

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

FOR NCRB USE ONLY	
Date	4.3.2012
Recommend Approval	☐
Return To Dept.	☐
Reject	☐
Vote	HHH

**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 <<name of person or firm>> for the product(s) and/or service(s) described herein.

This is a request for:

One-Time Contractor Requisition #: <<Req No>>, copy attached or Term Agreement or Delegate Agency (Check one).

If Delegate Agency, this request is for "blanket approval" for all contracts within the <<proj description/name>> (Attach List).

Pre-Assigned Specification No.: _____

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 #: 9383

Company or Agency Name: Language Line Services

Specification #: ~~404452~~ 37936

Contract or Program Description: Provide bi-lingual translators 24-hours a day, seven days a week, 365 days a year

Modification #:

(Attach List, if multiple)

Requisition #67312

Karen Haywood

746.9621

Karen Haywood
Signature

OEMC

January 4, 2012

Originator Name
(mm/dd/yr)

Telephone

Department

Date

PROCUREMENT HISTORY

1. Describe the requirement and how it evolved from initial planning to its present status.
 - a. The OEMC is requesting a contract amendment, one-year time extension, and a vendor limit increase to PO 9383: Language Line Services. Pending approval, the new contract end date will be July 31, 2013. OEMC will be adding \$704,586.36 to this contract since 4 City departments use this contract which includes the Department of Aviation, Administrative Hearings, the Department of Health, and the Department of Family and Support Services.
 - b. The Chicago Department of Aviation (CDA) is requesting language interpretation services for non-English speaking customers both Midway and O'Hare International Airports to provide language interpretation and translations services for customers who call the O'Hare and Midway Communication Centers for assistance.

2. Is this a first time requirement or a continuation of previous procurement from the same source? If so, explain the procurement history.

Continuation – Since it began operations in 1995, the Office of Emergency Management and Communications has used an "online" provider Of language translators in order to communicate with non-English speaking calls to the 9-1-1 center. The provider of this service has been AT&T Language Line Services and payments for theses services were processed as direct payment vouchers, dealing with the vendor as a Telephone utility service provider. Business was successfully conducted for five (5) years with no contract established. In December 1998, the Mayor's Office of Inquiry and Information became part of the Office of Emergency Management and Communications with the implementation of the City's 3-1-1 non-emergency calling system, creating an increase in the amount of Language interpretation service requirements. In March 1999, AT&T divested itself of this segment of business, resulting in a company no longer associated with AT&T in name or Ownership, but continuing its business operations in exactly the same manner. The company is Language Line Service and is head-Quartered in Monterey, Ca. At that time, the Department of Procurement Services and the Office of the City Comptroller determined that a purchase contract needed

To be established with the vendor to cover this ongoing requirement.

3. Explain attempts made to competitively bid the requirement. (Attach copy of notices and list of sources contacted)
 - a. This is an existing contract on which an extension and vendor limit increase is being requested, not a new contract. In March 2012, OEMC will request a new competitive bid to replace the current Language Line Services contract.
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).
 - a. This is an existing contract on which an extension and vendor limit increase is being requested, not a new contract.
5. Explain future procurement objectives. Is this a one-time request or will future requests be made for doing business with the same source?
 - a. Language Lines will continue to be the only vendor until a new vendor is selected. In March 2012, OEMC will begin the process to request a new competitive bid to replace the current Language Line Services contract.
6. Explain whether or not future competitive bidding is possible. If not, why not?
 - a. Language Lines will continue to be the only vendor until a new vendor is selected. In March 2012, OEMC will begin the process to request a new competitive bid to replace the current Language Line Services contract.

ESTIMATED COST

Based on the historical payments for this requirement, the estimated cost is \$700,000.00 annually.

SCHEDULE REQUIREMENTS

1. Explain how the schedule was developed and at what point the specific dates were known.
 - a. This contract started August 1, 2005 and expires on July 31, 2012. With the one-year time extension, the new expiration date will be July 31, 2013.
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.
 - a. Not at all.
3. Outline the required schedule by delivery or completion dates and explain the reasons why the schedule is critical.
 - a. The new contract will need to be in place by July 31, 2013.
4. Describe in detail what impact delays for competitive bidding would have on City operations, programs, costs and budgeted funds.
 - a. We do not expect any delays since the contract will expire July 2013 and we will start the process in March 2012.

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, and/or other factors make this person or firm exclusively or uniquely qualified for the project. Attach a copy of the cost proposal, scope of services, and temporary consulting services form.
 - a. Language Line Services is the exclusive provider of an acceptable level of service to address the spoken language interpretation requirements of the City's 9-1-1 and 3-1-1 operations. This vendor has the exclusive ability to invoke a competent interpreter into a 3-way telephone conversation within 30 seconds or less and has a nationwide on-duty staff of over 2,000 employees, capable of providing language interpretation of over 200 languages.
2. Does the proposed firm have personnel considered unquestionably predominant in the particular field?

No, employment criteria include a minimum of five years of residence in the country which language is being interpreted.
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?
 - a. See above for exclusive capability.
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?
 - a. None.
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?

a. See above for exclusive capability.

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?

a. We are not procuring products, this is a service.

7. Is competition precluded because of the existence of patent rights, copyrights, trade secrets, technical data, or other proprietary data? Attach documentation verifying such.

a. No.

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.

a. We are not procuring products.

OTHER

Attached are the Scope of Work, and supporting documentation from Language Line Services.

APPROVED BY:



DEPARTMENT HEAD OR DESIGNEE

Frank Lindblom

PRINT NAME



CHIEF PROCUREMENT OFFICER

2/6/12

DATE



BOARD CHAIRPERSON

Rich Butler

PRINT NAME

4/3/2012

DATE OF APPROVAL

4/3/2012

DATE

INSTRUCTIONS FOR PREPARATION OF NON-COMPETITIVE PROCUREMENT FORM

If a City Department has determined that the purchase of supplies, equipment, work and/or services cannot be done on a competitive basis, a 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 DPS Checklist and any other required documentation. The Board will not consider justification with incomplete information documentation or omissions.

PROCUREMENT HISTORY

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

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 (i.e., 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

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

1. If contemplating hiring a person or firm as a Professional Service Consultant, explain in detail what professional skills, expertise, qualifications, and/or other factors make this person or firm exclusively or uniquely qualified for the project. Attach a copy of the cost proposal, scope of services, and temporary consulting services form.
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

- * 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. The City Department must submit a Compliance Plan, including details about direct and indirect compliance.

OTHER

Explain other related considerations and attach all applicable supporting documents, i.e., an approved ITGB form.

REVIEW AND APPROVAL

This form must be signed by both Originator of the request and signed by the Department Head or authorized designee. After review and final disposition from the Board, this form will be signed by the Chairperson of the Board. After review and final disposition from the Board, this form will be signed by the Chief Procurement Officer for final 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: 1/23/12	Need by (estimated date)	
Requisition No.: 67312	Contact Person:	Project Manager:
Specification No.: (if known) 104452	Karen Haywood	Yil Halac
PO No.: (if known) 9383	Telephone: 312.746.9421	Telephone: 312.746.6367
Modification No.: (if known)	Fax:	Fax:
Previous PO No.: (if known)	Email: karen.haywood@cityofchicago.org	Email: yilmac.halac@cityofchicago.org
Project Description: Language Line 311/911 Emergency Call 24-hour per day Interpretation Services		

Funding: n/a

City:	<input checked="" 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 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
1	012	0100	58	4065	0140	220140			420,000
2	012	0100	58	4135	0140	220140			180,000

Term Estimated Value \$600,000

*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 type="checkbox"/> Time Extension**
<input type="checkbox"/> Master Agreement (Task Order)	<input checked="" 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:

** Requested Term (Number of Months):

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:

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.

