

ROOM 403, CITY HALL, 121 N. LA SALLE ST. JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT

COMPLETE THIS SECTION IF NEW CONTRACT

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

Request that negotiations be conducted only with _____ for the product and/or services described herein.

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

COMPLETE THIS SECTION W/ 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 if: 14998 Company or Agency Name: Air One Equipment
Specification if: 55183 Contract or Program Description: Repair and Maint of MAKO Air Station Equip.
Mod. _____ (Attach List, (multiple))

Robert Anthony _____ Robert Anthony _____ 6/21/09
Originator Name Telephone Signature Department Date

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

PROCUREMENT HISTORY

1) The Chicago Fire Department Air Mask Section has held a contract with Air One for compressor maintenance. The maintenance is on 2 Mako 50 hp air compressors located at the Air Mask Service Shop located at 1044 N. Orleans in Chicago, Il.

2) This request is for a new contract for air compressor parts, related accessories, maintenance, repair service and testing for equipment located at the Breathing Apparatus Service located at 1044 N. Orleans in Chicago, Il. 60610. Air Mask would like to keep the same commodity line items as was on the recently expired term agreement.
The equipment list is as follows:

- Two (2) Mako 50 hp high pressure, water cooled, electrically powered breathing air compressor.
- Two (2) Mako Purification System

3) Air One Equipment, Inc. is the sole authorized Mako distributor for sales and service in northeast Illinois (Chicago metropolitan area) for the municipal fire and safety markets.

4) DNA

5) DNA

6) The request for a contract renewal will continue due to a need to maintain these compressors which are used to fill air cylinders for the fire department.

7) DNA

ESTIMATED COST

1) The estimated cost for monthly expenses will be \$8,928.57. This will include repairs, parts, maintenance and emergency. The funding source is 0100-0594134-0162-220162

Air One
PO 14998
Maint of CFD Air Filling Stations
Term: 11/1/2007 - 10/31/2010

S. R. B.
6/24/10
MAY 11 2010
TO DEPT
APPROVED



City of Chicago
Richard M. Daley, Mayor

Chicago Fire Department

John W. Brooks
Commissioner

4th Floor
80 West 35th Street
Chicago, Illinois 60616-3700
(312) 745-3705

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

FINANCE / PAYROLL

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

From: 
Jean Roberts
Director of Finance
Chicago Fire Department

Re: Specification: 55183
Incomplete/Reserved Requisition: 49173
PO: 14998
Vendor: Air One Equipment
Contract Limit Increase Modification request

Original Signature

DATE: May 14, 2010

2010 JUN 23 PM 4:28

The Fire Department is requesting a modification to the above mentioned Blanket PO be issued. Attached please find:

- 1) One DPS Checklist.
- 2) Justification for Non-Competitive Procurement
- 3) A letter from the vendor indicating their intent to continue with the compliance goals agreed upon in the current contract document.
- 4) A letter from the equipment manufacturer, MAKO, indicating the vendor is the only authorized dealer and service provided in our area.
- 5) Contract documents indicating the two (2) year extension request is an option, indicating the original value of the contract as \$250,000. In viewing the current obligations and expenses against this contract, it appears that the original contract value is an accurate estimate for a three (3) year period, for Fire Department expenses. As other departments have utilized this contract for \$97,730.16, we will need to have \$71,500 added to the contract to cover the amount used by other departments. In breaking this down current usage on this contract and taking into consideration that other departments have utilized this contract an estimated two (2) year increase request is \$285,715. This will bring the contract value to \$535,715.

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



Sole Source request	
Contract Limit	\$250,000.00
<u>Dept. Usage</u>	
CFD	\$144,395.92
DOW	\$ 96,619.45
CPD	\$ 1,110.71

\$97,730.16 Amount used by other departments

$250000 / 28$ Contract limit / number of months since contract inception
 $250000 / 28 = 8928.57$
 \$8,928.57 average monthly expenses
 $8928.57 \times 8 = 71428.56$ 8 months worth of expenses required
 \$71,428.56 amount needed for the period of March thru October 2010
 $8928.57 \times 24 = 214285.68$ monthly requirement multiplied by the 24 month extension period
 \$214,285.68 amount required for the 2 yr extension period of 11/01/10 - 10/31/12
 $71428.56 + 214285.68 = 285715$ The total amount of the vendor limit increase
 \$285,715.00 Increase amount for CFD
 \$ 250,000.00 Current vendor limit
 \$535,715.00 Requested vendor limit

2) DNA

3) DNA

4) DNA

5) DNA

SCHEDULE REQUIREMENT

1) DNA

2) The proposed vendor is the exclusive Mako distributor for sales and service.

3) DNA

4) DNA

5) DNA

EXCLUSIVE OR UNIQUE CAPABILITY

1) DNA

2) Air One Equipment, Inc. has personnel that are the best trained professionals to work on the equipment.

3) Air One Equipment, Inc. has personnel that have worked on compressor equipment prior to working on the fire department equipment.

4) Air One Equipment, Inc. has personnel that have specialized test equipment to work on fire department equipment.

5) DNA

6) DNA

7) Competition is precluded due to the existence of patent rights and technical data.

8) Letter from the manufacturer holding Air One as the sole distributor for parts and service is

attached.

MBE/WBE COMPLIANCE PLAN

Vendor intends to provide the same level of compliance as is stated in the current contract documents.

