

S. S. R. B.

DATE 5-4-10
APPROVED S-O MGA
CONDITIONALLY
APPROVED
TURN TO DEPT. _____
APPROVED _____

JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT

COMPLETE THIS SECTION IF NEW CONTRACT(S)

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

Request that negotiations be conducted only with Smiths Detection Service Group for the product and/or services described herein.
(Name of Person or Firm)


This is a request for: _____ (One-Time Contract Per Requisition # 47418 48106, copy attached) or Term Agreement or _____ Delegate Agency (Check one). If Delegate Agency, this request is for "blanket approval" of all contracts within the _____ (Attach List) Pre-Assigned Specification No. _____ (Program Name) Pre-Assigned Contract No. _____

COMPLETE THIS SECTION IF AMENDMENT OR MODIFICATION TO CONTRACT

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

Contract #: _____ Company, or Agency Name: _____

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

Joseph W. O'Connor Jr. 773-686-2697  Aviation March 29, 2010
Originator Name Telephone Signature Department Date

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

PROCUREMENT HISTORY

The three Heimann x-ray machines were purchased by the department in 2001 and in 2003 after a one year manufactures warranty the department had to purchase a warranty for repair and maintenance of the machines at O'Hare and Midway. The current contract number is PO 10186. These machines are utilized at the concession checkpoints and are used to screen concession goods and personnel before they enter the secure side of the terminal. Unlike the passenger screening checkpoint equipment, that is operated by the Transportation Security Administration (TSA), the concession checkpoint equipment is owned by the Chicago Department of Aviation (CDA) and it is CDA's responsibility to maintain. The existing warranty expires on November 1, 2010, in an effort to minimize the risks of high repair bills as well as ensure that these important components of our security system are operating properly, CDA would like to purchase a five year service agreement for all three units.

CDA would also like to add one additional unit to the service agreement, the unit was purchased August 2005. The unit is not currently under warranty. This machine is used by the Chicago Police Department assigned to CDA for any suspicious luggage that may be on board any outbound or inbound flights. The machine is located in the AMC building on airport property and is owned by CDA.

The sole source board approved this request in January 2010, because we were unaware of the AMC machine not being under warranty we did not include it in the original request.

ESTIMATED COST

\$99,644.20 for five years per attached proposal, this agreement encompasses parts, labor, annual maintenance check and travel. In addition it provides for extended hours including weekends, evenings and holidays, which is essential for the 24/7 operation.

SCHEDULE REQUIREMENTS

Current contract will commence November 1, 2010 to coincide with the expiration of the current contract.

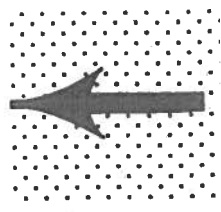
EXCLUSIVE OR UNIQUE CAPABILITY

Smiths Detection is the sole source provider of parts and service in the United States for the Heimann x-ray machines (see attached letter).

() OTHER Smiths Detection will be requesting a full mbe/wbe waiver as they are located in New Jersey and have only servicemen staged locally. In addition they use their own parts and service personnel to complete repairs thereby eliminating the feasibility of indirect or direct participation.

APPROVED BY: Korwin S. Adria 4/26/10 [Signature] 5/4/10
DEPARTMENT HEAD OR DESIGNEE NS DATE BOARD CHAIRPERSON DATE

Jamie S. Deu 5/22/10
CFO APPROVAL DATE
[Signature] 5/22/10





City of Chicago
Richard M. Daley, Mayor

Department of
Procurement Services

Jamie L. Rhee
Chief Procurement Officer

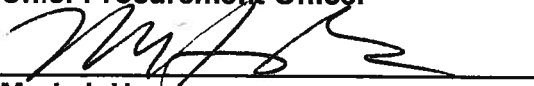
City Hall, Room 403
121 North LaSalle Street
Chicago, Illinois 60602
(312) 744-4900
(312) 744-0010 (FAX)
(312) 744-2949 (TTY)

<http://www.cityofchicago.org>

TOM MAGNO

Date: May 13, 2010

To: Jamie L. Rhee
Chief Procurement Officer

From: 
Mark J. Hands
Managing Deputy Procurement Officer

Re: Non-Competitive Procurement Review Board
May 4th, 2010 Meeting

Description: Smith's Detection Company

Requisition No.:	48106
Specification No.:	22985
Requesting Department:	Chicago Department Aviation

The Non-Competitive Procurement Review Board has reviewed the submittal from the City of Chicago Department of Aviation dated April 26th, 2010. After reviewing the attached documentation, this request has been approved in the amount of \$99,644.20 for a one-time purchase.

This Non-Competitive Procurement request is to increase the number of X-Ray machines covered by the service agreement from three (3) to four (4) units. The original request was brought before the Non-Competitive Procurement Review Board on January 5, 2010 and subsequently approved by the DPS on January 13th, 2010.

The Non-Competitive Procurement Review Board approved this request 5-0 given that it was previously approved and it is a revision that adds an additional machine.

Cc: Rich Butler

NEIGHBORHOODS





City of Chicago
Richard M. Daley, Mayor

Department of Aviation

Rosemarie S. Andolino
Commissioner

Chicago O'Hare International Airport
P.O. Box 66142
Chicago, Illinois 60666
(773) 686-2200
(773) 686-8333 (TTY)

O'Hare Modernization Program
P.O. Box 66848
10510 W. Zemke Road
Chicago, IL 60666
(773) 462-7300
(773) 462-8552 (Fax)

Chicago Midway International Airport
5700 South Cicero Avenue
Chicago, Illinois 60638
(773) 838-0600
(773) 838-0795 (TTY)

www.flychicago.com
www.OhareModernization.org



MEMORANDUM

To: Jamie L. Rhee
Chief Procurement Officer

Attention: Mark Hands
Managing Deputy Procurement Officer

James McIsaac
Deputy Procurement Officer

From: Rosemarie S. Andolino *RSA* *4/26/10*
Commissioner *(WB)*

Subject: Request Approval for Non-Competitive Procurement for
Maintenance of Four (4) Heimann X-Ray Machines at O'Hare and
Midway International Airports
Vendor: Smiths Detection
Expiring PO Number: 10186
Expiring Specification Number: 22985
Current Expiration Date: 10/31/10

The Chicago Department of Aviation (CDA) requests approval to revise its non-competitive procurement request to increase the number of X-Ray machines covered by the service agreement from three (3) to four (4) units. The original request was brought before the review committee on January 5, 2010 and subsequently approved by the Chief Procurement Officer (CPO) on January 13, 2010.

The additional machine is a mobile unit used at O'Hare International Airport which was purchased in 2005. It is not covered under the current service agreement. CDA has obtained a new proposal from Smiths Detection to cover this additional machine. The new quote reflects a slightly lower price per unit per year of \$4,982.21, down from the previous three machine quote of \$4,987.09.

Currently, DPS is working on drafting a contract based on the original request under requisition 47418, later updated under requisition 48106. This additional unit will have minimal impact on this project other than the revised price and identifying the new unit (serial number 66151).

Attached is a copy of the approved Justification for Non-Competitive Procurement from January 2010 as well as the revised Justification for Non-Competitive Procurement including a new proposal from the Vendor, MBE/WBE waiver request from Smith's and CDA concurrence memo. Upon approval of this request, CDA will update requisition 48106 to reflect the new quantity and pricing.



If you have any questions or need additional information regarding this request please contact David Bowman at 773-686-7089.


Thank you for your cooperation.