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:

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)

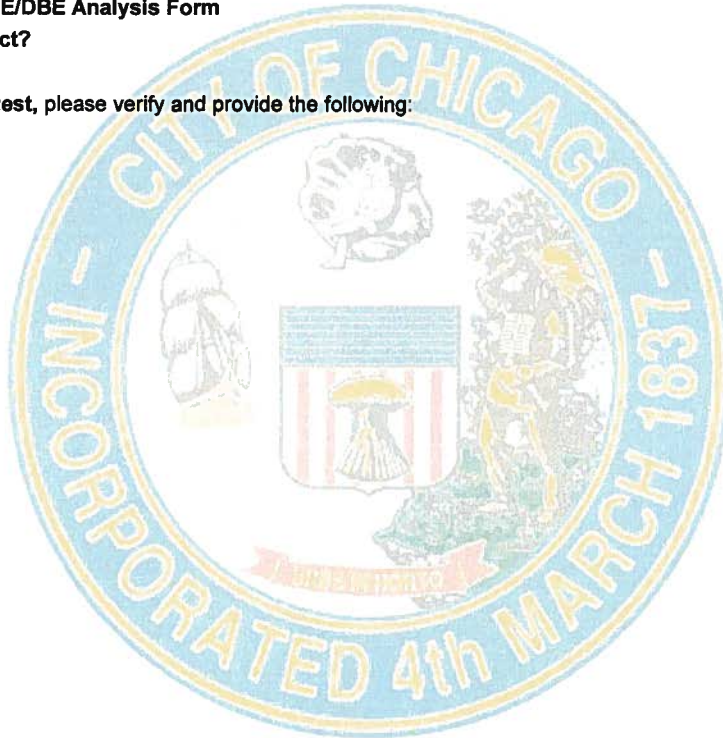
Risk Management:

- 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:



3

Req # 63214

Robert LSA
9/22/11



CHICAGO DEPARTMENT OF AVIATION
CITY OF CHICAGO

MEMORANDUM

HABIB ← [Handwritten initials and date 9/12]

To: Jamie L. Rhee
Chief Procurement Officer

Attention: James McIsaac
Deputy Procurement Officer

From: Rosemarie S. Andolino *RSA 9/8/11*
Commissioner

Subject: Request for Contract Modification/Amendment

Contract No.: 9383

Specification No.: 37936

Vendor Name: Language Line Services Inc. ("Vendor")

Contract Title: Foreign Language Interpretation and Translation Services

9/14 Accenture

The Chicago Department of Aviation (CDA) Information Technology and Telecommunications division is requesting a vendor limit increase for the above referenced contract (the "Contract") and an amendment of the Contract to include the CDA in its Scope of Services. The CDA wishes to continue language interpretation services for non-English speaking customers at both Midway and O'Hare International Airport (the "Airports") and to provide language interpretation and translation services for customers who call the O'Hare and Midway Communications Centers for assistance. The Contract is currently used by the Office of Emergency Communications for language interpretation and translation of 3-1-1 non-emergency calls and 9-1-1 emergency calls.

The CDA believes that the scope of the Contract is appropriate for our purposes because it provides for language interpretation/translation services for "citizens calling to request various non-emergency City services." Similar to 3-1-1 operators, the customer service representatives at O'Hare and Midway who serve as the facilitators of communication between interpreters/translators and customers provide various non-emergency City services for airport customers such as answering questions about transportation options, giving directions and providing information regarding the City of Chicago. In addition, the Contract requires the vendor to have the ability to accurately translate a minimum of 140 languages. The CDA is confident that this number of languages is sufficient to meet our interpretation/translation needs at the Airports. Attached is a proposed contract amendment from the Vendor stating that it wishes to add the CDA's use to its current contract with OEMC (P.O. 9383) and providing the applicable prices for equipment to be rented by the CDA and for document translations services to be added to the contract for the CDA's use on an as needed basis.

If you have any questions or need additional information regarding this request please contact Michelle Yokoyama at 773-894-3046.

Thank you for your cooperation.


Procurement Type: Contract Modification for Vendor Limit Increase

Estimated Annual Cost: \$18,000.00

Funding: 740 85 4045 0189 0189

Duration: through 7/31/2013 (It is the CDA's understanding that this contract shall be extended by OEMC until 7/31/13)

User Contact: Pius Fernandez Phone: (773) 686-3083

User Deputy: Grafe Smith Phone: (773) 894-5355 

User Managing Deputy: Angela Manning Phone: (773) 894-3034

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: 9/13/11 Need by (estimated date): _____
 Requisition No.: 63214 Contact Person: Michelle Yokoyama Project Manager: _____
 Specification No.: (if known) _____
 PO No.: (if known) 9383 Telephone: 773 894 3046 Telephone: _____
 Modification No.: (if known) _____ Fax: _____ Fax: _____
 Previous PO No.: (if known) _____ Email: michelle.yokoyama@ex-cityofchicago.org Email: _____

Project Description:

Contract Modification + VLI for P.O. 9383

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	PROJECT	RPTG	\$ DOLLAR AMOUNT
	<u>2011</u>	<u>740</u>	<u>85</u>	<u>404</u>	<u>5</u>	<u>0189</u>	<u>0189</u>		<u>\$ 18,000.00</u>

Term Estimated Value \$ _____

*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):

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

Contract Term:

** Requested Term (Number of Months): _____

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.

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:

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.

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:

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)

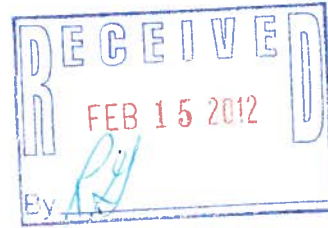
Risk Management:

- 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:




OFFICE OF EMERGENCY MANAGEMENT AND COMMUNICATIONS
CITY OF CHICAGO

TG > 2/16
JC

MEMORANDUM

TO: Jamie Rhee, Chief Procurement Officer
Department of Procurement Services

Richard Butler, DPS First Deputy and Chair
Non Competitive Review Board
Department of Procurement Services

FROM: 
Frank Lindbloom, Deputy Director
The Office of Emergency Management and
Communications

DATE: February 9, 2012

SUBJECT: Contract Amendment, Vendor Limit Increase, and One-year time extension
PO 9383
Requisition No. 67312/ Spec ~~104452~~ 37936
Language Lines Services

The original Language Line Services documents were unapproved because they included corresponding emails regarding the vendor limit increases and the individual departments needed letters from their Commissioners granting approval for the vendor limit increases. The emails have been removed and the letters from the Commissioners have been added to this package.

The Office of Emergency Management and Communications (OEMC) respectfully submits the attached documentation to do a contract amendment, a vendor limit increase, and one-year time extension for Language Lines Services. The contract is very close to its vendor limit and will expire July 31, 2012. The one-year time extension will extend the contract until July 31, 2013.

Language Line provides translation/interpretation services for individuals calling the non-emergency 311 and emergency 911 operations. Translation services occur when a non-English speaking caller calls 311 or 911, they are connected to a 311 or 911 Call Taker, who connects the emergency call to a Language Line interpreter.

Language Line translates / interprets up to 140 languages 24-hours per day. They also provide document translation services. These services are a critical component of OEMC's public safety mission.

The Chicago Department of Aviation (CDA) is requesting a contract amendment to continue language interpretation services for non-English speaking customers both Midway and O'Hare International Airports to provide language interpretation and translation services for customers who call the O'Hare and Midway Communications Centers for assistance.

The OEMC spends approximately \$50,000 per month and created Requisition 63139 to add \$600,000 to the contract. The following departments will also use this contract:

- 1) Administrative Hearings will use \$36,586.36
- 2) The Department of Family and Support Services will use \$25,000
- 3) The Department of Health will use \$25,000
- 4) The Department of Aviation will use \$18,000

Background

Since 2005, Language Line has been the exclusive provider of translation services for the City's 9-1-1 and 3-1-1 operations. Language Lines has the exclusive ability to invoke a competent interpreter into a 3-way telephone conversation within 30 seconds or less and has a nationwide on-duty staff of 2,000 employees, capable of providing language interpretation for over 140 languages.

