive bidding amongst similarly “authorized EMSAR service centers” is not possible. Therefore, competitive bidding would involve the option of contracting with a NON-OEM certified by the OEM. This alternative has been previously examined and evaluated by both, the Fire and Law Departments, for its feasibility. **The Fire Commissioner has concluded that the nominal financial savings that could be gained through such a contract, if any, would generate an inordinate liability risk. Accordingly, this option is NOT considered viable.**

This requirement will continue to generate future procurements to enable the Department to continue servicing its Ferno Equipment

Estimated Cost

Based on our historical data and our current projected future inventory, the Support and Logistic Division estimates that the cost of this contract for Fiscal Year (FY) 2007, which is based mostly on the previous contract (ending Dec 2006), will be \$70,000.00

Negotiating prices –

There has been no price increase in 5 years. The following models are increasing in price:

Model 30 increase \$10.00

Model 65 increase \$5.00

Model 107 increase \$10.00

Model 108 increase \$5.00

Stryker increase \$5.00

The hourly rate is increasing by \$15.00 per/hr and replacement parts will 5% below published price

Exclusive or Unique Capability

See attached letter from Joe Bourgraf, Ferno-Washington, Inc. addressing the exclusivity enjoyed by the EMSAR /Chicago franchise as, "the authorized service agent..." As such the vendor "... only authorized service agents of Ferno..." EMSAR technicians are factory trained..." And use ... "have readily available access to Ferno factory original parts..."

Other

Opportunities of direct/indirect involvement of Minority or Women Business Enterprises will be addressed at the appropriate point



FERNO

70 Weil Way • Wilmington, OH 45177-9371 • (937) 382-1451 • FAX (937) 382-1191
info@ferno.com

To Whom It May Concern:

Equipment Management, Service and Repair, or EMSAR® has been appointed as the only service and repair agent authorized by Ferno.

The EMSAR agent for your area is EMSAR Chicago. They are located at
115 E. Ellis Ave.
Libertyville, IL 60048
and can be reached at (847) 533-6728 or toll free at (800) 291-9188.

Ferno has contracted with EMSAR to provide comprehensive service and support for the complete Ferno product line. EMSAR is the only authorized service agent of Ferno. EMSAR technicians are factory trained and have readily available access to Ferno factory original parts. As a result, EMSAR technicians are able to provide on-site repairs, quick turnaround of major repairs, and a preventive maintenance program designed to extend the life of the equipment.

The EMSAR Service Technicians servicing your area are Dave Rigwood and Byron Short.

We know that you will be pleased with the professionalism and consistent high quality service EMSAR will provide.

Sincerely,

J Bourgraf

Joe Bourgraf,
President

Memo

John J. Hadder
Service Support Manager

3800 E. Centre Ave.
Portage, MI 49002
Phone: (269) -324-8500
Fax: (269)- 329-2218
john.hadder@stryker.com

To: Stryker EMS customers

Date: June 28, 2006

RE: EMSAR as a factory authorized repair vendor for Stryker EMS products

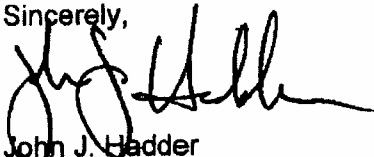
EMSAR franchises have been factory trained and authorized to service and repair the Stryker EMS product line within the 50 United States with the following geographical exceptions:

- Southern California
- Connecticut
- Long Island and Westchester County, NY
- New Jersey

EMSAR is authorized to provide warranty repair, preventive maintenance and service contracts.

Should you have any questions, please feel free to contact me at 1-800-669-4968 ext.6538.

Sincerely,



John J. Hadder
Service Support Manager
Stryker Medical

**CITY OF CHICAGO
BLANKET PURCHASE ORDER**

Original (DPS)
Reprint

PRELIMINARY

Furnish the supplies and/or services described below in conformance with conditions set forth herein and in your offer.

DATE OF AWARD	DEPT #	PURCHASE ORDER	SPECIFICATION NUMBER	VENDOR NUMBER	SITE NAME	PO START DATE	PO END DATE	PAGE NUMBER
	58	15106	54033	1060681	A	7/1/07	6/30/12	1

BUYER:

50505 LARRY WASHINGTON 312-744-8981

ORDERED FROM:

ERLA INC. D/B/A EMSAR
MILWAUKEE/CHICAGO
1032 W. MAIN ST
WILMINGTON, OH 45177

PO DESCRIPTION: PURCHASE AND MAINTENANCE OF FERNO WASHINGTON AND STRYKER STRETCHERS

COMMODITY INFORMATION

Line	Item	Item Description	UOM	Unit Cost
1	9383841432	MAINTENANCE AND REPAIR SERVICES OF FERNO EQUIPMENT - MAINTNANCE AND REPAIR OF FERNO WASHINGTON MODEL 30, PREVENTATIVE MAINTENANCE FEE PER ITEM	Each	70.000
2	9383841433	MAINTENANCE AND REPAIR SERVICES OF FERNO EQUIPMENT - MAINTNANCE AND REPAIR OF FERNO WASHINGTON MODEL 65, PREVENTATIVE MAINTENANCE FEE PER ITEM	Each	25.000
3	9383841434	MAINTENANCE AND REPAIR SERVICES OF FERNO EQUIPMENT - MAINTNANCE AND REPAIR OF FERNO WASHINGTON MODEL 107, PREVENTATIVE MAINTENANCE FEE PER ITEM	Each	40.000
4	9383841436	MAINTENANCE AND REPAIR SERVICES OF FERNO EQUIPMENT - MAINTNANCE AND REPAIR OF FERNO WASHINGTON MODEL 108, PREVENTATIVE MAINTENANCE FEE PER ITEM	Each	25.000
5	9383841431	MAINTENANCE AND REPAIR SERVICES OF FERNO EQUIPMENT - HOURLY LABOR RATE FOR ON-SITE REPAIRS	Hour	75.000
6	93838	DISCOUNT REPAIR PARTS AND ACCESSORIES FOR FERNO EQUIPMENT	USD	0.950
7	93838	DISCOUNT REPAIR PARTS AND ACCESORIES FOR STRYKER EQUIPMENT	USD	0.950
8	9383874100	MAINTENANCE AND REPAIR OF STRYKER EQUIPMENT - PREVENTIVE MAINTENANCE STAIR CHAIR MODEL NO. 6253	Each	50.000
9	9383841650	MAINTENANCE AND REPAIR SERVICES OF FERNO EQUIPMENT - PREVENTATIVE MAINTENANCE, BRONZE LEVEL FOR STRYKER COTS, MX-PRO3, MODEL 6082	Each	80.000

Payment on this order will be made upon receipt of an original vendor invoice form referencing this order.

Mark all packages and papers with the purchase number.

Any deliveries containing overshipments will be reflected unless otherwise authorized in this purchase.

This purchase is subject to the City of Chicago General Conditions for Supplies, Work, or Professional Consulting Services; Special Conditions, Disclosure, Ownership, Acceptance Page, as applicable, which are attached hereto or incorporated herein by reference.

Supplier	PO 15106	First Release	Expires On	Contract Limit			
ERLA INC.	15106	1/8/2008	29-Feb-12	\$210,000.00			
Line	Item	Category	UOM	Qty	Unit \$	Extended \$	Description
1	9383841432	93838	Each	80	70	5,600.00	MAINTENANCE AND REPAIR SERVICES OF FERNO EQUIPMENT - MAINTENANCE AND REPAIR OF FERNO WASHINGTON MODEL 30, PREVENTATIVE MAINTENANCE FEE PER ITEM
2	9383841433	93838	Each	137	25	3,425.00	MAINTENANCE AND REPAIR SERVICES OF FERNO EQUIPMENT - MAINTENANCE AND REPAIR OF FERNO WASHINGTON MODEL 65, PREVENTATIVE MAINTENANCE FEE PER ITEM
3	9383841434	93838	Each	697.75	40	27,910.00	MAINTENANCE AND REPAIR SERVICES OF FERNO EQUIPMENT - MAINTENANCE AND REPAIR OF FERNO WASHINGTON MODEL 107, PREVENTATIVE MAINTENANCE FEE PER ITEM
4	9383841436	93838	Each	138	25	3,450.00	MAINTENANCE AND REPAIR SERVICES OF FERNO EQUIPMENT - MAINTENANCE AND REPAIR OF FERNO WASHINGTON MODEL 108, PREVENTATIVE MAINTENANCE FEE PER ITEM
5	9383841431	93838	Hour	0	75	0	MAINTENANCE AND REPAIR SERVICES OF FERNO EQUIPMENT - HOURLY LABOR RATE FOR ON-SITE REPAIRS
6		93838	USD	131276.9436	0.95	124,713.10	DISCOUNT REPAIR PARTS AND ACCESSORIES FOR FERNO EQUIPMENT
7		93838	USD	31182.61184	0.95	29,623.48	DISCOUNT REPAIR PARTS AND ACCESSORIES FOR STRYKER EQUIPMENT
8	9383874100	93838	Each	0	50	0	MAINTENANCE AND REPAIR OF STRYKER EQUIPMENT - PREVENTIVE MAINTENANCE STAIR CHAIR MODEL NO. 6253
9	9383841650	93838	Each	259	80	20,720.00	MAINTENANCE AND REPAIR SERVICES OF FERNO EQUIPMENT - PREVENTATIVE MAINTENANCE, BRONZE LEVEL FOR STRYKER COTS, MX-PRO3, MODEL 6082

First release 1/808

25 \$9,030 Open
27 \$7,000 Open

Expended in 16 months 1/08-4/09
199411.58 12463.1875

Remaining Months 5/09-2/12
34*125000= 425000

**CITY OF CHICAGO
BLANKET PURCHASE ORDER**

Original (DPS)
Reprint

PRELIMINARY

Furnish the supplies and/or services described below in conformance with conditions set forth herein and in your offer.