Procurement Type: Non-Competitive


Duration: Five (5) years

Cost: \$99,640.20 (\$4,982.21 per unit per year)

Funding: 740 85 4005 0340 0340
610 85 4305 0340 0340

User Deputy:  Joseph O'Connor Phone: 686-2397

Chief of Safety and Security: Richard Edgeworth  Phone: 686-3022

 Reviewed by Jonathan Leach, Managing Deputy Commissioner

Attachments




DEPARTMENT OF AVIATION

MEMORANDUM

DATE: March 30, 2010

TO: Angela Manning
Managing Deputy Commissioner

FROM: 
Joseph W. O'Connor
Deputy Commissioner
Security Division

SUBJECT: **Request for Approval for non-competitive procurement repair and maintenance for two (2) Heimann X-Ray machines at the Concession checkpoints, (1) Heimann X-Ray machine in the AMC at Midway and one (1) unit at the AMC building at O'Hare International Airport (ORD). For a total of four (4) units, three (3) units at ORD and one (1) unit at Midway International Airport**

The Chicago Department of Aviation Security Section requests approval to proceed with a non-competitively procured contract for maintenance and repair of the O'Hare Terminal 2, Terminal 3 and AMC X-Ray machines. Also, the Midway AMC X-Ray machines by Smiths Detection.

As explained in the sole source justification, the Chicago Department of Aviation is responsible for maintaining the four X-Ray machines 2 at the concession checkpoints at ORD, and 1 X-Ray machine at the AMC building at MDW all three were bought in 2003. Also, CDA is responsible for maintaining one X-Ray machine at the AMC building at ORD that was purchased in 2005. The machines have a life span of 12-15 years as long as the machines are serviced annually and repaired when needed. The previous service contract is an existing sole source contract with Smiths Detection and is expiring October 2010. A new contract will need to be in place by November 1, 2010. The ORD AMC X-Ray machine is not currently under contract and we would like to add this machine to the new sole source contract to be awarded in November 2010. The vendor will also be requesting a complete MBE/WBE waiver, as participation is not practical. The vendor is also currently under a current waiver for MBE/WBE participation.



Smiths Detection is the sole maintenance provider of the machines.

Procurement Type: Non-Competitive
Cost: Five Year total is \$99,644.20
Price is all inclusive of parts and labor for maintenance and repair

Funding: 740 85 4005 0340 0740
610 85 4765 0340 0940

User Contact: Joseph W. O'Connor PHONE: 773-686-2397
User Deputy: Joseph W. O'Connor PHONE: 773-686-2397
Estimated Annual Cost: \$19,928.84/per year
\$4,982.21/per unit

INSTRUCTIONS FOR PREPARATION OF NON-COMPETITIVE PROCUREMENT FORM (Rev 9/97)

If a City Department has determined that the purchase of supplies, equipment, work and/or services can not be done on a competitive basis, a sole source justification must be prepared on this justification for Non-Competitive Procurement Form in which procurement is requested on a non-bid or non-competitive basis in accordance with 65 ILCS 5/8-10-4 of the Illinois Compiled Statutes. All applicable questions in each Subject Area below must be answered. The information provided must be complete and in sufficient detail to allow for a decision to be made by the Non-Competitive Procurement Review Board. The Board will not consider justifications with incomplete information or documentation. Also, attach Form F-7 (if One Time Contract); F-8 (if Delegate Agency Contract) or F-26 (if Term Agreement) to obtain a pre-assigned Specification and Contract Number for each contract in this request.

PROCUREMENT HISTORY (INCLUDING FUTURE PROCUREMENT OBJECTIVES)

1. Describe the requirement and how it evolved from initial planning to its present, status.
2. Is this a first time requirement or a continuation of previous procurement from the same source? If so, explain the procurement history.
3. Explain attempts made to competitively bid the requirement. (Attach copy of notices and list of sources contacted).
4. Describe any 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 (ie. budgeted amount, previous contract price, current catalog or cost proposal from firms solicited, engineering or in-house estimate, etc).
4. Explain whether the proposed Contractor or the City has a substantial dollar investment in original design, tooling or other factors which would be, duplicated at City expense if another source was considered. Describe cost savings or other measurable benefits to the City which may be achieved.
5. Explain what negotiation of price has occurred or will occur. Detail why the estimated cost is deemed reasonable.

SCHEDULE REQUIREMENTS

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

OTHER

1. Explain other related considerations and attach all applicable supporting documents (Information Technology Strategy Committee (ITSC) Approval form, etc.)
2. Explain what opportunities of direct/indirect involvement of Minority or Women Business Enterprises have been discussed and/or are available this contract.

REVIEW AND APPROVAL

This form must be signed by both the Originator of the request and approved by the Department Head or, authorized designee.

CITY OF CHICAGO ALL PURPOSE REQUISITION FORM

APRF NO. 107066
DEPT USE 1

DEPT USE 2

DATE 03/29/2010	SECTION SEC4	BUREAU 85	SHIP CODE 222	SHIP TO: ATTN:	CHICAGO DEPT OF AVIATION	DATE NEEDED	PG/RX NUMBER	PV NUMBER				
TERM LINE 0	COMMODITY CODE	DESCRIBE AND JUSTIFY GOODS OR SERVICES ITEM DESCRIPTION Renewal of service warranty for four x-ray machines at both ORD and MDW			CATALOG NAME#	CATALOG DATE	CATALOG PAGE	CATALOG ITEM/PART #	UNIT PRICE \$19,928.84	UNIT OF MEASURE USD	QUANTITY 5.000	TOTAL PRICE \$99,644.20

BRIEF DESCRIPTION
Renewal of service warranty for four x-ray machines at both ORD and MDW

JUSTIFICATION

CHECK OR COMPLETE ALL THAT APPLY	BFYR	LINE	FUND	DEPT	ORGN	APPR	OBJT	DOA PROJECT	FMPs PROJECT	DOLLAR AMT
	2010	2029	740	85	4005	0340	0340			\$99,644.20

PARTICIPATING PO #

TASK ORDER/PROPOSAL #

GRAND TOTAL
(ALL PAGES)
\$99,644.20

NEW TA OR CONTRACT X	SOLE SOURCE	FOR FINANCE OFFICE USE ONLY		BUREAU/DIVISION	ORIGINAL	FINANCE DIVISION	FILE
PURCHASE ORDER	CONTRACT AMENDMENT	CONTRACT REVIEW	FINANCE DIRECTOR				
DIRECT VOUCHER	EMERGENCY REQUEST	Pending-	Pending -				
7 DAY BID	REJECTED BY	CAPITAL FIN. DIRECTOR	FMPs APPROVAL DATE				
		Pending -					
VENDOR INFORMATION		INVOICE NUMBERS		CONTACT INFORMATION			
Company Name SMITHS DETECTION INC				Name TRACY WALSH			
Address 30 TECHNOLOGY DR				Address Public Safety Bldg. 850			
Vendor Code WARREN, NJ 07059				Phone 773-686-2397			
Rep/Phone 50093806 A				SECTION MANAGER			
908 222-9100				Name Joseph O'Connor			
				Phone			
				Status Pending			
				DEPUTY			
				Name			
				Phone			
				Status Approved			
				3/29/10			

Revised - March 26, 2010

Ms. Tracy Walsh
Dept. of Aviation, O'Hare Int'l Airport
City Hall Room 403
121 North LaSalle Street
Chicago, IL 60602

Dear Ms. Walsh:

As a valued customer of Smiths Detection, we want to continue to provide the service and support to keep your equipment maintained and in peak operating condition at all times. We are committed to providing the service that will ensure your investment in our products is protected.