Below is the pertinent information in regard to the VLI request:

Current Vendor Limit (PO 9383)	\$5,000,000
Spent Amount (as of 1/20/12)	\$4,968,833
Remaining Life of PO	July 31, 2012
Requested Vendor Limit Increase	\$704,586.36

In support of this request, please find the attached:

- 1) Justification for Non-Competitive Procurement
- 2) DPS Project checklist
- 3) Signed Statement of Work, that includes
 - a. Procurement History

- b. Estimated Cost and term of the contract
- c. Schedule requirements
- 4) Unique Qualifications
- 5) Compliance Forms
- 6) OBM Approval
- 7) EDS
- 8) Insurance Documents
- 9) Additional Scope of Services
- 10) Department Vendor Limit Increase Documents

The following individuals will present to the Non-Competitive Review Board:

- ✓ Karen Haywood, Contracts Coordinator
- ✓ Frank Lindbloom, Deputy Director
- ✓ Yil Halac, Deputy Director of Public Safety Information Technology
- ✓ Rosemary McDonnell, Grants Research Specialist
- ✓ Lisa Clark, Contract Negotiator
- ✓ Michelle Yokoyama, Contract Attorney, Aviation

Please contact Karen Haywood at 746.9421 if you have any questions. Thank you.

FL/kgH

Enclosure

Cc: John O'Brien, DPS
James Carroll, OEMC, Finance
Yil Halac, OEMC, IT
Lisa Clark, OEMC Contracts
Karen Haywood, OEMC Contracts
Rosemary McDonnell, OEMC Grants/Contracts/Research



PROPOSED AMENDMENT

City of Chicago

Contract 9383 dated August 1, 2005

This amendment (this "Amendment") is made to that agreement of 8/1/2005 (the "Agreement") previously executed by and between **City of Chicago (OEMC)**, hereinafter referred to as "Customer" and **Language Line Services, Inc.** hereinafter referred to as "Language Line Services" (collectively, the "Parties").

For good and valuable consideration, the sufficiency and receipt of which is acknowledged, the Parties hereby amend the Agreement as follows:

1. Contract 9383 is amended to include the following provisions:
 - a) That Language Line understands that the CDA would like to modify the current contract between Language Line and the OEMC to include the Chicago Department of Aviation's (CDA) and other City departments as deemed necessary
 - b) That Language Line will offer translation services under the same terms and conditions as the current contract
 - c) That the CDA may rent dual-handle phones in the quantity it desires from Language Line at a cost of \$4.50 per unit.
 - d) add Document Translation on an "as needed" basis under Appendix A (pricing for document translation)

3. All other terms and conditions that are not hereby amended are to remain in full force and effect.

Customer Name:

Language Line Services, Inc.

Accepted by:
(Signature of Authorized Person)

Accepted by:
(Signature of Authorized Person)

Name: _____

Name: Louis F. Provenzano, Jr.,

Title: _____
(Type or Print Name and Title)

Title: President and Chief Operating Officer

Date:

Date:
Prepared By:

Suggested Contract Modification Language for Contract No. 9383

Revise Section A – General of Exhibit 1 – Scope of Services to read:

A. General

- I. The Consultant must provide the City of Chicago, Office of Emergency Management and Communications (OEMC) and the Chicago Department of Aviation (CDA), with bi-lingual translators who are available by telephone 24 hours a day, seven days a week, 365 days a year to perform language translation services.

The services to be provided involve three-way telephone conversations consisting of:

1. A non-English speaking caller;
2. A City of Chicago call taker or airport customer service representative; and
3. The Consultant's language interpreter.

The nature of the telephone calls requiring the service of an interpreter are 9-1-1- calls received by the OEMC, 3-1-1 calls to the OEMC's Backup Call Facility, calls made by customer service representatives from O'Hare and Midway International Airports on behalf of airport customers as well as calls from the O'Hare and Midway Communications Centers requesting airport customer assistance. 9-1-1 calls involve citizens calling to request emergency police, fire and medical services. 3-1-1 calls involve citizens calling to request various non-emergency City services, and filing certain types of police reports. Calls from O'Hare and Midway International airports and their Communication Centers involve citizens calling to request information and various non-emergency City services.

- II. The Consultant must provide document translation services to the CDA on an as needed basis in accordance with the pricing schedule provided in Attachment 1 to Exhibit 1.

Revise Section C. – Equipment Requirements to add a second paragraph that reads as follows:

C. Equipment Requirements

The Consultant will provide the CDA with dual-handle phones in the quantity it desires at a rental rate of \$4.50 per unit.

ATTACHMENT 1

City of Chicago OEMC
Pricing for Document Translation

TARGET LANGUAGES & PRICING (3 Steps with Translation Memory)

Language	Per word cost - New Text	Per word cost - Fuzzy Matches	Per word cost - 100% Matches & Repetitions
Arabic	\$0.22	\$0.11	\$0.05
Bulgarian	\$0.18	\$0.09	\$0.05
Burmese	\$0.24	\$0.12	\$0.06
Chinese (Simplified)	\$0.20	\$0.10	\$0.05
Chinese (Traditional)	\$0.20	\$0.10	\$0.05
Croatian	\$0.18	\$0.09	\$0.05
Czech	\$0.18	\$0.09	\$0.05
Danish	\$0.28	\$0.14	\$0.07
Dutch (Belgium)	\$0.27	\$0.13	\$0.06
Dutch (Neth)	\$0.27	\$0.13	\$0.06
English	\$0.21	\$0.11	\$0.05
Estonian	\$0.20	\$0.10	\$0.05
Finnish	\$0.28	\$0.14	\$0.07
French (Canadian)	\$0.23	\$0.12	\$0.06
French (European)	\$0.23	\$0.11	\$0.05
German	\$0.22	\$0.11	\$0.05
Greek	\$0.19	\$0.10	\$0.05
Hebrew	\$0.24	\$0.12	\$0.06
Hungarian	\$0.19	\$0.10	\$0.05
Italian	\$0.21	\$0.11	\$0.05
Japanese	\$0.27	\$0.14	\$0.07
Karen	\$0.24	\$0.12	\$0.06
Korean	\$0.20	\$0.10	\$0.05
Latvian	\$0.23	\$0.12	\$0.06
Lithuanian	\$0.23	\$0.12	\$0.06
Malaysian	\$0.24	\$0.12	\$0.06
Norwegian	\$0.28	\$0.14	\$0.07
Polish	\$0.18	\$0.09	\$0.05
Portuguese (Brazil)	\$0.16	\$0.08	\$0.04
Portuguese (Euro.)	\$0.19	\$0.10	\$0.05
Romanian	\$0.16	\$0.08	\$0.04
Russian	\$0.25	\$0.13	\$0.06
Serbian	\$0.18	\$0.09	\$0.05
Slovakian	\$0.17	\$0.09	\$0.04
Slovenian	\$0.23	\$0.12	\$0.06
Spanish (European)	\$0.20	\$0.10	\$0.05
Spanish (Latin)	\$0.15	\$0.07	\$0.04
Swedish	\$0.28	\$0.14	\$0.07
Thai	\$0.24	\$0.12	\$0.06
Turkish	\$0.25	\$0.13	\$0.06
UK English	\$0.11	\$0.06	\$0.03
Ukrainian	\$0.18	\$0.09	\$0.05
Vietnamese	\$0.24	\$0.12	\$0.06

SUPPORTING SERVICES PRICING

	Standard Turnaround	Expedited Turnaround
▪ Minimum charge per document translation order	\$65.00	\$75.00
▪ Translation cost per word.....	See Table (above)	
▪ Proofreading / Review (if required/requested)	\$60.00	\$70.00
▪ File Prep./Trans. Memory Update.....	\$55.00	\$65.00
▪ Basic layout/formatting/PDF creation per hour.....	\$55.00	\$65.00
▪ Graphic Design Services.....	\$60.00	\$70.00
▪ In-Language Recordings (includes 100 words or translated text)	Individual Quote	
▪ Software, HTML, XML, ASP programming	Individual Quote	
▪ Transcription/translation of Audio or Videos files	\$65.00	\$75.00
▪ Translation Summaries/Synopsis	Individual Quote	
▪ Project Management.....	10% of overall project cost (0.50 hour minimum @ \$45/hour)	
▪ No delivery charge for Fax, E-mail, or U.S. Mail. Additional charge for courier services only.		

