

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

**FOR NCRB USE ONLY**

Date \_\_\_\_\_  
Recommend Approval   
Return To Dept.   
Reject   
Vote = Yes

**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 Physio-Control (Medtronic Physio-Control) 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 #: 16788

Company or Agency Name: Physio-Control

Specification #: 59251

Contract or Program Description: Preventive Maintenance, Parts and Repair Service

Modification #: \_\_\_\_\_

(Attach List, if multiple)

Juan C. Hernandez

312-745-2441



Fire Department

9-17-2012

Originator Name  
(mm/dd/yr)

Telephone

Signature

Department

Date

**PROCUREMENT HISTORY**

**1. Describe the requirement and how it evolved from initial planning to its present status.**

On August 2, 2000, Medtronic (Physio-Control) was awarded the Chicago Fire Department's (CFD) contract for one hundred and thirty (130) Medtronic (Physio-Control) LifePak 500 (LP 500) Automated External Defibrillators (AEDs) along with fifty (50) Automated External Defibrillator Training Simulators (LP 500T).

This award was followed on May 8, 2000, with a contract to Medtronic (Physio-Control) for nineteen (19) Medtronic (Physio-Control) LifePak 12 (LP12) Monitor / Defibrillators with Biphasic Defibrillation, External Pacing, Pulse Oximetry and End Title Carbon Dioxide capabilities. Since the original purchase in 2000, the Chicago Fire Department has made several purchases throughout the past twelve (12) years.

Starting in March 1, of 2008 through February 28, 2011, the Chicago Fire Department entered into a Contract agreement for Preventive Maintenance, Parts and Repair service for Medtronic Physio-Control Cardiac Defibrillator systems, Contract PO No. 16788, Specification 59251. Currently the Preventive Maintenance contract was extended until February 28, 2013.

Since the initial awarding of the Medtronic (Physio-Control) contract the Chicago Fire Department's needs have also evolved and the inventory now includes the following number of cardiac monitors:

- 100 LifePak 12 Biphasic Cardiac Monitor Defibrillators with 12 Lead Capability, which are able to detect early cardiac infarction in victims of chest pain. The LifePak 12 also has the capability for External Pacing, Pulse Oximetry and End Tidal Carbon Dioxide capability.
- 84 LifePak 12 Biphasic Cardiac Monitor Defibrillators with External Pacing, Pulse Oximetry and End Tidal Carbon Dioxide capability.
- 232 LifePak 500 Automated External Defibrillators.
- 188 LifePak 1000 Biphasic Automated External Defibrillators with ECG Display and 3-Lead capability.

The requirement for the above purchased devices is to continue required services, as soon as possible, of Preventive Maintenance, Parts and Repair Service of all LifePak monitors for the unscheduled repair of damages due to normal wear and tear of the units and/or misuse, negligence, replacement of lost/stolen components or disposable items for Medtronic (Physio-Control) LifePak 12, LifePak 500 or LifePak 1000. These cardiac units are used in all front line Advance Life Support (ALS) Engines, Trucks and Ambulances and Basic Life Support (BLS) Engines, Trucks and Ambulances. In addition, LifePak AEDs are strategically located on First Responder Companies and Chicago Fire Department fixed facilities.

Services required for the monitors also include the performance of annual preventative maintenance after the 1 year warranty expires.

An additional requirement exists for the routine procurement of Physio-Control LifePak 12, LifePak 500 and LifePak 1000 proprietary components and disposable items. No prior history exists for having purchased or stocked these "device-specific" items

### **Procurement History**

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

This is not a first time requirement for ECG monitor-defibrillator maintenance.

The maintenance of CFD's older inventory of Medical Research Laboratories (MRL) 360 SLX Monitor Defibrillator was previously addressed in general bid specifications. In the year 2000 we had our first service contract agreement with Physio-Control and again in March of 2008. The Chicago Fire Department is seeking an extension on current service contract that expired in 2011 for LifePak 12's and LifePak 500's, which contain the most advanced software for monitor/defibrillator technology, some of which is proprietary. The technology of the LifePak 12 includes the additional features of end-tidal carbon dioxide monitoring, external pacing, and pulse oximetry. The LifePak 12, LifePak 500 and LifePak 1000 all utilize new biphasic defibrillation technology.

#### **3. Explain attempts made to competitively bid the requirement.**

No effort was made to competitively bid the requirement since accomplishment of complete maintenance functions cannot be performed by corporations other than Medtronic Physio-Control. The limiting factors preventing corporations other than Medtronic Physio-Control from performing complete maintenance functions on LifePak 12, LifePak 500 and LifePak 1000 are Medtronic Physio-Control's use of proprietary software and accessing codes which are required by the technician to perform all maintenance functions.