Our records indicate that your existing Priority On-Site Service Agreement will be expiring on your Smiths Detection* HS 9075i equipment on *October 31, 2010*. As you know, your Service Agreement provides you with a cost effective solution to assure trouble-free operation of your Smiths Detection products. Service Agreements also allow you to budget one fixed expense through the Agreement period. Any unplanned corrective maintenance expense is eliminated.

Our Priority On-Site Service Agreement offers the following:

PRIORITY ON-SITE SERVICE AGREEMENT

- ✓ On-Site Service Coverage - extended hours, evenings and weekends
- ✓ Typical Response Time: within 24 hours
- ✓ Includes all Labor, Travel Time and Travel Expenses
- ✓ Includes all Replacement Parts required
- ✓ Unlimited Access to our 24 hour by 7 day Technical Support Help Desk
- ✓ One Annual Preventive Maintenance check. Complete operational and calibration procedure performed
- ✓ One Annual Radiation Survey
- ✓ Valued Customer Status - 25% Discount on Instructor Led Training

Revised 3/11/09

THIS DOCUMENT CONTAINS SMITHS DETECTION PROPRIETARY INFORMATION THAT IS CONFIDENTIAL. IT SHALL BE MAINTAINED IN CONFIDENCE AND SHALL NOT BE DISCLOSED TO OTHERS WITHOUT THE EXPRESS WRITTEN CONSENT OF SMITHS DETECTION.

smiths

According to our records, the following equipment is in need of extended coverage. For your convenience, I have included a pricing matrix which summarizes your cost for the Priority On-Site Service Agreement.

<u>MODEL NUMBER</u>	<u>SERIAL NUMBER</u>
HS 9075i	20525, 26173, 25275, 66151

SERVICE AGREEMENT PRICES					
Agreement Type	1 Year (Term)	2 Year (Term)	3 Year (Term)	4 Year (Term)	5 Year (Term)
Priority (Platinum) On-Site- HS 9075i (4 Units)	\$ 22,646.41	\$ 43,481.11	\$ 63,862.88	\$ 82,432.93	\$ 99,644.20

****Please see final page of letter for breakdown of costs****

To renew your coverage, please call me or complete the "fax-back" form, which follows, sign where indicated and return to my attention. I will send to you a formal Service Agreement, which must be executed and returned to us together with payment for the term desired.

Should you need additional clarification on the enclosed or if I could provide you with any other information including information on our various training programs for your Smiths Detection equipment please feel free to contact me at 908-222-9100, Ext. 3075 or email me at Tiffany.Rayside@smithsdetection.com.

Thank you and best regards,

Tiffany Rayside

Tiffany Rayside
Service Sales Agent

**Smiths Detection is a company formed through the acquisitions of Barringer Instruments and Heimann Systems.*

30 Technology Drive
 Warren, NJ 07059
 Tiffany Rayside
 FAX: 908-444-1602
 Phone: 908-222-9100 x3075
Tiffany.Rayside@smithsdetection.com

Fax-Back Form

Fax #:	908-444-1602	# of Pages:	1
To:	Tiffany Rayside	From:	
Company:	Smiths Detection	Company:	DOA - O'Hare International Airport
Date:			
Subject:	Priority On-Site Service Agreement Renewal, Term Commencing 11/01/2010		



We are interested in renewing our Service Agreement with Smiths Detection, Inc. My contact information is as follows:

Contact Name: _____ **Tel:** () _____

Company: _____

Address 1: _____

Address 2: _____

City, State, Zip: _____

Signature: _____

<u>MODEL NUMBER</u>	<u>SERIAL NUMBER</u>
HS 9075i	20525, 26173, 25275, 66151

****Please Note Selected Service Agreement Term****

<u>Term Selection</u> (One, Two, Three, Four, or Five Year)	<u>Service Agreement Price</u> (as indicated on previous page)
	\$

Applicable state sales tax is not included in this quote and will be added to your invoice. If you are tax-exempt, please provide an exemption certificate and sales tax will be omitted.

Revised 3/11/09

THIS DOCUMENT CONTAINS SMITHS DETECTION PROPRIETARY INFORMATION THAT IS CONFIDENTIAL. IT SHALL BE MAINTAINED IN CONFIDENCE AND SHALL NOT BE DISCLOSED TO OTHERS WITHOUT THE EXPRESS WRITTEN CONSENT OF SMITHS DETECTION.

Five Year Priority On-Site Service Agreement Pricing Breakdown

HS 9075 X-Ray
4 Units

One Year: No Discount

Per Unit: 5,661.60

One Year Total: \$ 22,646.41

Two Year: 4 % Multi -Year Discount

Subtotal: \$22,646.41

Discount: - \$905.86

Yearly Total: \$21,740.55

Per unit/year: \$ 5,435.14

Two Year Total: \$ 43,481.11

Three Year: 6% Multi -Year Discount

Subtotal: \$ 22,646.41

Discount: - \$ 1,358.78

Yearly Total: \$ 21,287.63

Per unit/year: \$ 5,321.91

Three Year Total: \$ 63,862.88

Four Year: 9% Multi - Year Discount

Subtotal: \$ 22,646.41

Discount: - \$ 2,038.18

Yearly Total: \$20,608.23

Per unit/year: \$ 5,152.06

Four Year Total: \$ 82,432.93

Five Year: 12% Multi - Year Discount

Subtotal: \$22,646.41

Discount: \$ 2,717.57

Yearly Total: \$19,928.84

Per unit/year: \$4,982.21

Five Year Total: \$ 99,644.20

\$ 4982.21 21 units a year

for 5 years

CITY OF CHICAGO ALL PURPOSE REQUISITION FORM

APRF NO.	107066
DEPT USE 1	DEPT USE 2

DATE	03/29/2010	SECTION	SEC4	BUREAU	85	SHIP CODE	222	SHIP TO:	CHICAGO DEPT OF AVIATION
COMMODITY CODE	0	DESCRIPTION	Renewal of service warranty for four x-ray machines at both ORD and MDW						
DATE NEEDED		PG/RX NUMBER		PV NUMBER		DATE NEEDED		DATE NEEDED	

TERM LINE	COMMODITY CODE	DESCRIPTION	CATALOG NAME/#	CATALOG DATE	CATALOG PAGE	CATALOG ITEM/PART #	UNIT PRICE	UNIT MEASURE	QUANTITY	TOTAL PRICE
0		Renewal of service warranty for four x-ray machines at both ORD and MDW					\$19,928.84	USD	5.000	\$99,644.20

BRIEF DESCRIPTION										
Renewal of service warranty for four x-ray machines at both ORD and MDW										
JUSTIFICATION										
Renewal of service warranty for four x-ray machines at both ORD and MDW										

CHECK OR COMPLETE ALL THAT APPLY	BFYR	LINE	FUND	DEPT	ORGN	APPR	OBJT	DOA PROJECT	FMPS PROJECT	DOLLAR AMT
	2010	2029	740	85	4005	0340	0340			\$99,644.20

PARTICIPATING PO #	
TASK ORDER/PROPOSAL #	
GRAND TOTAL (ALL PAGES)	\$99,644.20

NEW TA OR CONTRACT	X	SOLE SOURCE	FOR FINANCE OFFICE USE ONLY
PURCHASE ORDER		CONTRACT AMENDMENT	CONTRACT REVIEW
DIRECT VOUCHER		EMERGENCY REQUEST	FINANCE DIRECTOR
7 DAY BID		REJECTED BY	REVIEW

CONTRACT REVIEW	David Bowman	FINANCE DIRECTOR	
APPROVED	Approved-3/29/10	PENDING	Pending -
CAPITAL FIN. DIRECTOR		FMPS APPROVAL DATE	
REJECTED BY	Pending -		