**Language Line reserves the right to modify proposed pricing upon receipt of actual source materials and definition of project type/scope, target languages, volumes, etc.*

CITY OF CHICAGO ALL PURPOSE REQUISITION FORM

APRF NO. 151905

REQUISITION NO

DEPT USE 1

DATE	SECTION	BUREAU	SHIP CODE	SHIP TO:	CHICAGO DEPT OF AVIATION	DATE NEEDED	REF DOC NUMBER	PV NUMBER
08/23/2011	SEC7	85	222	ATTN:				

TERM LINE	COMMODITY CODE	DESCRIBE AND JUSTIFY GOODS OR SERVICES	CATALOG NAME#	CATALOG DATE	CATALOG PAGE	CATALOG ITEM/PART #	UNIT PRICE	UNIT OF MEASURE	QUANTITY	TOTAL PRICE
1	91579.	O'Hare Customer Service					\$1.0000	USD	14,400.000	\$14,400.00
2	91579.	Midway Customer Service					\$1.0000	USD	3,600.000	\$3,600.00

BRIEF DESCRIPTION
 Modify contract to include CDA and the ability to lease custom two handset phones for translations in Customer Service Booths at both Airports.

JUSTIFICATION
 Modify contract to include CDA and the ability to lease custom two handset phones for translations in Customer Service Booths at both Airports.

CHECK OR COMPLETE ALL THAT APPLY	BFYR	LINE	FUND	DEPT	CRC	APPR	OBJT	DOA PROJECT	FMPS PROJECT	DOLLAR AMT
	2011	2086	0740	085	4045	0189	0189		00000000	\$14,400.00
	2011	9353	0610	085	4345	0190	0190		00000000	\$3,600.00

PARTICIPATING PO # 9383

TASK ORDER/PROPOSAL #

GRAND TOTAL (ALL PAGES)
\$18,000.00

NEW TA OR CONTRACT	SOLE SOURCE		FOR FINANCE OFFICE USE ONLY		VENDOR INFORMATION	INVOICE NUMBERS	CONTACT INFORMATION
	PURCHASE ORDER	CONTRACT AMENDMENT X	CONTRACT REVIEW	FINANCE DIRECTOR			
DIRECT VOUCHER	EMERGENCY REQUEST	Approved- 9/7/11	David Bowman	Pending -	P. O. BOX 202564 DALLAS, TX 75320 1072772 A	Approved	8/23/11
7 DAY BID	REJECTED BY	Pending -	CAPITAL FIN. DIRECTOR	FMPS APPROVAL DATE			DEPUTY Name Phone Status

Suggested Contract Modification Language for Contract No. 9383

Revise Section A – General of Exhibit 1 – Scope of Services to read:

A. General

- I. The Consultant must provide the City of Chicago, Office of Emergency Management and Communications (OEMC) and the Chicago Department of Aviation (CDA), with bi-lingual translators who are available by telephone 24 hours a day, seven days a week, 365 days a year to perform language translation services.

The services to be provided involve three-way telephone conversations consisting of:

1. A non-English speaking caller;
2. A City of Chicago call taker or airport customer service representative;
and
3. The Consultant's language interpreter.

The nature of the telephone calls requiring the service of an interpreter are 9-1-1- calls received by the OEMC, 3-1-1 calls to the OEMC's Backup Call Facility, calls made by customer service representatives from O'Hare and Midway International Airports on behalf of airport customers as well as calls from the O'Hare and Midway Communications Centers requesting airport customer assistance. 9-1-1 calls involve citizens calling to request emergency police, fire and medical services. 3-1-1 calls involve citizens calling to request various non-emergency City services, and filing certain types of police reports. Calls from O'Hare and Midway International airports and their Communication Centers involve citizens calling to request information and various non-emergency City services.

- II. The Consultant must provide document translation services to the CDA on an as needed basis in accordance with the pricing schedule provided in Attachment 1 to Exhibit 1.

Revise Section C. – Equipment Requirements to add a second paragraph that reads as follows:

C. Equipment Requirements

The Consultant will provide the CDA with dual-handset analog telephones in the quantity the CDA desires at a rental rate of \$4.50 per unit per month. The CDA will contact the Consultant by purchase order to rent new telephones. Telephones are to be delivered to the CDA warehouse address identified on the purchase order and all telephones are 100%

warranted for the duration of the agreement. If telephones are found to be defective in any way they shall be replaced by Consultant at no extra cost to the CDA.

If a telephone is defective or needs repair, the CDA authorized representative shall call the Consultant's customer service number of 1-800-752-6096 and arrange for the defective telephone to be picked up within 24 hours. The CDA will furnish the Consultant with the telephone model number and the name and telephone number of a contact person at the time of notification.

If the telephone is found to be irreparable, the Consultant is to notify the CDA authorized representative within one (1) business day after pickup to make arrange to deliver a new replacement phone. Replacement phones are to be delivered as soon as possible to the location requested by the authorized representative but no later that three (3) business days from the initial request.

is not intended to and does not constitute, create, give rise to, or otherwise recognize an employer-employee relationship of any kind between the City and any personnel provided by Consultant.

- c. Consultant will not condition, base, or knowingly prejudice or affect any term or aspect of the employment of any personnel provided under this Agreement, or offer employment to any individual to provide services under this Agreement, based upon or because of any political reason or factor, including, without limitation, any individual's political affiliation, membership in a political organization or party, political support or activity, political financial contributions, promises of such political support, activity or financial contributions, or such individual's political sponsorship or recommendation. For purposes of this Agreement, a political organization or party is an identifiable group or entity that has as its primary purpose the support of or opposition to candidates for elected public office. Individual political activities are the activities of individual persons in support of or in opposition to political organizations or parties or candidates for elected public office.
 - d. In the event of any communication to Consultant by a City employee or City official in violation of Section (b) above, or advocating a violation of Section (c) above, Consultant will, as soon as is reasonably practicable, report such communication to the Hiring Oversight Section of the City's Office of the Inspector General, and also to the head of the relevant City Department utilizing services provided under this Agreement."
9. Article 10, General Conditions of the Agreement are hereby amended to incorporate "Office of Compliance" as Section 10.10 as follows:

"10.10 OFFICE OF COMPLIANCE

It is the duty of any bidder, proposer, Consultant, Contractor, all Subcontractors, and every applicant for certification of eligibility for a City Contract or program, and all officers, directors, agents, partners and employees of any bidder, proper, Contractor or such applicant to cooperate with the Office of Compliance in any investigation or audit pursuant to Chapter 2-26 of the Municipal Code of Chicago. The Contractor understands and will abide by all provisions of Chapter 2-26 of the Municipal Code of Chicago. All subcontracts will inform Subcontractors of this provision and require understanding and compliance with it."

10. Additional Scope of Services – specific to Department of Aviation is hereby added to Exhibit 1 "Scope of Services" in the Original Agreement as follows:

A. General

- i. The Consultant must provide the City of Chicago, Office of Emergency Management and Communications (OEMC) and the Chicago Department of Aviation (CDA), with bi-lingual translators who are available by telephone 24 hours a day, seven days a week, 365 days a year to perform language translation services.

The services to be provided involve three-way telephone conversations consisting of:

1. A non-English speaking caller;
2. A City of Chicago call taker or airport customer service representative; and
3. The Consultant's language interpreter.

The nature of the telephone calls requiring the service of an interpreter are 9-1-1-calls received by the OEMC, 3-1-1 calls to the OEMC's Backup Call Facility, calls made by customer service representatives from O'Hare and Midway International Airports on behalf of airport customers as well as calls from the O'Hare and Midway Communications Centers requesting airport customer assistance. 9-1-1 calls involve citizens calling to request emergency police, fire and medical services. 3-1-1 calls involve citizens calling to request various non-emergency City services, and filing certain types of police reports. Calls from O'Hare and Midway International airports and their Communication Centers involve citizens calling to request information and various non-emergency City services.

- II. The Consultant must provide document translation services to the CDA on an as needed basis in accordance with the pricing schedule provided in Attachment 1 to Exhibit 1.

C. Equipment Requirements

The Consultant will provide the CDA with dual-handset analog telephones in the quantity the CDA desires at a rental rate of \$4.50 per unit per month. The CDA will contact the Consultant by purchase order to rent new telephones. Telephones are to be delivered to the CDA warehouse address identified on the purchase order and all telephones are 100% warranted for the duration of the agreement. If telephones are found to be defective in any way they shall be replaced by Consultant at no extra cost to the CDA.