The codes referred to above, are restricted by the Original Equipment Manufacturer (OEM) to their own

Physio-Control Service Representatives, trained and certified in servicing and repairing LifePak 12, LifePak 500 and LifePak 1000 units.

In addition, all parts used must be qualified Physio-Control replacement parts as specified in the maintenance requirements of qualified parts. Furthermore, Physio-Control does not utilize the service of any authorized dealers or distributors in the sale of products.

#### **Procurement History**

**4. If an RFP/RFQ or other application was issued, attach a) list of firms notified and list of Respondents; b) copy of RFP/RFQ and Newspaper Ads; c) List of Selection/Evaluation Criteria used; d) Evaluation Committee Members and e) Evaluation Summary which compares the proposals and explains the reason for the selection(s). For Delegate Agencies, attach list of all agencies to be funded, description of program goals and a narrative of the solicitation and evaluation process used to made the selection(2) including specific reasons for funding some agencies and not others.**

Does not apply, we are requesting an increase to the current contract limit.

**5. Describe any research done to find other sources (list other cities contacted, companies in the industry contacted, professional organizations, periodicals and other publications used).**

Does not apply, we are requesting an increase to the current contract limit.

**6. Explain future procurement objectives. Is this a one-time request or will future requests be made for doing business with the same source?**

It is the Department's intent to begin exploring the option of cyclically replacing the LifePak 12 units to meet operational expansion needs and to cyclically replace LifePak 500 Defibrillators which are both coming to the end of their "life expectancy". We anticipate replacing the LifePak 12 with a updated monitor in the next five (5) years and replace the LifePak 500s with LifePak 1000 in the next two (2) to four (4) years.

The LifePak 12 and LifePak 500 had a five (5) year warranty covering preventive maintenance inspections and repair of component failures except damage caused by negligence or misuse. Currently the Departments approval for maintenance of the LifePak 12 and LifePak 500 is coming to an end and the Department is seeking approval to continue the Preventive Maintenance, Parts and Repair Services for Medtronic (Physio-Control).

**7. Explain whether or not future competitive bidding is possible. If not, why not?**

As long as Medtronic Physio-Control continues to keep its data recording software and access codes proprietary (restricted to Medtronic Physio-Control technicians) and the CFD continues to utilize the LifePak 12, LifePak 500 and LifePak 1000 performance data recording functions for quality assurance and legal documentation, competitive bidding for complete maintenance is not possible. Additionally, as long as LifePak 12, LifePak 500 and LifePak 1000 trained/certified technicians are exclusive to Medtronic Physio-Control maintenance services, competitive bidding for complete maintenance is not possible.

For Reusable Components, Disposable and Consumable Items, competitive bidding is only possible as other manufacturers venture into developing and marketing Physio-Control's formerly proprietary products.

## Estimated Cost

### **3. Explain the basis for estimating the cost and what assumptions were made and/or data used (i.e. budgeted amount, previous contract amount, current catalog or cost proposal from firms solicited engineering or in-house estimate, etc.).**

We are basing costs on the number of LifePak 12 and LifePak 500 units on-hand over the next five (5) quarters from July 2012 to July 2013 that are on the current service contract.

Estimates for cost of proprietary supplies are being derived from our current service contract.

### **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.**

At this point, 12 years after the initial purchase, the LifePak devices have become the standard of care for the Chicago Fire Department.

Over 5,000 Chicago Fire Department Personnel have been trained in the use of the LifePak products. The LifePak 500 and LifePak 1000 AEDs found on CFD First Responder and Basic Life Support Vehicles are 100% laterally compatible with the LifePak 12 Cardiac Monitor / Defibrillator found on every Advanced Life Support Ambulance, Engine or Truck.

When a AED Vehicle, such as a fire engine/truck is the first on the scene of a critically ill patient, they will immediately utilize their LifePak 500 or LifePak 1000 Automated External Defibrillator (AED). As soon as the ambulance arrives on the scene, the paramedics will transfer the patient from the LifePak AED to the LifePak 12 Cardiac Monitor / Defibrillator. This lateral compatibility is necessary, to maintain continuity and prevent the delay of life saving services or medical device failures especially when seconds count.