VENDOR INFORMATION	SMITHS DETECTION INC
Company Name	SMITHS DETECTION INC
Address	30 TECHNOLOGY DR
Vendor Code	WARREN, NJ 07059
Rep/Phone	50093806 A
	908 222-9100

INVOICE NUMBERS	
VENDOR INFORMATION	
Company Name	SMITHS DETECTION INC
Address	30 TECHNOLOGY DR
Vendor Code	WARREN, NJ 07059
Rep/Phone	50093806 A
	908 222-9100

CONTACT INFORMATION	TRACY WALSH
Name	TRACY WALSH
Address	Public Safety Bldg. 850
Phone	773-686-2397

SECTION MANAGER	DEPUTY
Name	Joseph O'Connor
Phone	
Status	Pending
Approved	3/29/10

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: <u>4/27/10</u>	Need by (estimated date): <u>11/1/2010</u>
Requisition No.: <u>48106</u>	Contact Person: <u>DAVID BOWMAN</u>
Specification No.: (if known) <u>81708</u>	Project Manager: <u>JOSEPH O'CONNOR</u>
PO No.: (if known)	Telephone: <u>686-7089</u>
Modification No.: (if known)	Fax: <u>686-2397</u>
Previous PO No.: (if known) <u>10186</u>	Email:

Project Description:

X RAY MACHINE MAINTENANCE

Funding:

City:	<input type="checkbox"/> Corporate	<input type="checkbox"/> Bond	<input checked="" 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
	<u>720</u>	<u>85</u>	<u>4005</u>	<u>0340</u>	<u>0340</u>				<u>14,940.63</u>
	<u>610</u>	<u>85</u>	<u>4305</u>	<u>0340</u>	<u>0340</u>				<u>4982.21</u>

*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) Term Estimated Value \$ 12828.84/yr
x 5

Scope Statement:

Attached is a Detailed Scope of Services and/or Specification. E-mail softcopy in Microsoft Word to DPS Unit Manager \$99,644.20

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):

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

Contract Term:

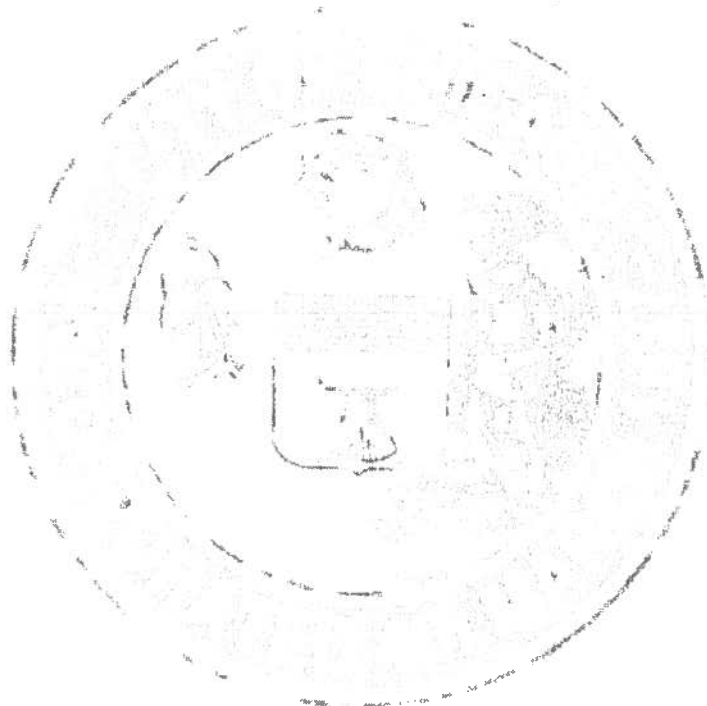
** Requested Term (Number of Months): 60 months

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



DPS PROJECT CHECKLIST

The following is a general description of what should be included in a Scope of Services or Specification:
A clear description of all anticipated services and products, including: time frame for completion, special qualifications of prospective vendors, special requirements or needs of the project, locations, anticipated participating user departments, citation of any applicable City ordinance or state/federal regulation or statute.

ARCHITECTURAL/ENGINEERING SUPPLEMENTAL CHECKLIST

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

Risk Management

Current Insurance Requirements prepared/approved by Risk Management:

Yes No

Will services be performed within 50 feet of CTA train or other railroad property?

Yes No

Will services be performed on or near a waterway?

Yes No

If applicable, Pre-Qualification Category No.

Category Description:

For Pre-Qualification Program, attach list of suggested firms to be solicited

Other Agency Concurrence Required: None State Federal Other _____

If Amendment request, please verify and provide the following:

Contractor's Name:

Contractor's Address:

Contractor's e-mail Address:

Contractor's Phone Number:

Contractor's Contact Person:

Attach Recommendation of MBE/WBE/DBE Analysis Form

Yes No

AVIATION CONSTRUCTION SUPPLEMENTAL CHECKLIST

DOA sign-off for final design documents:

Yes No

Required Attachments:

Copy of Draft Contract Documents and Detailed Specifications

Risk Management:

Current Insurance Requirements prepared/approved by Risk Management:

Yes No

Will work be performed within 50 feet of CTA or ATS structure or property?

Yes No

Will work be performed airside?

Yes No

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

Do bid documents contain Sensitive Security Information (SSI)?

Yes* No Redacted

*If yes, attach Confidentiality Statement

Attach Recommendation of MBE/WBE/DBE Analysis Form

Yes No

If Amendment request, please verify and provide the following:

Contractor's Name:

Contractor's Address:

Contractor's e-mail Address:

Contractor's Phone Number:

Contractor's Contact Person:

DPS PROJECT CHECKLIST

COMMODITIES SUPPLEMENTAL CHECKLIST

Required Attachments:

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

Attach Recommendation of MBE/WBE/DBE Analysis Form
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)?

Is this a Request for Qualifications (RFQ)?

Is this a Request for Proposal (RFP)?

If RFQ or RFP, did any outside Consultant provide advice or deliverables in developing the RFQ or RFP?

*If yes, Company Name: PO#

- Yes No
 Yes No
 Yes No
 Yes* No

Attach a narrative explaining the consulting services and deliverables provided.

Is this a Non-Competitive Procurement?

*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.

- Yes* No

Is this a request for Individual Contract Services?

*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.

- Yes* No

Is this a Revenue Producing contract?

- Yes No

Does this request involve the purchase of Software?

*If yes, is City required to sign a software license?

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

- Yes* No
 Yes* No

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

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:

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

- 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:

cc YA

↑ PREVIOUSLY APPROVED REQUEST MAKE (3) MACHINES #

Ms. Angeles 11/15/10

CITY OF CHICAGO
DEPARTMENT OF PURCHASES,
CONTRACTS AND SUPPLIES
ROOM 403, CITY HALL, 121 N. LaSALLE ST.