If a telephone is defective or needs repair, the CDA authorized representative shall call the Consultant's customer service number of 1-800-752-6096 and arrange for the defective telephone to be picked up within 24 hours. The CDA will furnish the Consultant with the telephone model number and the name and telephone number of a contact person at the time of notification.

If the telephone is found to be irreparable, the Consultant is to notify the CDA authorized representative within one (1) business day after pickup to make arrange to deliver a new replacement phone. Replacement phones are to be delivered as soon as possible to the location requested by the authorized representative but no later than three (3) business days from the initial request.

11. The Consultant has completed an on-line City of Chicago Economic Disclosure Statement and Affidavit ("EDS") and Appendix A; Instructions for Completing Economic Disclosure Statement and Affidavit (EDS) On-Line are attached to this Amendment as Attachment A. The Consultant has provided an updated certificate of insurance and an executed Affidavit, copies of which are attached to this Amendment as Attachment B and incorporated herein by reference.



Language Line Services Scope of Work Interpreter Services and Translation Schedule of Fees

Language Line Service's over the phone interpreter service is on demand service with no appointment necessary. We provide interpreters 24x7x265. The call is answered by an interpreter with the skill level (911, Medical, Court) determined by the needs of the account when the account is established. All languages and time of day are the same flat rate with a volume discount based on the total number of minutes used in a month.

Our employee interpreters undergo weeks of specialized training when they are hired and participate in annual training events to reinforce our standards and increase their own capabilities. We have a multi-tiered quality program at Language Line Services. This program is comprised of processes to monitor interpreters, mechanisms to track the progress of interpreters over time and a strategy to identify and implement training programs. First and foremost, we place a high importance on monitoring our interpreters and their calls. Due to the confidential nature of your conversations with our interpreters and your customers, we do not record or store any calls that we monitor. Instead, our Senior Language Specialists (SLS) will monitor a call without disrupting the conversations. The Senior Language Specialists assess our interpreters at regular intervals. The frequency of these evaluations depends on each interpreter's years of service and his or her overall individual performance. Newly hired interpreters are closely monitored. Their calls are measured against a set of prescribed quality metrics. We monitor our more experienced interpreters and those who consistently exceed performance expectations less frequently. Regardless, we use the same quality metrics as a baseline for all of our interpreters and expect them to live up to the high standards we have set.

At Language Line Services, we also track all monitoring data to identify progress. Quality assurance managers periodically review the performance data to monitor the progress of each interpreter. Managers also conduct monthly meetings with Senior Language Specialists to enforce consistency and gather information about any major performance issues identified through observation.

The third, and one of the most important components of the program, is our internal review process. To improve company-wide performance, the Quality Assurance Department works closely with the Interpreter Training Department to distill call data, identify universal training needs, and develop new training programs. Frequently, our monthly interpreter newsletter features the emerging trends, issues, and challenges revealed through call monitoring.

Document Translation is provided on an as needed basis. Each job will be quoted using the pricing agreed to in this document. Each job's requirements may be different so each job is quoted separately. Deliver times may vary on length and complexity of the job.



**Language Line Services Scope of Work
Interpreter Services and Translation Schedule of Fees**

OPI Pricing

ALL LANGUAGES: FLAT RATE/MINUTE

VOLUME TIER

Up to 20,000 minutes per month	\$1.76
20,000 to 22,500 minutes per month	\$1.72
22,501 to 25,000 minutes per month	\$1.66
25,001 to 27,500 minutes per month	\$1.62
27,501 to 30,000 minutes per month	\$1.57
30,001 to 40,000 minutes per month	\$1.52
40,001 minutes and above per month	\$1.47

- No sign-up fees
- No monthly minimums

Dual handset analog phone,

\$4.50 / month

Pricing for Document Translation

TARGET LANGUAGES & PRICING (3 Steps with Translation Memory)

Language	Per word cost - New Text	Per word cost - Fuzzy Matches	Per word cost - 100% Matches & Repetitions*
Arabic	\$0.22	\$0.11	\$0.05
Bulgarian	\$0.18	\$0.09	\$0.05
Burmese	\$0.24	\$0.12	\$0.06
Chinese (Simplified)	\$0.20	\$0.10	\$0.05
Chinese (Traditional)	\$0.20	\$0.10	\$0.05
Croatian	\$0.18	\$0.09	\$0.05
Czech	\$0.18	\$0.09	\$0.05
Danish	\$0.28	\$0.14	\$0.07
Dutch (Belgium)	\$0.27	\$0.13	\$0.06
Dutch (Neth)	\$0.27	\$0.13	\$0.06
English	\$0.21	\$0.11	\$0.05
Estonian	\$0.20	\$0.10	\$0.05
Finnish	\$0.28	\$0.14	\$0.07
French (Canadian)	\$0.23	\$0.12	\$0.06
French (European)	\$0.23	\$0.11	\$0.05
German	\$0.22	\$0.11	\$0.05
Greek	\$0.19	\$0.10	\$0.05



**Language Line Services Scope of Work
Interpreter Services and Translation Schedule of Fees**

Hebrew	\$0.24	\$0.12	\$0.06
Hungarian	\$0.19	\$0.10	\$0.05
Italian	\$0.21	\$0.11	\$0.05
Japanese	\$0.27	\$0.14	\$0.07
Karen	\$0.24	\$0.12	\$0.06
Korean	\$0.20	\$0.10	\$0.05
Latvian	\$0.23	\$0.12	\$0.06
Lithuanian	\$0.23	\$0.12	\$0.06
Malaysian	\$0.24	\$0.12	\$0.06
Norwegian	\$0.28	\$0.14	\$0.07
Polish	\$0.18	\$0.09	\$0.05
Portuguese (Brazil)	\$0.16	\$0.08	\$0.04
Portuguese (Euro.)	\$0.19	\$0.10	\$0.05
Romanian	\$0.16	\$0.08	\$0.04
Russian	\$0.25	\$0.13	\$0.06
Serbian	\$0.18	\$0.09	\$0.05
Slovakian	\$0.17	\$0.09	\$0.04
Slovenian	\$0.23	\$0.12	\$0.06
Spanish (European)	\$0.20	\$0.10	\$0.05
Spanish (Latin)	\$0.15	\$0.07	\$0.04
Swedish	\$0.28	\$0.14	\$0.07
Thai	\$0.24	\$0.12	\$0.06
Turkish	\$0.25	\$0.13	\$0.06
UK English	\$0.11	\$0.06	\$0.03
Ukrainian	\$0.18	\$0.09	\$0.05
Vietnamese	\$0.24	\$0.12	\$0.06

SUPPORTING SERVICES PRICING

	Standard Turnaround	Expedited Turnaround
▪ Minimum charge per document translation order	\$65.00	\$75.00
▪ Translation cost per word.....	See Table (above)	
▪ Proofreading / Review (if required/requested)	\$60.00	\$70.00
▪ File Prep./Trans. Memory Update.....	\$55.00	\$65.00
▪ Basic layout/formatting/PDF creation per hour.....	\$55.00	\$65.00
▪ Graphic Design Services.....	\$60.00	\$70.00
▪ In-Language Recordings (includes 100 words or translated text)	Individual Quote	
▪ Software, HTML, XML, ASP programming	Individual Quote	
▪ Transcription/translation of Audio or Videos files	\$65.00	\$75.00
▪ Translation Summaries/Synopsis	Individual Quote	
▪ Project Management.....	10% of overall project cost (0.50 hour minimum @ \$45/hour)	
▪ No delivery charge for Fax, E-mail, or U.S. Mail. Additional charge for courier services only.		

**Language Line reserves the right to modify proposed pricing upon receipt of actual source materials and definition of project type/scope, target languages, volumes, etc.*



Language Line
services

Thomas Costello
Strategic Account Executive
Government, Midwest

One Lower Ragsdale Drive, Bldg. 2
Monterey, CA 93940
Phone 877-735-9770
Fax 831-648-7595
e✉ tcostello@languageline.com

Karen Haywood
City of Chicago

Language Line Services is uniquely qualified to serve the City of Chicago OEMC and other departments. Language Line is the largest provider of interpreter service and employees over 5000 interpreters to cover over 175 languages 24x7x365. Because we use an employee model (not independent contractors) we are able to answer calls from OEMC for Spanish interpreters in less than 5 seconds and 7.4 seconds average for all the 74 languages serviced in the past 12 months. This response time helps OEMC respond to 911 calls quickly, saving time and potentially, lives. No other provider can support as many languages so quickly, 24 hours a day, every day. Because of the size of Language Line Services we can scale to address unanticipated demands in situations created by natural and man made disasters, which is always a concern for large cities in the US.