Currently the Chicago Fire Department has the following estimated equipment in its inventory:

184 LifePak 12 Cardiac Monitor / Defibrillators (\$20,000/unit) =	\$3,680,000
232 LifePak 500 Automated External Defibrillators (\$2,000/unit) =	\$464,000
<u>188 LifePak 1000 Automated External Defibrillators (\$2,700/unit) =</u>	<u>507,600</u>
Total estimated invested value in LifePak Monitors	= 4,651,600

Additionally, collection of certain Automatic External Defibrillator (AED) data is now required by the legislated Emergency Medical Services (EMS) Act. Under this law, AED performance data such as time of defibrillation, who defibrillated and the resulting cardiac rhythm, if any, must be recorded and reported to the Illinois Department of Public Health (IDPH). The Chicago Fire Department has chosen to utilize an automatic data collection and recording system to fulfill the requirements of the new EMS Act as well as to provide quality assurance and legal documentation dimensions to the performance of field operations of these devices.

The City has also invested instructor's time in learning and educating these and other new features and technologies in order to provide this operational knowledge to Department Paramedics and Fire Fighters.

Regarding the specification of use of genuine Physio-Control replacement parts and accessories, product quality and reliability can be compromised by not utilizing precise replacement parts with tolerances designed and specified by Physio-Control. Currently no aftermarket supplier has submitted their parts or accessories to Physio-Control for qualification, verification and/or validation of specifications. All Accessories and

ESTIMATED COST

**1. What is the estimated cost for this requirement (or for each contract, if multiple awards contemplated)? What is the funding source?**

	3 <sup>rd</sup> quarter July – Sept. 2012	4 <sup>th</sup> quarter Oct – Dec 2012	1 <sup>st</sup> quarter Jan – March 2013	2 <sup>nd</sup> quarter April – June 2013	3 <sup>rd</sup> quarter July – Sept. 2013	Total for 5 quarters
LifePak 12	225.00x184= 41,400	225.00x184= 41,400	225.00x184= 41,400	225.00x184= 41,400	225.00x184= 41,400	207,000
LifePak 500	112.50x232= 26,100	112.50x232= 26,100	112.50x232= 26,100	112.50x232= 26,100	112.50x232= 26,100	130,500
LifePak 1000	By the beginning of the 2 <sup>nd</sup> quarter in 2013, the warranty for 6 LifePak 1000 will be expired. The plan is to take some end of life LifePak 500s from the service contract and replace them with the LifePak 1000.					
Estimated cost for repairs of equipment above and beyond what the maintenance contract includes for misuse, negligence or replacement of lost/stolen monitors:						15,000
Total estimated cost for this requirement						\$352,500

In addition, we are requesting an estimated cost for repairs of equipment above and beyond what the maintenance contract includes. This estimate is for repair of monitors above and beyond the maintenance for misuse, negligence or replacement of lost/stolen monitors (\$15,000).

Repairs for Service for equipment not covered under a service maintenance agreement will be billed at the following rates:

\$200/hour for labor

\$110/visit for travel

Standard List Price for parts – 15% as per current contract.

-LP-1000: At the beginning of the 2<sup>nd</sup> quarter in 2013 (April), all but 6 LifePak 1000s will be on warranty. As identified above the Support and Logistics' Plan is to replace the LifePak 500 which is at their end of life with LifePak 1000 in the service agreement.

Funding source is as follows:

Fund 100, Department 59, Organization 4133, Account No. 0162 and Project No. 0100.

**2. What is the estimated cost by fiscal year, if the job, project or program covers multiple years?**

LifePak 12

For 2012 the estimated total cost would be \$82,800

For 2013 the estimated total cost would be \$124,200

Total for LifePak 12 \$207,000

LifePak 500

For 2012 the estimated total cost would be \$52,200

For 2013 the estimated total cost would be \$78,300

Total for LifePak 500 \$130,500

LifePak 1000 all but 6 will be covered by the warranty.

Disposable Items which could be identified as being non-proprietary have been included in Detailed Specifications for competitive bidding.

**5. Explain what negotiation of price has occurred or will occur. Detail why the estimated cost is deemed reasonable.**

Costs for service and parts are a part of the current contract.

**SCHEDULE REQUIREMENTS**

**1. Explain how the schedule was developed and at what point the specific dates were known.**

The schedule was developed based on the fielding and projected dates of the units and on the length of each products warranty. The warranty begins on the date of the unit's delivery to CFD and extends for one (1) year for the LifePak 12 and five (5) years for the LifePak 500. Currently all LifePak 12s and LifePak 500s are out of warranty and covered by the service contract. LifePak 1000s are still under warranty and six (6) units will be off warranty as of April 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 can meet the required schedule.**

The lack of drawings and/or specifications is not a constraining factor to competitive bidding.