S. S. B. B.
JNCP Form Rev 9/97

DATE 01/05/10

APPROVED _____

CONDITIONALLY APPROVED 4-0

RETURN TO DEPT _____

DISAPPROVED _____

JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT

COMPLETE THIS SECTION IF NEW CONTRACT(S)

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

Request that negotiations be conducted only with Smiths Detection Service Group for the product and/or services described herein.
(Name of Person or Firm)

This is a request for: One-Time Contract Per Requisition # 47418, copy attached) or X Term Agreement or Delegate Agency (Check one). If Delegate Agency, this request is for "blanket approval" of all contracts within the (Attach List) Pre-Assigned Specification No. Pre-Assigned Contract No.
(Program Name)

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:

DATE 5-4-10

APPROVED 5-0

CONDITIONALLY APPROVED _____

RETURN TO DEPT _____

DISAPPROVED _____

Contract #: _____ Company, or Agency Name: _____

Specification #: _____ Contract or Program Description: _____

Mod #: _____ (Attach List; if multiple)

Joseph W. O'Connor Jr. 773-686-2697 [Signature] Aviation 11 December 2009
Originator Name Telephone Signature Department Date

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

- PROCUREMENT HISTORY**
The three Heimann x-ray machines were purchased by the department in 2001 and in 2003 after a one year manufactures warranty the department had to purchase a warranty for repair and maintenance of the machines at O'Hare and Midway. The current contract number is PO 10186. These machines are utilized at the concession checkpoints and are used to screen concession goods and personnel before they enter the secure side of the terminal. Unlike the passenger screening checkpoint equipment, that is operated by the Transportation Security Administration (TSA), the concession checkpoint equipment is owned by the Chicago Department of Aviation (CDA) and it is CDA's responsibility to maintain. The existing warranty expires on November 1, 2010, in an effort to minimize the risks of high repair bills as well as ensure that these important components of our security system are operating properly, CDA would like to purchase a five year service agreement for all three units.
- ESTIMATED COST**
\$74,806.95 for five years per attached proposal, this agreement encompasses parts, labor, annual maintenance check and travel. In addition it provides for extended hours including weekends, evenings and holidays which is essential for the 24/7 operation.
- SCHEDULE REQUIREMENTS**
Contract will commence November 1, 2010 to coincide with the expiration of the current contract.
- EXCLUSIVE OR UNIQUE CAPABILITY**
Smiths Detection is the sole source provider of parts and service in the United States for the Heimann x-ray machines (see attached letter).
- OTHER** Smiths Detection will be requesting a full mbe/wbe waiver as they are located in New Jersey and have only servicemen staged locally. In addition they use their own parts and service personnel to complete repairs thereby eliminating the feasibility of indirect or direct participation.

APPROVED BY: [Signature] 12/30/09 [Signature] 01/13/10
DEPARTMENT HEAD OF DESIGNER DATE BOARD CHAIRPERSON DATE

cc GA

* PREVIOUSLY APPROVED FOR THREE (3) MACHINES *

ASSIGNED TO
MR. RICHARD S. SMOTHERS
MS. ANGELENE FOR 415710

CITY OF CHICAGO
DEPARTMENT OF PURCHASES,
CONTRACTS AND SUPPLIES
ROOM 403, CITY HALL, 121 N. LaSALLE ST.

S S B B
JNCP Form Rev 9/97

DATE 01/05/10

APPROVED _____
CONDITIONALLY APPROVED 4-0
RETURN TO DEPT _____
DISAPPROVED _____

JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT

COMPLETE THIS SECTION IF NEW CONTRACT(S)

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

Request that negotiations be conducted only with Smiths Detection Service Group for the product and/or services described herein.
(Name of Person or Firm)

This is a request for: _____ (One-Time Contract Per Requisition # 47418, copy attached) or Term Agreement or _____ Delegate Agency (Check one). If Delegate Agency, this request is for "blanket approval" of all contracts within the _____ (Attach List) Pre-Assigned Specification No. _____ Pre-Assigned Contract No. _____
(Program Name)

COMPLETE THIS SECTION IF AMENDMENT OR MODIFICATION TO CONTRACT

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

Contract #: _____ Company, or Agency Name: _____

Specification #: _____ Contract or Program Description: _____
Mod #: _____ (Attach List; if multiple)

Joseph W. O'Connor Jr. 773-686-2697 [Signature] Aviation 11 December 2009
Originator Name Telephone Signature Department Date

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

PROCUREMENT HISTORY

The three Heimann x-ray machines were purchased by the department in 2001 and in 2003 after a one year manufactures warranty the department had to purchase a warranty for repair and maintenance of the machines at O'Hare and Midway. The current contract number is PO 10186. These machines are utilized at the concession checkpoints and are used to screen concession goods and personnel before they enter the secure side of the terminal. Unlike the passenger screening checkpoint equipment, that is operated by the Transportation Security Administration (TSA), the concession checkpoint equipment is owned by the Chicago Department of Aviation (CDA) and it is CDA's responsibility to maintain. The existing warranty expires on November 1, 2010, in an effort to minimize the risks of high repair bills as well as ensure that these important components of our security system are operating properly, CDA would like to purchase a five year service agreement for all three units.

ESTIMATED COST

\$74,806.00 for five years per attached proposal, this agreement encompasses parts, labor, annual maintenance check and travel. In addition it provides for extended hours including weekends, evenings and holidays which is essential for the 24/7 operation.

SCHEDULE REQUIREMENTS

Contract will commence November 1, 2010 to coincide with the expiration of the current contract.

EXCLUSIVE OR UNIQUE CAPABILITY

Smiths Detection is the sole source provider of parts and service in the United States for the Heimann x-ray machines (see attached letter).

OTHER Smiths Detection will be requesting a full mbe/wbe waiver as they are located in New Jersey and have only servicemen staged locally. In addition they use their own parts and service personnel to complete repairs thereby eliminating the feasibility of indirect or direct participation.

APPROVED BY: [Signature] 12/30/09
DEPARTMENT HEAD OF DEPARTMENT DATE

[Signature] 01/13/10
BOARD CHAIRPERSON DATE

JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT

COMPLETE THIS SECTION IF NEW CONTRACT(S)

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

Request that negotiations be conducted only with Smiths Detection Service Group for the product and/or services described herein.
(Name of Person or Firm)

This is a request for: (One-Time Contract Per Requisition # 47418 48106, copy attached) or Term Agreement or Delegate Agency (Check one). If Delegate Agency, this request is for "blanket approval" of all contracts within the (Attach List) Pre-Assigned Specification No. Pre-Assigned Contract No.
(Program Name)

COMPLETE THIS SECTION IF AMENDMENT OR MODIFICATION TO CONTRACT

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

Contract #: Company, or Agency Name:

Specification #: Contract or Program Description:
Mod #: (Attach List, if multiple)

Joseph W. O'Connor Jr. 773-686-2697  Aviation March 29, 2010
Originator Name Telephone Signature Department Date

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

PROCUREMENT HISTORY

The three Heimann x-ray machines were purchased by the department in 2001 and in 2003 after a one year manufactures warranty the department had to purchase a warranty for repair and maintenance of the machines at O'Hare and Midway. The current contract number is PO 10186. These machines are utilized at the concession checkpoints and are used to screen concession goods and personnel before they enter the secure side of the terminal. Unlike the passenger screening checkpoint equipment, that is operated by the Transportation Security Administration (TSA), the concession checkpoint equipment is owned by the Chicago Department of Aviation (CDA) and it is CDA's responsibility to maintain. The existing warranty expires on November 1, 2010, in an effort to minimize the risks of high repair bills as well as ensure that these important components of our security system are operating properly, CDA would like to purchase a five year service agreement for all three units.

CDA would also like to add one additional unit to the service agreement, the unit was purchased August 2005. The unit is not currently under warranty. This machine is used by the Chicago Police Department assigned to CDA for any suspicious luggage that may be on board any outbound or inbound flights. The machine is located in the AMC building on airport property and is owned by CDA.

The sole source board approved this request in January 2010, because we were unaware of the AMC machine not being under warranty we did not include it in the original request.

ESTIMATED COST

\$99,644.20 for five years per attached proposal, this agreement encompasses parts, labor, annual maintenance check and travel. In addition it provides for extended hours including weekends, evenings and holidays, which is essential for the 24/7 operation.

SCHEDULE REQUIREMENTS

Current contract will commence November 1, 2010 to coincide with the expiration of the current contract.