Language Line Services also provides the City of Chicago with specialized interpreters for 911 for OEMC, court interpreters for DOAH and medical interpreters for Chicago Department of Health. No other vendor provides they specialized training and management controls to deliver the quality of skilled interpreters in as many specialties.

Sincerely,

Thomas Costello
Strategic Account Executive
Language Line Service



City of Chicago
Richard M. Daley, Mayor

Department of
Procurement Services

Barbara A. Lumpkin
Chief Procurement Officer

City Hall, Room 403
121 North LaSalle Street
Chicago, Illinois 60602
(312) 744-4900
(312) 744-2949 (TTY)

<http://www.cityofchicago.org>

TO: Barbara Lumpkin
Chief Procurement Officer

FROM: Monica Cardenas
Deputy Procurement Officer

DATE: December 19, 2005

SUBJECT: Language Line Services, Inc.
Request for No Stated Goals
Specification No.: 37936
PO.: 9383

Language Line Services, Inc., a Delaware corporation based in California, has been selected by the Office of Emergency Management and Communications to provide live foreign language translation and interpretation services for non-English speaking callers to the 911 Center. The services are of a specialized nature and are performed primarily by individual interpreters that operate as independent contractors to language Line, so there are no opportunities for direct or indirect participation by City certified MBE or WBE firms. The contract was approved by the Sole Source Review Board. Permission is requested to use the following language in this contract:

MINORITY AND WOMEN BUSINESS ENTERPRISES

It is the policy of the City of Chicago that local businesses certified as Minority Business Enterprises (MBE) and Women Business Enterprises (WBE) in accordance with Section 2-92-450 of the Municipal Code of Chicago and Regulations Governing Certification of Minority and Women-owned Businesses shall have the maximum opportunity to participate fully in the performance of all City contracts.

The Chief Procurement Officer has determined that the nature of the services to be provided under this contract are such that neither direct nor indirect subcontracting opportunities will be practicable or cost-effective. Therefore, there will be no stated goals for MBE/WBE participation resulting from this contract. This determination is being made pursuant to Section 2-92-450 of the Municipal Code of Chicago.

RECOMMEND:
 NOT RECOMMEND:

Monica Cardenas
Monica Cardenas
Deputy Procurement Officer

APPROVE:
 DISAPPROVE:

Barbara A. Lumpkin
Barbara A. Lumpkin
Chief Procurement Officer





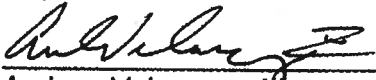
City of Chicago
Richard M. Daley, Mayor

Office of Emergency Management
and Communications

Andrew Velasquez III
Executive Director

141 I West Madison Street
Chicago, Illinois 60607
(312) 746-9111
(312) 746-9120 (FAX)
<http://www.cityofchicago.org>

TO: Mary Dempsey
Acting Chief Procurement Officer
Department of Procurement Services

FROM: 
Andrew Velasquez III
Executive Director

DATE: July 1, 2005

RE: No Stated Goals

The Office of Emergency Management and Communications (OEMC) is requesting "no stated goals" status for Language Line. OEMC believes that the nature of the services to be provided by the consultant is such that neither direct nor indirect subcontracting opportunities would be practical or available.

If you have any questions or require additional information, please contact Amy Gudgeon at 742-3790.

Thank you for your assistance.

cc: Stephanie Thibodeaux
Gail Borenstein

NEIGHBORHOODS
Alive!

BUILDING CHICAGO TOGETHER





Matthew T. Gibbs II
Chief Financial Officer

One Lower Ragsdale Drive
Monterey, CA 93940
Phone 831.648.5836
Fax 831.648.5801
e✉ mgibbs@LanguageLine.com
www.LanguageLine.com

April 15, 2003

Gail M. Borenstein
Assistant Procurement Officer
Department of Procurement Services
City Hall, Room 403
121 North LaSalle Street
Chicago, IL 60602-1284

Dear Gail,

Language Line Services, Inc. ("LLS") is requesting a "no stated goals" for the City's Minority- and Women-Owned Business Enterprise participation requirement.

The reason for this request is because the nature of our service is operational and requires access to international resources and locations. We could not transfer any part of our business to Chicago or any of its counties without disrupting our ability to provide some services to our clients which could be potentially harmful to LLS.

Language Line Services does work with a large number of minorities and women, however these individuals operate as independent contractors (interpreters) rather than businesses thus they do not meet the strict definition of a "Minority- or Women-Owned Business Enterprise".

Simply, LLS believes it is meeting the spirit of the City's Minority- and Women-Owned Business Enterprise requirement, however because the individuals receiving payment from LLS are not strictly classified as businesses, LLS fails the test on its face.

Overall, LLS employs and contracts with large numbers of minorities and women, thus we believe we are very progressive and meet the spirit of the requirements stated in Minority and Women-Owned Business directives. Based on the above facts we request a "no stated goals" status in our contract.

If you have any questions please call me at 831-648-5836.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew T. Gibbs II", with a stylized flourish at the end.

Matthew T. Gibbs II

Chief Financial Officer



CERTIFICATE OF FILING FOR
CITY OF CHICAGO ECONOMIC DISCLOSURE STATEMENT

EDS Number: 26125

Certificate Printed on: 11/22/2011

Date of This Filing: 11/22/2011 12:35 PM

Original Filing Date: 11/22/2011 12:35 PM

Disclosing Party: Language Line Services

Filed by: Joan Dresser

Title: Corp Qual Assur Manager

Matter: Over the phone interpretation;
document translation

Applicant: Language Line Services

Specification #: 37936

Contract #: 9383

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.

- 7) Insurance Documents
8) Additional Scope of Services

The following individuals will present to the Non-Competitive Review Board:

- ✓ Karen Haywood, Contracts Coordinator
- ✓ Frank Lindbloom, Deputy Director
- ✓ Yil Halac, Deputy Director of Public Safety Information Technology
- ✓ Rosemary McDonnell, Grants Research Specialist
- ✓ Lisa Clark, Contract Negotiator
- ✓ Michelle Yokoyama, Contract Attorney, Aviation

Please contact Karen Haywood at 746.9421 if you have any questions. Thank you.

FL/kgH

Enclosure

Cc: John O'Brien, DPS
James Carroll, OEMC, Finance
Yil Halac, OEMC, IT
Lisa Clark, OEMC Contracts
Karen Haywood, OEMC Contracts
Rosemary McDonnell, OEMC Grants/Contracts/Research

Section I: General Contract Information	
Department Name	The Office of Emergency Management and Communications (OEMC)
Department Contact Name	Karen Haywood
Department Contact Number	312.746.9421
Department Contact Email	Karen.haywood@cityofchicago.org
Contract Number	9383
Contract Subject Name	Foreign language interpretation and translation services
Contract Initiation Date	2005 08 01
Original Contract Amount	\$5,000,000
Original Contract Expiration Date	2010 07 31
Budgeted amount for current year	\$600,000
Year to date expenditure	\$4,818,297
Are funds <input checked="" type="checkbox"/> Operating <input type="checkbox"/> Capital <input type="checkbox"/> TIF <input type="checkbox"/> Grant	
What is the funding strip?	011:0100.0584065.0140.220140
If contract modification or task request is approved, will department have enough funds to cover new expenditure?	yes
If no, what is the plan to address the short fall?	
Section II: Contract Modifications	
Complete this section if you are modifying the value of an existing contract.	
Contract Value Increase	\$600,000
New total contract amount	\$5,600,000
New contract expiration date	7/31/2012
Goods/services provided by this contract	Translation/interpretation services for individuals calling the non-emergency 311 and emergency 911 operations.