**3. Outline the required schedule by delivery or completion dates and explain the reasons why the schedule is critical.**

The schedule for the performance of repairs not covered by warranty or the replacement of lost or stolen components is dictated by the fielding of the LifePak 12's and the LifePaK 500s which occurred starting in June 2000. The schedule for the performance of routine preventive maintenance and repair services is dictated by the expiration of the warranty, which is one (1) year after fielding of the LP 12's and five (5) years after delivery for the LP 500's. Currently all LifePak 12s and LifePak 500s are off warranty.

**Schedule Requirements**

**4. Describe in detail what impact delays for competitive bidding would have on City operations, programs, and costs and budgeted funds.**

Delays for competitive bidding would create an extended need for an interim financial vehicle such as Extended Purchasing System (EPS) Request for Purchase to be utilized to pay for any repairs or losses not covered by warranty. Without such a substitute mechanism, or if the competitive bidding process became lengthy, the Department would be unable to repair such systems, and thereby degrade field operations and the CFD's ability to offer to the public the diagnostic and life-saving functions which these devices offer.

**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, or other factors make the person or firm exclusively or uniquely qualified for the project. Attach copy of cost proposal and scope of services.**

We do not contemplate hiring a person or firm as a Professional Services Consultant.

**2. Does the proposed firm have personnel considered unquestionably predominant in the particular field?**

We do not contemplate hiring a person or firm as a Professional Services Consultant.

**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?**

All repair and maintenance must be completed by Physio Control certified technicians to keep the equipment certified for use by Physio Control..

**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?**

Specialized facilities are not required, but test equipment must be certified by the manufacturer to keep the equipment certified for use by the manufacturer.

**5. What other capabilities and/or capability 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?**

This company is the manufacturer of the equipment and has provided their personnel with specialized training and equipment that must be used to work on our equipment to remain certified to function by the manufacturer.

**Exclusive or Unique 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.**

Repair Parts, Reusable Components, and Disposable Items for the LP 12 and LP 500 are needed to place these two systems into service and to continue to operate them as intended. Items for the LifePak 12, LifePak 500 and LifePak 1000 Systems. The uniqueness of Repair Parts is addressed in Item Eight of this section.

Categorization of Reusable Components is based on their manufacture by or for the original equipment manufactures (OEM) and being marketed under their own brand only by OEM. Reusable Components substitutions are either not available or would effect the primary product's warranty.

Disposable Items are universally applicable consumables; generic items which can be supplied by a variety of manufactures.

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

Competition is precluded due to Medtronic Physio-Control's restrictions of access by third party vendors to its operational software. Medtronic Physio-Control does not "provide Any Third Party service organization with the software or hardware required to do upgrades/enhancements to any Medtronic Physio-Control product".

**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.**

There are currently no persons other than Physio-Control Service Representatives trained on the LifePak 12, LifePak 1000 or LifePak 500 defibrillator.

Concerning replacement parts, product quality and reliability can be compromised by not utilizing precise replacement parts with tolerances designed and specified by Physio-Control. No after market supplier has submitted their parts or accessories to Physio-Control for qualification, verification and/or validation of specifications. All Accessories and Disposable Items which have been identified as being non-proprietary have been included in Detailed Specifications for competitive bidding. Some Accessories and Disposable Items are not marketed by any vendor other than Physio-Control and are not available for substitution.

**MBE/WBE COMPLIANCE PLAN**

- 1. All submissions must contain detailed information about how the proposed firm will comply with the requirements of the City's Minority and Women Owned Business program. All submissions must include a complete C-1 and D-1 form, which is available on the Procurement Services page on the City's internet site. The City Department must submit a Compliance Plan, including details about direct and indirect compliance.**

As this contract is for specialized maintenance, repair, parts accessories and supplies, this contractor worked diligently with the City of Chicago to obtain requested compliance prior to the award of this contract in 2008 and was only able to come up with .195% MBE and no WBE compliance. As this vendor is located in Redmond, Washington and has already made compliance commitments with M/WBE companies, which cover required compliance for various contracts with other government entities, they are unable to obtain compliance with the City of Chicago M/WBE vendors.

**OTHER**

- 1. Explain other related considerations and attach all applicable supporting documents (MIS Steering Committee Approval form, etc.).**

The requested increase of \$352,500 will increase the contract limit from 2,336,750.00 to \$2,689,250. to allow us to continue to maintain our Physio Control equipment.