EXCLUSIVE OR UNIQUE CAPABILITY

Smiths Detection is the sole source provider of parts and service in the United States for the Heimann x-ray machines (see attached letter).

() OTHER Smiths Detection will be requesting a full mbe/wbe waiver as they are located in New Jersey and have only servicemen staged locally. In addition they use their own parts and service personnel to complete repairs thereby eliminating the feasibility of indirect or direct participation.

APPROVED BY: Rosemary S. [Signature] 4/26/10
DEPARTMENT HEAD OR DESIGNEE NS DATE BOARD CHAIRPERSON DATE



MEMORANDUM

City of Chicago
Richard M. Daley, Mayor

Department of Aviation

Rosemarie S. Andolino
Commissioner

Chicago O'Hare International Airport
P.O. Box 66142
Chicago, Illinois 60666
(773) 686-2200
(773) 686-8333 (TTY)

O'Hare Modernization Program
P.O. Box 66848
10510 W. Zemke Road
Chicago, IL 60666
(773) 462-7300
(773) 462-8552 (Fax)

Chicago Midway International Airport
5700 South Cicero Avenue
Chicago, Illinois 60638
(773) 838-0600
(773) 838-0795 (TTY)

www.flychicago.com
www.OhareModernization.org

To: Jamie L. Rhee
Chief Procurement Officer

Attention: Monica Cardenas
Deputy Procurement Officer

From: Rosemarie S. Andolino *RSA* *4/26/10*
Commissioner *(mb)*

Subject: Concurrence with Contractor's Request for
Full MBE/WBE Waiver
Vendor: Smiths Detection
Maintenance at X-Ray Detection
Systems at Chicago Airport System
Specification Number: 81708

The Chicago Department of Aviation (CDA) is in receipt of a letter from Smiths Detection (attached) dated April 15, 2010 requesting a full waiver from the standard 16.9% MBE and 4.5% WBE participation requirements and is in concurrence pending review and approval by the Department of Procurement Services.

Given the sole source nature of the required services as Smiths Detection manufacturers the parts and utilizes its own technicians or authorized subcontractors to perform the services, direct compliance is not possible. As Smiths Detection is based out of state, indirect participation through channels such as landscaping or office supplies/equipment are not practical.

In addition, professional services such as financial, legal or travel planning are provided either by in house staff or are already under contract.

If you have any questions or need additional information regarding this request please contact David Bowman at 773-686-7089.

Thank you for your cooperation.

[Signature] Reviewed by Jonathan Leach, Managing Deputy Commissioner



smiths detection

bringing technology to life

30 Technology Drive
Warren, NJ 07059 USA

Tel: 908 222 9100

Fax: 908 444 1602

www.smithsdetection.com

April 15, 2010

City of Chicago Department of Aviation
O'Hare International Airport
Chicago, IL 60666

RE: Minority/Women Enterprise (M/WBE) Waiver for Sole Source Contract with the City of Chicago (Department of Aviation).

To Whom It May Concern:

Smiths Detection has responded to a formal request from the Department of Aviation for the renewal of their existing Service Coverage. The renewal of this contract will provide the Department of Aviation with full coverage for their four HI-SCAN 9075i X-Ray units.

Smiths Detection provided the installation and maintenance of the x-ray units, to the Department of Aviation, via a Sole Source Service Agreement, for authorized maintenance and repair parts for equipment manufactured by Smiths Detection as well as the following companies, which are part of Smiths Detection, Inc.

- Barringer Instruments
- Heimann Systems

The following combined company names may also be found and are considered part of Smiths Detection, Inc.

- Smiths - Barringer
- Smiths - Heimann

Smiths Detection Service Organization, as an integral part of Smiths Detection, is uniquely qualified to perform all service activities in support of Smiths Detection equipment. Companies working directly for, and under the direction of, Smiths Detection are considered authorized third-party service providers and are supplied with the training and technical information necessary to repair and maintain Smiths Detection equipment. Any other companies or organizations are considered unauthorized service providers and do not have access to Smiths Detection training or technical information.

Smiths Detection equipment is comprised of assemblies, subassemblies, and parts specifically designed, developed, and used in Smiths Detection products. As such, we are the sole source for Smiths Detection repair parts in the United States.

It is necessary for Smiths Detection to request a full waiver of the City's 16.9% MBE and 4.5% WBE compliance requirements, as Smiths Detection Service Operations, Americas is presently unable to identify any direct or indirect usage of Chicago MBE /WBE firms.

Smiths Detection will continue to exercise a good faith effort to achieve participation, although we are currently unable to identify any practical means of achieving the certification. Smiths Detection is not a certified M/WBE, nor does Smiths Detection have the ability to utilize certified M/WBE organizations during the term of the Service Contract. Smiths Detection is a Sole Source Supplier, in the United States, of Spare Parts and Repair Services. This is to ensure the safety and security of your facility. Smiths Detection assures you of its continuing commitment to the principal of Equal Opportunity and diversity.

All services rendered by Smiths Detection Service Operations, Americas are performed by Smiths employed and Certified Technicians and/or Sub-Contracting Parties. Smiths Detection, Inc. is a Sole Source Service provider and all parts are manufactured therein.

Indirect opportunities, such as landscaping and office supplies, or professional services, such as accounting, legal, or travel services, are an option, unfortunately, due to Smiths Detection, Inc. non - local location, such services are not feasible at this time. Furthermore, these services are managed in-house or are contracted through other Parties. However, a continued good faith effort to obtain the 16.9% MBE and 4.5% WBE certification will be practiced.

Thank you for your consideration in this matter. If you have any further questions, please do not hesitate to contact me.

Sincerely,



Tiffany M. Rayside
Major Account Representative
Smiths Detection, Inc.



20th April, 2010

DREW J VAN DAM
NOTARY PUBLIC
NEW JERSEY
MY COMMISSION EXPIRES AUGUST 5, 2013




DEPARTMENT OF AVIATION

MEMORANDUM

DATE: March 30, 2010

TO: Angela Manning
Managing Deputy Commissioner

FROM: 
Joseph W. O'Connor
Deputy Commissioner
Security Division

SUBJECT: **Request for Approval for non-competitive procurement repair and maintenance for two (2) Heimann X-Ray machines at the Concession checkpoints, (1) Heimann X-Ray machine in the AMC at Midway and one (1) unit at the AMC building at O'Hare International Airport (ORD). For a total of four (4) units, three (3) units at ORD and one (1) unit at Midway International Airport**

The Chicago Department of Aviation Security Section requests approval to proceed with a non-competitively procured contract for maintenance and repair of the O'Hare Terminal 2, Terminal 3 and AMC X-Ray machines. Also, the Midway AMC X-Ray machines by Smiths Detection.

As explained in the sole source justification, the Chicago Department of Aviation is responsible for maintaining the four X-Ray machines 2 at the concession checkpoints at ORD, and 1 X-Ray machine at the AMC building at MDW all three were bought in 2003. Also, CDA is responsible for maintaining one X-Ray machine at the AMC building at ORD that was purchased in 2005. The machines have a life span of 12-15 years as long as the machines are serviced annually and repaired when needed. The previous service contract is an existing sole source contract with Smiths Detection and is expiring October 2010. A new contract will need to be in place by November 1, 2010. The ORD AMC X-Ray machine is not currently under contract and we would like to add this machine to the new sole source contract to be awarded in November 2010. The vendor will also be requesting a complete MBE/WBE waiver, as participation is not practical. The vendor is also currently under a current waiver for MBE/WBE participation.



Smiths Detection is the sole maintenance provider of the machines.