Justification of need to modify this contract	Translation services are a vital part to 311 non-emergency and 911 emergency.
Impact of denial	Non-English speaking callers would be unable to get their calls through.
Section III. Issue a Request for Services to a Master Consulting Agreement	
Complete this section if you want to issue a request for services to a Master Consulting Agreement	
Value of planned task order request	\$
Expiration date of planned task order request	
Scope of services	
Justification of need to issue request for services	
Impact of denial	
Section IV: Assessment of Office of Budget and Management Analyst	
Approve/Deny	Reason
Approve	Core to department's mission
OBM Analyst Initials	GPG
OBM Analyst Name/number	Gabriel Godwin



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/01/2011

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 Willis of New York, Inc. 26 Century Blvd. P. O. Box 305191 Nashville, TN 37230-5191	CONTACT NAME:		
	PHONE (A/C, NO, EXT):	877-945-7378	FAX (A/C, NO): 888-467-2378
	E-MAIL ADDRESS:	certificates@willis.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #	
	INSURER A:	Massachusetts Bay Insurance Company	22306-001
INSURED Language Line Inc 1 Lower Ragsdale Drive Building 2 Monterey, CA 93940	INSURER B:	Hanover Insurance Company	22292-000
	INSURER C:	Sparta Insurance Company	20613-001
	INSURER D:	ACE American Insurance Company	22667-001
	INSURER E:		
	INSURER F:		

COVERAGES CERTIFICATE NUMBER: 16217848 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	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	Y		ZDY91575800	6/1/2011	6/1/2012	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC							
A	AUTOMOBILE LIABILITY			ZDY91575800	6/1/2011	6/1/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS						<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			UHY909618700	6/1/2011	6/1/2012	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE
DED RETENTION \$							
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	004WK00205	6/1/2011	6/1/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
							E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Professional Liability			G21654711009	7/1/2011	7/1/2012	\$15,000,000 Each Claim \$15,000,000 Aggregate \$100,000 each claim

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach Acord 101, Additional Remarks Schedule, if more space is required)

Professional Liability coverage includes coverage for contingent bodily injury, property damage and wrongful acts such as the disclosure of confidential information. Coverage is true worldwide.

It is agreed that the State of Arizona, its departments, agencies, boards, commissions, universities, its officers, officials, agents and employees is included as an Additional Insured as respects to General Liability where required in a written contract or agreement. Waiver of Subrogation applies in favor of the State of Arizona, its departments, agencies, boards, commissions, universities, its officers, officials, agents and employees with respects to General

CERTIFICATE HOLDER

CANCELLATION

State of AZ, DES Office of Procurement
Attn: Bonnie Lee
1789 W. Jefferson
Phoenix, AZ 85020

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



ADDITIONAL REMARKS SCHEDULE

AGENCY Willis of New York, Inc.		NAMED INSURED Language Line Inc 1 Lower Ragsdale Drive Building 2 Monterey, CA 93940	
POLICY NUMBER See First Page		EFFECTIVE DATE: See First Page	
CARRIER See First Page	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE
 Liability where required in a written contract or agreement.

**CITY OF CHICAGO
 PURCHASE REQUISITION**

Copy (Department)

DELIVER TO: 058- OEC1411 1411 W. MADISON Chicago, IL 60607	REQUISITION: 67312 PAGE: 1 DEPARTMENT: 58 - OFFICE OF EMERGENCY COMMUNICA PREPARER: Karen G Haywood NEEDED: APPROVED: 2/8/2012
--	---

REQUISITION DESCRIPTION

OEMC: LANGUAGE LINES -- 9383--VENDOR LIMIT INCREASE, ONE YEAR TIME EXTENSION; CONTRACT MOD

SPECIFICATION NUMBER: ~~104452~~ **37936**

COMMODITY INFORMATION

LINE	ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST
1	91579	420,000.00	USD	1.00	420,000.00

VENDOR LIMIT INCREASE

SUGGESTED VENDOR:

REQUESTED BY: Karen G Haywood

DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	Dist. Amt.
1	012	0100	0584065	0140	220140	0000	00000000	000000	00000	0000	420,000.00
LINE TOTAL:											420,000.00

LINE	ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST
2	91579	180,000.00	USD	1.00	180,000.00

VENDOR LIMIT INCREASE

SUGGESTED VENDOR:

REQUESTED BY: Karen G Haywood

DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	Dist. Amt.
1	012	0100	0584135	0140	220140	0000	00000000	000000	00000	0000	180,000.00
LINE TOTAL:											180,000.00

LINE	ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST
3	91579	1.00	Year	0.00	0.00

ONE YEAR TIME EXTENSION

SUGGESTED VENDOR:

REQUESTED BY: Karen G Haywood

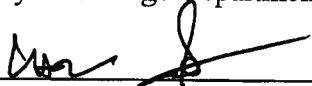
DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	Dist. Amt.
1	012	0100	0584065	0140	220140	0000	00000000	000000	00000	0000	0.00
LINE TOTAL:											0.00

REQUISITION TOTAL: 600,000.00



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

To Jamie L. Rhee
Chief Procurement Officer
City of Chicago Department of Procurement Services

From: 
Bechara Choucair, M.D.
Commissioner
City of Chicago Department of Public Health

Date: 1/12/2012

Re: Request for Vendor Limit Increase for Language Line Services PO 9383

The Chicago Department of Public Health (CDPH) requests a vendor limit increase in the amount of \$25,000 for the above reference Contract.

CDPH uses the services of Language Line through PO 9383 for translating materials to the residents of Chicago who rely on the Services of the Department of Public Health.

Thank you for your assistance in this matter. If you have any questions or need additional information, please contact Richard Rzeszutko at 312-745-3504 or Kenneth McGhee at 312-747-8841.

cc. Kenneth McGhee

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: 06-OCT-2011	Need by (estimated date): ASAP	
Requisition No.: 66733 37934	Contact Person: R. RZESZUTKO	Project Manager:
Specification No.: (if known) 103980	Telephone: -53504	Telephone:
PO No.: (if known) 9383	Fax:	Fax:
Modification No.: (if known)	Email: rzeszutko.richard@cityofchicago.org	Email:
Previous PO No.: (if known)	Project Description: VENDOR LIMIT INCREASE FOR LANGUAGE LINE PO 9383	

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 type="checkbox"/> FAA	<input type="checkbox"/> Grant*	<input type="checkbox"/> Other:
Federal:	<input type="checkbox"/> FHWA	<input type="checkbox"/> FTA	<input checked="" type="checkbox"/> Grant*	<input type="checkbox"/> Other:	

LINE	FY	FUND	DEPT	ORGN	APPR	ACTV	PROJECT	RPTG	\$ DOLLAR AMOUNT
1	2011	0847	041	3320	0140			110052	25000

*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: 10/20/11 (DATE) **Term Estimated Value \$25000**

Scope Statement:

Attached is a Detailed Scope of Services and/or Specification. E-mail softcopy | 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 type="checkbox"/> Time Extension**
<input type="checkbox"/> Master Agreement (Task Order)	<input checked="" 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 type="checkbox"/> Requisition	
<input type="checkbox"/> Special Approvals	
<input type="checkbox"/> Non-Competitive Review Board (NCRB)	

Contract Term: NA

** Requested Term (Number of Months): NA

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 alside? 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
Is this a Revenue Producing contract?

- Yes No
 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:
Will services be performed within 50 feet of CTA train or other railroad property?
Will services be performed on or near a waterway?