APPROVED BY:

  
DEPARTMENT HEAD OR DESIGNEE

Jose A Santiago

PRINT NAME

  
CHIEF PROCUREMENT OFFICER

1-7-13  
DATE

  
BOARD CHAIRPERSON

RICH BUTLER

PRINT NAME

2/13/13  
DATE OF APPROVAL

FEB 13 2013  
JAN 2013  
JAN 9 2013



## **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: 1/4/13	Need by (estimated date): 4/1/13	
Requisition No.: 78068	Contact Person:	Project Manager:
Specification No.: (if known) 59251	Karen Sanger	Karen Sanger
PO No.: (if known) 16788	Telephone: 312745370	Telephone: 3127453710
Modification No.: (if known)	Fax: 745-3700	Fax: 745-3700
Previous PO No.: (if known)	Email: ksanger@cityofchicago.org	Email:
Project Description: Maintenance of Cardiac Monitors/Defibrillators and Accessories		

### 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
	Various								2,336,750
	Various								352,500

Term Estimated Value \$2689250

\*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):

<b>New Request</b>	<b>Modification/Amendment</b>
<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)
<b>Forms</b>	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Requisition	
<input type="checkbox"/> Special Approvals	
<input type="checkbox"/> Non-Competitive Review Board (NCRB)	

Contract Term: 5 years

\*\* Requested Term (Number of Months): 6 months available - six (6) month request in process

### 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: Physio-Control, Inc  
Contractor's Address: 111811 Willows Rd NE  
Richmond, WA 980730706  
Contractor's e-mail Address: mark.paullus@medtronic.com  
Contractor's Phone Number: 800-442-1142 opt 1, ext 72605  
Contractor's Contact Person: Mark Paulus



**CHICAGO FIRE DEPARTMENT**  
CITY OF CHICAGO

To: Jamie Rhee  
Chief Procurement Officer  
Department of Procurement Services  
City Hall Room 403

From:   
Jose A Santiago  
Fire Commissioner  
Chicago Fire Department

Re: SPECIFICATION: 59251  
REQUISITION: 78068  
BLANKET PO: 16788  
VENDOR: Physio-Control, Inc (Work Services - Sole Source)  
Preventive Maintenance, Parts and Repair Services for Medtronic Physio-Control Cardiac  
Defibrillator Systems  
Modification to increase the contract limit

DATE: January 3, 2013

The Fire Department is requesting the above mentioned contract be increased from \$2,336,780 to \$2,689,250. The requested limit increase of \$352,500 will allow the Fire Department to continue obtaining required maintenance, repairs and supplies to keep our monitors and defibrillators in service until September 28, 2013 or a replacement contract can be awarded, whichever comes first.

The increase amount of \$325,500 was determined by the following figures:

	3 <sup>rd</sup> quarter July - Sept. 2012	4 <sup>th</sup> quarter Oct - Dec 2012	1 <sup>st</sup> quarter Jan - March 2013	2 <sup>nd</sup> quarter April - June 2013	3 <sup>rd</sup> quarter July - Sept. 2013	Total for 5 quarters
LifePak 12	225.00x184= 41,400	225.00x184= 41,400	225.00x184= 41,400	225.00x184= 41,400	225.00x184= 41,400	207,000
LifePak 500	112.50x232= 26,100	112.50x232= 26,100	112.50x232= 26,100	112.50x232= 26,100	112.50x232= 26,100	130,500
LifePak 1000	By the beginning of the 2 <sup>nd</sup> quarter in 2013, the warranty for 6 LifePak 1000 will be expired. The plan is to take some end of life LifePak 500s from the service contract and replace them with the LifePak 1000.					
Estimated cost for repairs of equipment above and beyond what the maintenance contract includes for misuse, negligence or replacement of lost/stolen monitors:						15,000

Total estimated cost for this requirement	\$352,500
---	-----------

Attached please find:

- 1) Completed Justification for Non-Competitive Procurement
- 2) One DPS Check List
- 3) Requisition 74796
- 4) Current Insurance certificate
- 5) A letter from the vendor regarding exclusivity
- 6) Letter from the contractor and CFD's concurrence letter regarding No Stated Goals regarding to the City's compliance requirements
- 7) On-Line EDS certificate
- 8) A list of department personnel that will attend the NCRB meeting

Note: The Scope of Work and letter regarding pricing are not included in the request because this is a contract limit increase and does not affect the Scope of Work or current pricing, as they remain unchanged.

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

ss/ks



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

**Copy (Department)**

<b>DELIVER TO:</b>  336 FIRE DEPT - FINANCE 3510 S. MICHIGAN AVE, 2ND FL CHICAGO, IL 60653	<b>REQUISITION:</b> 78068 For PO Number: 16788  <b>PAGE:</b> 1 <b>DEPARTMENT:</b> 59 - FIRE DEPARTMENT <b>PREPARER:</b> Karen L Sanger <b>NEEDED:</b> <b>PRE-APPROVED</b> 1/3/2013
---	--

**REQUISITION DESCRIPTION**

VLI - PO 16788 - Physio Control  
 SPECIFICATION NUMBER: 59251  
 Mod Reason: DOLLAR AMOUNT CHANGE

**COMMODITY INFORMATION**

LINE	ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST
1	93863 VLI from \$2,336,750 to \$2,689,250	352,500.00	USD	0.00	0.00

**SUGGESTED VENDOR:**

**REQUESTED BY:** Karen L Sanger

DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	TOTAL COST
1	013	0100	0592005	0162	220162	0000	00000000	000000	00000	0000	0.00
<b>LINE TOTAL:</b>											<b>0.00</b>

**REQUISITION TOTAL: 0.00**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/09/2013

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).