Procurement Type: Non-Competitive
Cost: Five Year total is \$99,644.20
Price is all inclusive of parts and labor for maintenance and repair

Funding: 740 85 4005 0340 0340
610 85 4105 0340 0340

User Contact: Joseph W. O'Connor PHONE: 773-686-2397
User Deputy: Joseph W. O'Connor PHONE: 773-686-2397
Estimated Annual Cost: \$19,928.84/per year
\$4,982.21/per unit

If you have any questions or need additional information regarding this request please contact David Bowman at 773-686-7089.


Thank you for your cooperation.


Procurement Type: Non-Competitive

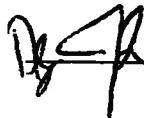
Duration: Five (5) years

Cost: \$99,640.20 (\$4,982.21 per unit per year)

Funding: 740 85 4005 0340 0340
610 85 4305 0340 0340

User Deputy:  Joseph O'Connor Phone: 686-2397

Chief of Safety and Security: Richard Edgeworth  Phone: 686-3022

 Reviewed by Jonathan Leach, Managing Deputy Commissioner

Attachments

INSTRUCTIONS FOR PREPARATION OF NON-COMPETITIVE PROCUREMENT FORM (Rev 9/97)

If a City Department has determined that the purchase of supplies, equipment, work and/or services can not be done on a competitive basis, a sole source justification must be prepared on this justification for Non-Competitive Procurement Form in which procurement is requested on a non-bid or non-competitive basis in accordance with 65 ILCS 5/8-10-4 of the Illinois Compiled Statutes. All applicable questions in each Subject Area below must be answered. The information provided must be complete and in sufficient detail to allow for a decision to be made by the Non-Competitive Procurement Review Board. The Board will not consider justifications with incomplete information or documentation. Also, attach Form F-7 (if One Time Contract); F-8 (if Delegate Agency Contract) or F-26 (if Term Agreement) to obtain a pre-assigned Specification and Contract Number for each contract in this request.

PROCUREMENT HISTORY (INCLUDING FUTURE PROCUREMENT OBJECTIVES)

1. Describe the requirement and how it evolved from initial planning to its present, status.
2. Is this a first time requirement or a continuation of previous procurement from the same source? If so, explain the procurement history.
3. Explain attempts made to competitively bid the requirement. (Attach copy of notices and list of sources contacted).
4. Describe any 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 (ie. budgeted amount, previous contract price, current catalog or cost proposal from firms solicited, engineering or in-house estimate, etc).
4. Explain whether the proposed Contractor or the City has a substantial dollar investment in original design, tooling or other factors which would be, duplicated at City expense if another source was considered. Describe cost savings or other measurable benefits to the City which may be achieved.
5. Explain what negotiation of price has occurred or will occur. Detail why the estimated cost is deemed reasonable.

SCHEDULE REQUIREMENTS

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

OTHER

1. Explain other related considerations and attach all applicable supporting documents (Information Technology Strategy Committee (ITSC) Approval form, etc.)
2. Explain what opportunities of direct/indirect involvement of Minority or Women Business Enterprises have been discussed and/or are available this contract.

REVIEW AND APPROVAL

This form must be signed by both the Originator of the request and approved by the Department Head or, authorized designee.

CITY OF CHICAGO ALL PURPOSE REQUISITION FORM

Page 1 of 1		APRF NO. 107066		DEPT USE 1		DEPT USE 2					
DATE	SECTION	BUREAU	SHIP CODE	SHIP TO:	CHICAGO DEPT OF AVIATION	DATE NEEDED	PG/RX NUMBER				
03/29/2010	SEC4	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 MEASURE	QUANTITY	TOTAL PRICE
0		Renewal of service warranty for four x-ray machines at both ORD and MDW						\$19,928.84	USD	5,000	\$99,644.20

BRIEF DESCRIPTION
Renewal of service warranty for four x-ray machines at both ORD and MDW

JUSTIFICATION
Renewal of service warranty for four x-ray machines at both ORD and MDW

CHECK OR COMPLETE ALL THAT APPLY	BFYR	LINE	FUND	DEPT	ORGN	APPR	OBJT	DOA PROJECT	FMP'S PROJECT	DOLLAR AMT
<input type="checkbox"/>	2010	2029	740	85	4005	0340	0340			\$99,644.20

PARTICIPATING PO #

TASK ORDER/PROPOSAL #

GRAND TOTAL (ALL PAGES) \$99,644.20

NEW TA OR CONTRACT X	SOLE SOURCE	FOR FINANCE OFFICE USE ONLY	
		CONTRACT REVIEW	FINANCE DIRECTOR
PURCHASE ORDER	CONTRACT AMENDMENT	Pending -	Pending -
DIRECT VOUCHER	EMERGENCY REQUEST	CAPITAL FIN DIRECTOR	FMP'S APPROVAL DATE
7 DAY BID	REJECTED BY	Pending -	

VENDOR INFORMATION	INVOICE NUMBERS	CONTACT INFORMATION
Company Name: SMITHS DETECTION INC Address: 30 TECHNOLOGY DR WARREN, NJ 07059 Vendor Code: 50093806 A Rep/Phone: 908 222-9100		Name: TRACY WALSH Address: Public Safety Bldg. 850 Phone: 773-686-2397
SECTION MANAGER	DEPUTY	
Name: Joseph O'Connor Phone: Approved Status: Pending	Name: Joseph O'Connor Phone: Approved Status: Pending	
FINANCE DIVISION		FILE

CIRCLE COPY TYPE: ORIGINAL BUREAU/DIVISION

smiths detection
bringing technology to life

30 Technology Drive
Warren, NJ 07059
Tiffany Rayside
FAX: 908-444-1602
Phone: 908-222-9100 x3075
Tiffany.Rayside@smithsdetection.com

Revised - March 26, 2010

Ms. Tracy Walsh
Dept. of Aviation, O'Hare Int'l Airport
City Hall Room 403
121 North LaSalle Street
Chicago, IL 60602

Dear Ms. Walsh:

As a valued customer of Smiths Detection, we want to continue to provide the service and support to keep your equipment maintained and in peak operating condition at all times. We are committed to providing the service that will ensure your investment in our products is protected.

Our records indicate that your existing Priority On-Site Service Agreement will be expiring on your Smiths Detection* HS 9075i equipment on *October 31, 2010*. As you know, your Service Agreement provides you with a cost effective solution to assure trouble-free operation of your Smiths Detection products. Service Agreements also allow you to budget one fixed expense through the Agreement period. Any unplanned corrective maintenance expense is eliminated.

Our Priority On-Site Service Agreement offers the following:

PRIORITY ON-SITE SERVICE AGREEMENT

- ✓ On-Site Service Coverage - extended hours, evenings and weekends
- ✓ Typical Response Time: within 24 hours
- ✓ Includes all Labor, Travel Time and Travel Expenses
- ✓ Includes all Replacement Parts required
- ✓ Unlimited Access to our 24 hour by 7 day Technical Support Help Desk
- ✓ One Annual Preventive Maintenance check. Complete operational and calibration procedure performed
- ✓ One Annual Radiation Survey
- ✓ Valued Customer Status - 25% Discount on Instructor Led Training

Revised 3/11/09

THIS DOCUMENT CONTAINS SMITHS DETECTION PROPRIETARY INFORMATION THAT IS CONFIDENTIAL. IT SHALL BE MAINTAINED IN CONFIDENCE AND SHALL NOT BE DISCLOSED TO OTHERS WITHOUT THE EXPRESS WRITTEN CONSENT OF SMITHS DETECTION.

smiths

smiths detection
bringing technology to life

According to our records, the following equipment is in need of extended coverage. For your convenience, I have included a pricing matrix which summarizes your cost for the Priority On-Site Service Agreement.