- Yes No
 Yes No
 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)

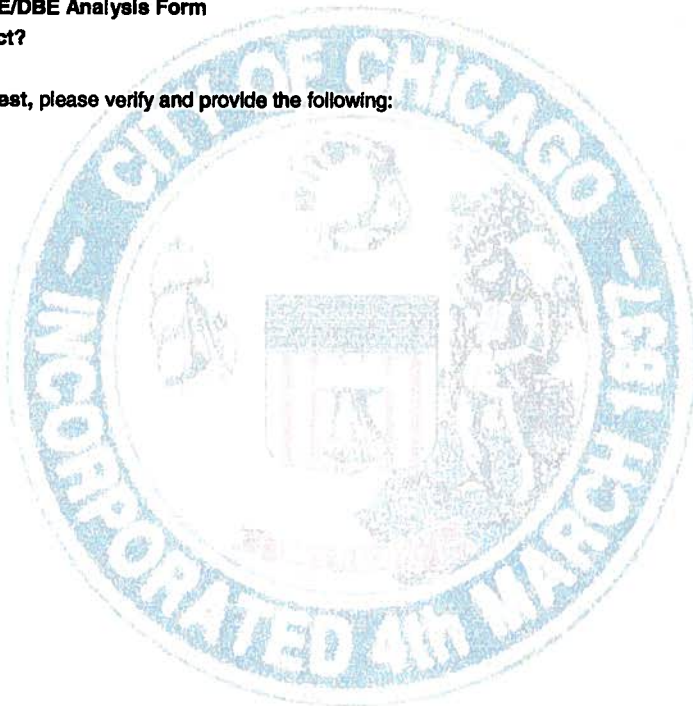
Risk Management:

- 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
 PURCHASE REQUISITION**

Copy (Department)

DELIVER TO: 041- DEPAUL 2FL 333 S. STATE ST. 2ND FLOOR Chicago, IL 60604	REQUISITION: 66733 PAGE: 1 DEPARTMENT: 41 - DEPARTMENT OF HEALTH PREPARER: Richard W Rzeszutko NEEDED: APPROVED: 1/10/2012
---	---

REQUISITION DESCRIPTION

VENDOR LIMIT INCREASE FOR LANUGAGE LINE SERVICES PO 9383
 SPECIFICATION NUMBER: ~~108900~~ **37936**

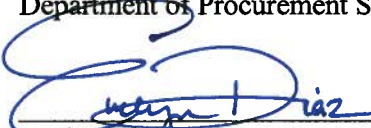
COMMODITY INFORMATION

LINE	ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST						
1	91579 INCREASE VENDOR LIMIT BY \$25,000	25,000.00	USD	0.00	0.00						
SUGGESTED VENDOR: LANGUAGE LINE SERVICES 01		REQUESTED BY: Richard W Rzeszutko									
DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	Dist. Amt.
1	011	0847	0413320	0140	220140	0000	00000000	11JD52	00000	0000	0.00
LINE TOTAL:											0.00
REQUISITION TOTAL:											0.00



DEPARTMENT OF FAMILY AND SUPPORT SERVICES
CITY OF CHICAGO

TO: Jamie Rhee
Chief Procurement Officer
Department of Procurement Services

FROM: 
Evelyn Diaz
Commissioner

DATE: January 12, 2012

RE: Vendor Limit Increase – Language Line Services, Inc.
PO #: 9383
Specification #: 37936

This is to request a vendor limit increase in the amount of \$25,000 for the above referenced contract.

The Department of Family and Support Services (DFSS) requests approval for this increase to make sure there are sufficient funds to address the needs of our Department. Our Department administers direct service via Community Service Centers, Senior Regional Centers and Senior Satellite Centers. Many of our clients are considered Limited English Proficient (LEP) and require language assistance. As a recipient of United States Department of Health and Human Services funds, for human services, DFSS is required to ensure that all LEP clients, applicants and members of the public receive equal and fair access to its programs and information. In accordance with the Civil Rights Act, DFSS cannot discriminate against anyone because of their natural origin. In order to assist LEP clients, DFSS needs to access the contract for Language Line Services.

The DFSS increase requested is an estimate as follows based on the average cost to serve 27 sites up through the end of the contract: **\$925.93 per site x 27 sites = \$25,000.**

Please contact Eric Echols of my staff at (312) 746-7083 if you have any questions or comments.

Attachments

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 80602, ATTENTION: CHIEF PROCUREMENT OFFICER.

General Information:

Date: 9/26/2011

Need by (estimated date): ASAP

Requisition No.: 63486

Contact Person:

Project Manager:

Specification No.: (if known) 37936

Eric Echols

Christine Riley

PO No.: (if known) 9383

Telephone: 312-746-7083

Telephone: 312-746-8727

Modification No.: (if known) ___

Fax: 312-743-1930

Fax: 312-743-1176

Previous PO No.: (if known) ___

Email: Eric.Echols@cityofchicago.org

Email: Christine.Riley@cityofchicago.org

Project Description: Foreign Language Interpretation and Translation Services

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	PROJECT	RPTG	\$ DOLLAR AMOUNT
1	011	0884	50	2005	0999			11HL8M	\$ 24,116.50
2	011	0884	50	2005	0999			11HL9M	\$ 888.50

Term Estimated Value: \$25000

*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

- Blanket/Term/DUR/Agreement
- Master Agreement (Task Order)
- Standard/One-Time Purchase

Forms

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

Modification/Amendment

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

Contract Term: 8/1/05-7/31/2012

** Requested Term (Number of Months): "NA"

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. "NA"

* - Please note that the Project# + Task# for the above referred fund strip is = Task# = 502005.11HL8M.0999.0000
Project# = P05020100596

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 "NA"

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:

"NA"

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

"NA"

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:

"NA"

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: "NA"
 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: "NA"
 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: "NA" PO# "NA"

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.

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: *Language Line Services, Inc.*

Contractor's Address: *One Lower Ragsdale Drive, Monterey, CA, 93940*

Contractor's e-mail Address: *jgrace@languageline.com*

Contractor's Phone Number: *831-648-7171*

Contractor's Contact Person: *Jeffrey Grace*

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:

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

- 'A'
- 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
 PURCHASE REQUISITION**

Copy (Department)

DELIVER TO: 050-2005 FAMILY AND SUPPORT SERVICES 1615 W. CHICAGO AVE. 2ND FL. Chicago, IL 60622	REQUISITION: 63486 PAGE: 1 DEPARTMENT: 50 - DEPT OF FAMILY AND SUPPORT SERV PREPARER: Eric Echols NEEDED: APPROVED: 9/18/2011
---	--

REQUISITION DESCRIPTION

Vendor Limit Increase for DFSS in amount of \$25,000
 SPECIFICATION NUMBER: 37936

COMMODITY INFORMATION

LINE	ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST							
1	96175	25,000.00	USD	1.00	25,000.00							
Foreign Language and Interpretation Services												
SUGGESTED VENDOR: Language Line						REQUESTED BY: Eric Echols						
DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	Dist. Amt.	
1	011	0884	0502005	0999	220999	0000	00000000	11HL8M	00000	0000	24,111.50	
2	011	0884	0502005	0999	220999	0000	00000000	11HL8M	00000	0000	888.50	
LINE TOTAL:											25,000.00	
REQUISITION TOTAL:											25,000.00	



DEPARTMENT OF ADMINISTRATIVE HEARINGS
CITY OF CHICAGO

MEMORANDUM

TO : Jamie L. Rhee
Chief Procurement Officer

FR: Patricia Jackowiak
Director

RE: Vendor Limit Increase - Language Line Services

DATE January 11, 2012

The Department of Administrative Hearings would like to request a vendor limit increase for - **Language Line Services**, (P.O. #9383).

Amount of increase - \$36,586.36

Language Line provides the following services for our dept, foreign language telephone interpreting services(during administrative hearing) to respondents whose principal language is not English.

If you have any questions please contact Pamela Smith at 742-8221.

Your assistance would be greatly appreciated. Thank you.

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: 10-05-11	Need by (estimated date):	
Requisition No.:	Contact Person: Steven Sheely	Project Manager:
Specification No.: (if known) 37936		
PO No.: (if known) 9383	Telephone: 742-8214	Telephone:
Modification No.: (if known)	Fax: 742-8222	Fax:
Previous PO No.: (if known)	Email: Steven Sheely @ City of Chicago .org	Email:

Project Description:

Foreign Language Interpretation and Translation Services for Administrative Hearings

Funding:

City:	<input checked="" 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 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
01	011	100	30	2005	0140				\$36,586.36

Term Estimated Value \$36,586.36

*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 type="checkbox"/> Time Extension**
<input type="checkbox"/> Master Agreement (Task Order)	<input checked="" 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 type="checkbox"/> Requisition	
<input type="checkbox"/> Special Approvals	
<input type="checkbox"/> Non-Competitive Review Board (NCRB)	

Contract Term:

** Requested Term (Number of Months):

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.