<b>PRODUCER</b> Marsh USA, Inc. 1301 5th Avenue, Suite 1900 Seattle, WA 98101 Attn: Seattle.CertRequest@marsh.com / F: 212-948-4326  184424-IS5-CAS-12-13	<b>CONTACT NAME:</b> _____ <b>PHONE (A/C, No. Ext):</b> _____ <b>FAX (A/C, No.):</b> _____ <b>E-MAIL ADDRESS:</b> _____																				
	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>National Fire Insurance Co Of Hartford</td> <td>20478</td> </tr> <tr> <td>INSURER B:</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	National Fire Insurance Co Of Hartford	20478	INSURER B:	N/A	N/A	INSURER C:			INSURER D:			INSURER E:			INSURER F:	
INSURER(S) AFFORDING COVERAGE		NAIC #																			
INSURER A:	National Fire Insurance Co Of Hartford	20478																			
INSURER B:	N/A	N/A																			
INSURER C:																					
INSURER D:																					
INSURER E:																					
INSURER F:																					

**COVERAGES**                      **CERTIFICATE NUMBER:** SEA-002353175-02                      **REVISION NUMBER:** 17

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			4030507381	01/30/2012	05/01/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPI/OP AGG \$ EXCLUDED
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			4029265138 (AOS) 4029265172 (MA)	01/30/2012 01/30/2012	05/01/2013 05/01/2013	COMBINFD SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ COMP / COLL. DED. \$ 1,000
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED      RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			4030507378 (AOS) 4030507364 (CA)	01/30/2012 01/30/2012	05/01/2013 05/01/2013	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
City of Chicago, and City of Chicago Fire Department are included as additional insured (except workers' compensation) where required by written contract.

**CERTIFICATE HOLDER**                      **CANCELLATION**

City of Chicago Fire Department Attn: Karen Sanger 3510 S. Michigan Ave Chicago, IL 60653	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 of Marsh USA Inc.  Cheryl Bermudez
--	---



Physio-Control, Inc. Lifesaving starts here

**ADDRESS**

11811 Willows Road NE  
Redmond, WA 98052

**PHONE**

9811881  
425 867 4000  
503 1391  
800 442 1142

[www.physio-control.com](http://www.physio-control.com)

January 7, 2013

Karen Sanger  
City of Chicago Fire Dept.  
3510 S Michigan Ave.  
Chicago, IL 60653

Dear Ms. Sanger:

In response to your recent request, I am writing to confirm that Physio-Control, Inc. is the sole source provider in your marketplace for:

- New LIFEPAK<sup>®</sup> devices
- Our factory refurbished line of RELI devices
- LIFENET<sup>®</sup> Data Management Solutions
- The LUCAS<sup>®</sup> Chest Compression System
- Factory-authorized inspection and repair services which include repair parts, upgrades, inspections, and repairs
- Physio-Control is the manufacturer, sole supplier, and repair agency of LIFEPAK<sup>®</sup> Monitor/Defibrillators. Due to the specialized nature of our LIFEPAK<sup>®</sup> Monitor/Defibrillators any equipment NOT sold by Physio-Control or its authorized distributors will not be covered under the manufacturer's warranty. To qualify for the repair or replacement under the manufacturer's warranty, the product must not have been repaired or altered outside of an authorized Physio factory in any way which, in the judgment of Physio, affects its stability and reliability. The product must also have been used in accordance with applicable operating instructions and in the intended environment or setting.

Physio-Control does not utilize the services of any authorized resellers in the sale of these products and services in your marketplace.

Best regards,

Mark Watson  
Associate Contract Analyst  
Physio Control, Inc.  
11811 Willows Road NE  
Redmond, WA 98052-2003



CERTIFICATE OF FILING FOR  
CITY OF CHICAGO ECONOMIC DISCLOSURE STATEMENT

EDS Number: 37886

Certificate Printed on: 01/04/2013

Date of This Filing:11/02/2012 02:19 PM

Original Filing Date:11/02/2012 02:19 PM

Disclosing Party: Physio-Control, Inc

Filed by: Gregory Douglas Shelton

Title:Senior Legal Counsel

Matter: Contractor will furnish service for  
Automatic Electronic Defibrillators (AED) and  
accessories for Airports & City of Chicago

Applicant: Physio-Control, Inc

Specification #: 59251

Contract #:

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.