MODEL NUMBER	SERIAL NUMBER
HS 9075i	20525, 26173, 25275, 66151

SERVICE AGREEMENT PRICES					
Agreement Type	1 Year (Term)	2 Year (Term)	3 Year (Term)	4 Year (Term)	5 Year (Term)
Priority (Platinum) On-Site- HS 9075i (4 Units)	\$ 22,646.41	\$ 43,481.11	\$ 63,862.88	\$ 82,432.93	\$ 99,644.20

****Please see final page of letter for breakdown of costs****

To renew your coverage, please call me or complete the "fax-back" form, which follows, sign where indicated and return to my attention. I will send to you a formal Service Agreement, which must be executed and returned to us together with payment for the term desired.

Should you need additional clarification on the enclosed or if I could provide you with any other information including information on our various training programs for your Smiths Detection equipment please feel free to contact me at 908-222-9100, Ext. 3075 or email me at Tiffany.Rayside@smithsdetection.com.

Thank you and best regards,

Tiffany Rayside

Tiffany Rayside
Service Sales Agent

**Smiths Detection is a company formed through the acquisitions of Barringer Instruments and Heimann Systems.*

Revised 3/11/09

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smiths

30 Technology Drive
Warren, NJ 07059
Tiffany Rayside
FAX: 908-444-1602
Phone: 908-222-9100 x3075
Tiffany.Rayside@smithsdetection.com

Fax-Back Form

Fax #:	908-444-1602	# of Pages:	1
To:	Tiffany Rayside	From:	
Company:	Smiths Detection	Company:	DOA - O'Hare International Airport
Date:			
Subject:	Priority On-Site Service Agreement Renewal, Term Commencing 11/01/2010		



We are interested in renewing our Service Agreement with Smiths Detection, Inc. My contact information is as follows:

Contact Name: _____ Tel: () _____
 Company: _____
 Address 1: _____
 Address 2: _____
 City, State, Zip: _____
 Signature: _____

<u>MODEL NUMBER</u>	<u>SERIAL NUMBER</u>
HS 9075i	20525, 26173, 25275, 66151

****Please Note Selected Service Agreement Term****

<u>Term Selection</u> (One, Two, Three, Four, or Five Year)	<u>Service Agreement Price</u> (as indicated on previous page)
	\$

Applicable state sales tax is not included in this quote and will be added to your invoice. If you are tax-exempt, please provide an exemption certificate and sales tax will be omitted.

Revised 3/11/09

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Five Year Priority On-Site Service Agreement Pricing Breakdown

HS 9075 X-Ray
4 Units

One Year: No Discount

Per Unit: 5,661.60

One Year Total: \$ 22,646.41

Two Year: 4 % Multi -Year Discount

Subtotal: \$22,646.41

Discount: - \$905.86

Yearly Total: \$21,740.55

Per unit/year: \$ 5,435.14

Two Year Total: \$ 43,481.11

Three Year: 6% Multi -Year Discount

Subtotal: \$ 22,646.41

Discount: - \$ 1,358.78

Yearly Total: \$ 21,287.63

Per unit/year: \$ 5,321.91

Three Year Total: \$ 63,862.88

Four Year: 9% Multi - Year Discount

Subtotal: \$ 22,646.41

Discount: - \$ 2,038.18

Yearly Total: \$20,608.23

Per unit/year: \$ 5,152.06

Four Year Total: \$ 82,432.93

Five Year: 12% Multi - Year Discount

Subtotal: \$22,646.41

Discount: \$ 2,717.57

Yearly Total: \$19,928.84

Per unit/year: \$4,982.21

Five Year Total: \$ 99,644.20

\$ 4982.21 per unit per year

for 5 year term

CITY OF CHICAGO ALL PURPOSE REQUISITION FORM

Page 1 of 1		APRF NO. 107066		DEPT USE 1		DEPT USE 2	
DATE 03/29/2010	SECTION SEC4	BUREAU 85	SHIP CODE 222	SHIP TO: CHICAGO DEPT OF AVIATION		DATE NEEDED	PV NUMBER
COMMODITY CODE 0	DESCRIBE AND JUSTIFY GOODS OR SERVICES Renewal of service warranty for four x-ray machines at both ORD and MDW			CATALOG NAME#	CATALOG DATE	CATALOG PAGE	CATALOG ITEM/PART #
TERM LINE	UNIT OF MEASURE	UNIT PRICE	QUANTITY	TOTAL PRICE			
0	USD	\$19,928.84	5,000	\$99,644.20			

Renewal of service warranty for four x-ray machines at both ORD and MDW									
JUSTIFICATION									
CHECK OR COMPLETE ALL THAT APPLY									
BFYR	LINE	FUND	DEPT	ORGN	APPR	OBJT	DOA PROJECT	FMPs PROJECT	DOLLAR AMT
2010	2029	740	85	4005	0340	0340			\$99,644.20
PARTICIPATING PO #									
TASK ORDER/PROPOSAL #									
GRAND TOTAL (ALL PAGES) \$99,644.20									

NEW TA OR CONTRACT X	FOR FINANCE OFFICE USE ONLY		FINANCE DIRECTOR
	CONTRACT REVIEW	David Bowman	
PURCHASE ORDER	Approved- 3/29/10		Pending -
DIRECT VOUCHER	CAPITAL FIN. DIRECTOR		FMPs APPROVAL DATE
7 DAY BID	REJECTED BY		Pending -

VENDOR INFORMATION Company Name: SMITHS DETECTION INC Address: 30 TECHNOLOGY DR WARREN, NJ 07059 Vendor Code: 50093806 A Rep/Phone: 908 222-9100	VENDOR INFORMATION Name: TRACY WALSH Address: Public Safety Bldg. 850 Phone: 773-686-2397	INVOICE NUMBERS SECTION MANAGER Name: Joseph O'Connor Phone: Approved Status: Pending Date: 3/29/10
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CIRCLE COPY TYPE: ORIGINAL BUREAU/DIVISION FINANCE DIVISION FILE

Angelique Andrews

CITY OF CHICAGO
PURCHASE REQUISITION

Copy (Department)

DELIVER TO: 222 O'HARE SECURITY OFFICE T3 - MEZZ LEVEL, O'HARE CHICAGO, ILLINOIS 60666, IL	REQUISITION: 48106 PAGE: 1 DEPARTMENT: 85 - DEPT OF AVIATION PREPARER: David A Bowman NEEDED: APPROVED: 1/29/2010
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REQUISITION DESCRIPTION

REQUEST NEW NON COMPETITIVE CONTRACT FOR MAINTENANCE OF THREE (3) XRAY MACHINES AT CHICAGO AIRPORTS. FIVE YEAR CONTRACT DURATION AT A TOTAL COST OF \$74,808.35. THIS REQ REPLACES REQ 47418 WHICH WAS ENTERED TO INITIATE THE SOLE SOURCE SPECIFICATION NUMBER: 81708

COMMODITY INFORMATION

LINE ITEM

LINE	ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST
1	9389555380	15.00	Year	0.00	0.00

MAINTENANCE AND REPAIR OF X-RAY EQUIPMENT - PRIORITY ON SITE SERVICE AGREEMENT PER VENDOR'S PROPOSAL PRICED PER UNIT PER YEAR

SUGGESTED VENDOR: SMITHS DETECTION INC

REQUESTED BY: David A Bowman

DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	Dist. Amt.
1	010	0740	0854010	0157	220157	0000	00000000	000000	00000	0000	0.00
2	010	0610	0854305	0340	220340	0000	00000000	000000	00000	0000	0.00
LINE TOTAL:											0.00

REQUISITION TOTAL: 0.00

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