DATE OF AWARD	DEPT #	PURCHASE ORDER	SPECIFICATION NUMBER	VENDOR NUMBER	SITE NAME	PO START DATE	PO END DATE	PAGE NUMBER
	58	15106	54033	1060681	A	7/1/07	6/30/12	1

BUYER:

50505 LARRY WASHINGTON 312-744-8981

ORDERED FROM:

ERLA INC. D/B/A EMSAR
MILWAUKEE/CHICAGO
1032 W. MAIN ST
WILMINGTON, OH 45177

PO DESCRIPTION: PURCHASE AND MAINTENANCE OF FERNO WASHINGTON AND STRYKER STRETCHERS

COMMODITY INFORMATION

Line	Item	Item Description	UOM	Unit Cost
1	9383841432	MAINTENANCE AND REPAIR SERVICES OF FERNO EQUIPMENT - MAINTNANCE AND REPAIR OF FERNO WASHINGTON MODEL 30, PREVENTATIVE MAINTENANCE FEE PER ITEM	Each	70.000
2	9383841433	MAINTENANCE AND REPAIR SERVICES OF FERNO EQUIPMENT - MAINTNANCE AND REPAIR OF FERNO WASHINGTON MODEL 65, PREVENTATIVE MAINTENANCE FEE PER ITEM	Each	25.000
3	9383841434	MAINTENANCE AND REPAIR SERVICES OF FERNO EQUIPMENT - MAINTNANCE AND REPAIR OF FERNO WASHINGTON MODEL 107, PREVENTATIVE MAINTENANCE FEE PER ITEM	Each	40.000
4	9383841436	MAINTENANCE AND REPAIR SERVICES OF FERNO EQUIPMENT - MAINTNANCE AND REPAIR OF FERNO WASHINGTON MODEL 108, PREVENTATIVE MAINTENANCE FEE PER ITEM	Each	25.000
5	9383841431	MAINTENANCE AND REPAIR SERVICES OF FERNO EQUIPMENT - HOURLY LABOR RATE FOR ON-SITE REPAIRS	Hour	75.000
6	93838	DISCOUNT REPAIR PARTS AND ACCESSORIES FOR FERNO EQUIPMENT	USD	0.950
7	93838	DISCOUNT REPAIR PARTS AND ACCESSORIES FOR STRYKER EQUIPMENT	USD	0.950
8	9383874100	MAINTENANCE AND REPAIR OF STRYKER EQUIPMENT - PREVENTIVE MAINTENANCE STAIR CHAIR MODEL NO. 6253	Each	50.000
9	9383841650	MAINTENANCE AND REPAIR SERVICES OF FERNO EQUIPMENT - PREVENTATIVE MAINTENANCE, BRONZE LEVEL FOR STRYKER COTS, MX-PRO3, MODEL 6082	Each	80.000

Payment on this order will be made upon receipt of an original vendor invoice form referencing this order.

Mark all packages and papers with the purchase number.

Any deliveries containing overshipments will be reflected unless otherwise authorized in this purchase.

This purchase is subject to the City of Chicago General Conditions for Supplies, Work, or Professional Consulting Services; Special Conditions, Disclosure, Ownership, Acceptance Page, as applicable, which are attached hereto or incorporated herein by reference.

Supplier PO 15106 First Release Expires On Contract Limit
 ERLA INC. 15106 1/8/2008 29-Feb-12 \$210,000.00 215,441.58

Line	Item	Category	UOM	Qty	Unit \$	Extended \$	Description
1	9383841432	93838	Each	80	70	5,600.00	MAINTENANCE AND REPAIR SERVICES OF FERNO EQUIPMENT - MAINTENANCE AND REPAIR OF FERNO WASHINGTON MODEL 30, PREVENTATIVE MAINTENANCE FEE PER ITEM
2	9383841433	93838	Each	137	25	3,425.00	MAINTENANCE AND REPAIR SERVICES OF FERNO EQUIPMENT - MAINTENANCE AND REPAIR OF FERNO WASHINGTON MODEL 65, PREVENTATIVE MAINTENANCE FEE PER ITEM
3	9383841434	93838	Each	697.75	40	27,910.00	MAINTENANCE AND REPAIR SERVICES OF FERNO EQUIPMENT - MAINTENANCE AND REPAIR OF FERNO WASHINGTON MODEL 107, PREVENTATIVE MAINTENANCE FEE PER ITEM
4	9383841436	93838	Each	138	25	3,450.00	MAINTENANCE AND REPAIR SERVICES OF FERNO EQUIPMENT - MAINTENANCE AND REPAIR OF FERNO WASHINGTON MODEL 108, PREVENTATIVE MAINTENANCE FEE PER ITEM
5	9383841431	93838	Hour	0	75	0	MAINTENANCE AND REPAIR SERVICES OF FERNO EQUIPMENT - HOURLY LABOR RATE FOR ON-SITE REPAIRS
6		93838	USD	131276.9436	0.95	124,713.10	DISCOUNT REPAIR PARTS AND ACCESSORIES FOR FERNO EQUIPMENT
7		93838	USD	31182.61184	0.95	29,623.48	DISCOUNT REPAIR PARTS AND ACCESSORIES FOR STRYKER EQUIPMENT
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