Physio Control

PO 16788

Maintenance of Cardiac Monitors and Defibrillators

Contract Limit Increase Request

Non-Competitive Review Board

Attendees for Fire Department

Karen Sanger

Steve Swanson

Juan Hernandez

<b>Section I: General Contract Information</b>	
Department Name	Chicago Fire Department
Department Contact Name	Steve Swanson                      Karen Sanger
Department Contact Number	745-4199                                      745-3710
Department Contact Email	<a href="mailto:Steven.swanson@cityofchicago.org">Steven.swanson@cityofchicago.org</a> <a href="mailto:Ksanger@cityofchicago.org">Ksanger@cityofchicago.org</a>
Contract Number	16788
Contract Subject Name	<b>Maintenance of Cardiac Monitors/Defibrillators and Accessories</b>
Contract Initiation Date	March 1, 2008
Original Contract Amount	\$1,636,750 - Current Limit \$2,336,780.
Original Contract Expiration Date	February 28, 2011
Budgeted amount for current year	\$
Year to date expenditure	\$_____ encumbered \$_____ expended
Are funds <input type="checkbox"/> Operating <input type="checkbox"/> Capital <input type="checkbox"/> TIF <input type="checkbox"/> Grant	
What is the funding strip?	013-0100-0592005-0162-220162    \$352,500
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?	
<b>Section II: Contract Modifications</b>	
Complete this section if you are modifying the value of an existing contract.	
Contract Value Increase	\$352,500
New total contract amount	\$2,689,250
New contract expiration date	March 31, 2013 with one year extension in process
Goods/services provided by this	<b>Maintenance of Cardiac Monitors/Defibrillators and Accessories</b>

contract	
Justification of need to modify this contract	To have the ability to pay for continued maintenance and repair of owned equipment
Impact of denial	Critical day to day operations allowing this department to service the public in emergency situations could be hampered.
<b>Section III. Issue a Request for Services to a Master Consulting Agreement</b>	
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	
<b>Section IV: Assessment of Office of Budget and Management Analyst</b>	
Approve/Deny	Reason
OBM Analyst Initials	
OBM Analyst Name/number	



CHICAGO FIRE DEPARTMENT  
CITY OF CHICAGO

To: Jamie Rhee  
Chief Procurement Officer  
Department of Procurement Services  
City Hall Room 403

From:

  
Jose A Santiago  
Fire Commissioner  
Chicago Fire Department

Re: SPECIFICATION: 59251  
REQUISITION: 74796  
BLANKET PO: 16788  
VENDOR: Physio-Control, Inc (Work Services – Sole Source)  
Preventive Maintenance, Parts and Repair Services for Medtronic Physio-Control Cardiac  
Defibrillator Systems  
Modification to increase the contract limit  
Request for No Stated Goals

DATE: January 4, 2013

---

The Fire Department is requesting processing of the above mentioned contract limit increase (PO 16788 Physio Control Inc.).

As this contract is for specialized maintenance, repair, parts accessories and supplies, this contractor worked diligently with the City of Chicago to obtain requested compliance prior to the award of this contract in 2008 and was only able to come up with .195% MBE and no WBE compliance. As this vendor is located in Redmond, Washington and has already made compliance commitments with M/WBE companies, which cover required compliance for various contracts with other government entities, they are unable to obtain compliance with the City of Chicago M/WBE vendors

We have searched the C2 system for any certified vendors that may be able to work on the Physio Control equipment and as the attached documents indicate there are none available. For this reason and as the repairs are specialized and must be done by manufacturer certified personnel with manufacturer parts, the Fire Department feels that there is no chance that direct compliance can be met for this contract request.

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

ss/ks



### Search: Certified Vendors



Users | Vendors | contracts!

Search for vendors using their names, locations, classifications, ratings, and/or other criteria. Enter information into any of the boxes below and click **Search**. Some parameters are required.

Search First 20 Matches | Search All Matches | Clear Form |

### Search Parameters

#### Business Name/DBA

#### Contact Person

First:

Last:

#### City

#### State/Province

U.S. States/Provinces

Canadian Provinces

Or

#### Zip Code/Postal Code

U.S. Zip Code

Canadian Postal Code

Or

#### Phone Area Code

#### Commodity Code

#### Business Description

Cardiac monitors

### Certification Parameters

#### Certifications

Select all

Unselect all

Match ANY certification type selected below

#### City of Chicago

- Airport Concessionaire Disadvantaged Business Enterprise (ACDBE)
- Business Enterprises owned by People with Disabilities (BEPD)
- Disadvantaged Business Enterprise (DBE)
- Minority Business Enterprise (MBE)
- Women Business Enterprise (WBE)

#### Illinois Department of Transportation

- Airport Concessionaire Disadvantaged Business Enterprise (ACDBE)
- Disadvantaged Business Enterprise (DBE)

#### Other Organizations (Tracking Records)

- Airport Concessionaire Disadvantaged Business Enterprise (ACDBE)
- Business Enterprises owned by People with Disabilities (BEPD)
- Disadvantaged Business Enterprise (DBE)
- Minority Business Enterprise (MBE)
- Women Business Enterprise (WBE)

#### Certification Status

All (certified, active (in process), closed, expired, and denied)  
Optional Date Range:

to

\_\_\_\_\_ (mm/dd/yyyy)

### Advanced Search Parameters

**Ethnicity**                      **All**  
**Gender**                         **All**  
**Vendor Status**                **All Vendors**  
**Local Business**  
**DUNS Number**  
**FEIN/Tax ID Number**  
**System Vendor Number**

Search First 20 Matches | Search All Matches | Clear Form

**Customer Support**

[Home](#) | [Help](#) | [Print This Page](#) | [Print To PDF](#)

Copyright © 2012 B2Gnow. All rights reserved.

### Search: Certified Vendors

[Help Tools](#)

[Users](#) | **[Vendors](#)** | [Contracts](#)

Listed below are all of the vendors that match your search criteria. Use the sort and filter functions of the table to reduce the size of the list. You can view more listings by using the navigation line at the bottom of the table.

To resort, click on column title.

<u>Business Name</u>	Phone Number	Location	Certification	Actions
All				

Your search parameters did not return any matches. Click Search Again to modify the search parameters.

0 - 0 of 0 records displayed: Page

[Search Again](#) | [Add New Vendor](#)

Message -- Select a vendor contact type -- • [Contacts](#) [Go](#) |

### Search: Vendors

Users | Vendors | Contracts

Search for vendors using their names, locations, classifications, ratings, and/or other criteria. Enter information into any of the boxes below and click Search. Some parameters are required.

Search First 20 Matches | Search All Matches | Clear Form |

### Search Parameters

Business Name/DBA

Contact Person

First:

Last:

City

State/Province

U.S. States/Provinces

Canadian Provinces

or

Zip Code/Postal Code

U.S. Zip Code

Canadian Postal Code

or

Phone Area Code

Commodity Code

Business Description

defibrillator

### Certification Parameters

Certifications

Select all

Unselect all

Match ANY certification type selected below

City of Chicago

• Airport Concessionaire Disadvantaged Business Enterprise (ACDBE)

• Business Enterprises owned by People with Disabilities (BEPD)

I Disadvantaged Business Enterprise (DBE)

Minority Business Enterprise (MBE)

I Women Business Enterprise (WBE)

Illinois Department of Transportation

• Airport Concessionaire Disadvantaged Business Enterprise (ACDBE)

✓ Disadvantaged Business Enterprise (DBE)

Other Organizations (Tracking Records)

I Airport Concessionaire Disadvantaged Business Enterprise (ACDBE)

Business Enterprises owned by People with Disabilities (BEPD)

I Disadvantaged Business Enterprise (DBE)

Jj Minority Business Enterprise (MBE)

we Women Business Enterprise (WBE)

Certification Status

All (certified, active (in process), closed, expired, and denied)

Optional Date Range:

to

0 (mm/dd/yyyy)

### Advanced Search Parameters

Ethnicity All  
Gender All  
Vendor Status All Vendors  
Local Business  
DUNS Number  
FEIN/Tax ID Number  
System Vendor Number

Search First 20 Matches I

Search All Matches I

Clear Form I

**Customer Support**

[Home](#) | [Help](#) | [Print This Page](#) | [Print To PDF](#)

Copyright © 2012 B2Gnow. All rights reserved.

### Search: Vendors

Users | **Vendors** | Contracts

Listed below are all of the vendors that match your search criteria. Use the sort and filter functions of the table to reduce the size of the list. You can view more listings by using the navigation line at the bottom of the table.

To resort, click on column title.

<u>Business Name</u>	Phone Number	Location	Certification	Actions
<b>All</b>				

Your search parameters did not return any matches. Click **Search Again** to modify the search parameters.

0 - 0 of 0 records displayed: Page 1

Search [Again](#) | [Add New Vendor](#) |

Message -- Select a vendor contact type -- - Contacts [Go](#) |