OTHER

1) DNA

2) DNA

APPROVED BY: Paul S. Hoy
DEPARTMENT HEAD
OR DESIGNEE

6/21/10
DATE

M. F. [Signature]
BOARD CHAIRPERSON

6/24/10
DATE

LA OFC

[Signature]
CPO SIGNATURE

6/24/10

R3 624

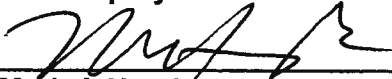


City of Chicago
Richard M. Daley, Mayor

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>

Date: June 9, 2010
To: Rich Butler
First Deputy Procurement Officer
From: 
Mark J. Hands
Managing Deputy Procurement Officer

Re: Non-Competitive Procurement Review Board
June 1, 2010 Meeting

Description: Extension of Air One Equipment

Requisition No.: 49173
Specification No.: 55183
Requesting Department: Fire Department

The Non-Competitive Procurement Review Board has reviewed the submittal from the Chicago Fire Department dated May 14th, 2010. After reviewing the attached documentation, this request has been approved to extend the Air One Equipment contract for two additional periods and increase the vendor limit by \$285,715.00 to \$535,715.00 for equipment repairs.

The Non-Competitive Procurement Review Board conditionally approved this request 5-0. The Board asked that Fire: 1) submit a current quote of the cost of each camera, 2) Letter explaining compliance plan, and 3) Sole Source Justification Form with signature pages. To date, these conditions have not been met.

*Conditions satisfied 6/23/10
MSH*

NEIGHBORHOODS



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 Mod. # _____ (Attach List, (multiple))

Robert Anthony Telephone _____ Signature Robert Anthony Department Fire Date 6/21/09
 Originator Name

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Air One
 PO 14998
 Maint of CFD Air Filling Stations
 Term: 11/1/2007 - 10/31/2010



City of Chicago
Richard M. Daley, Mayor

Chicago Fire Department

John W. Brooks
Commissioner


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

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

FINANCE / PAYROLL

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

*Gustan
Rhee
TOP*

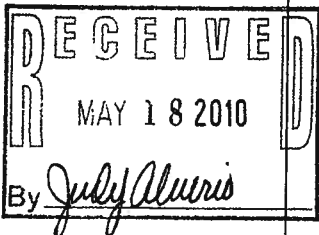
From: 
Jean Roberts
Director of Finance
Chicago Fire Department

Re: Specification: 55183
Incomplete/Reserved Requisition: 49173
PO: 14998
Vendor: Air One Equipment
Contract Limit Increase Modification request

DATE: May 14, 2010

The Fire Department is requesting a modification to the above mentioned Blanket PO be issued. Attached please find:

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



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: 3/16/10	Need by (estimated date): 11/1/10	
Requisition No.: 49173	Contact Person:	Project Manager:
Specification No.: (if known) 55183	Karen L Sanger	Karen L Sanger
PO No.: (if known) 14998	Telephone: 312-745-3710	Telephone: 312-745-3710
Modification No.: (if known)	Fax: 745-3700	Fax: 745-3700
Previous PO No.: (if known)	Email: ksanger@cityofchicago.org	Email: ksanger@cityofchicago.org
Project Description:		

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"/> FAA	<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
001	009	0100	59	4134	0162	0162			250,000
002	010	0100	59	4134	0162	0162			285,715

Term Estimated Value \$535,715.

*IF GRANT FUNDED, ATTACH COPY OF THE APPROVED GRANT AND APPLICATION AND ANY OTHER TERMS AND CONDITIONS OF FUNDING SOURCE THAT MAY APPLY. GRANT FUNDS MUST BE COMMITTED OR SPENT BY DEADLINE: (DATE)

Scope Statement:

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

IMPORTANT:

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

Purchase Order Type (Check All That Apply):

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

Contract Term: 3 years – 2 year extension already requested

** Requested Term (Number of Months):

Pre-Bid/Submittal Requirements:

Mandatory Pre Bid/Submittal Conference? Yes* X No

Requesting Site Visit? Yes X 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: **Air One Equipment**

Contractor's Address: **360 Production Dr - South Elgin, IL 601772637**

Contractor's e-mail Address: **sfrey@aoe.net**

Contractor's Phone Number: **1-888-247-1204**

Contractor's Contact Person: **Sandra Frey**

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Contract Limit	\$250,000.00
<u>Dept. Usage</u>	
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MBE/WBE COMPLIANCE PLAN

Vendor intends to provide the same level of compliance as is stated in the current contract documents.

OTHER

1) DNA

2) DNA

APPROVED BY: _____
DEPARTMENT HEAD OR DESIGNEE DATE BOARD CHAIRPERSON DATE

View and Approval

This form must be signed by both the Originator of the request and approved by the Bureau Commander.

NOTE: The Originator will be contacted by the Finance Division and must attend a minimum of two (2) sole source review board meetings to clarify' this request

Originator Signature _____ Date

Bureau Commanders Signature _____ Date

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

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

PROCUREMENT HISTORY

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

MBE/WBE COMPLIANCE PLAN

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

OTHER

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

REVIEW AND APPROVAL

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



**AIR ONE
EQUIPMENT, INC.**

360 Production Drive
South Elgin, IL 60177-2637
Telephone: 847-289-9000
Fax: 847-289-9001
E-mail: airone@aoe.net

April 29, 2010

Ms. Karen L. Sanger
Contracts Coordinator
Chicago Fire Department
10 W. 35th St. - 14th Fl.
Chicago, IL 60616

RE: Commitment on Contract Increase
Contract 14998--Parts, Related Accessories, Maintenance, Repair and Testing
Service for MAKO Breathing Air Stations

Dear Karen,

We have been informed that the referenced contract is under review for an increase in value. As per our conversation, this is to document our intent to provide the same level of compliance as stated in the current contract documents.

Please contact me if you have any questions or need further documentation for your review process. We look forward to the continued assistance to the City of Chicago Fire Department in the maintenance of their MAKO breathing air equipment.

Sincerely,

Sandra M. Frey, President



Mako Compressors

100 Gardner Park
Peachtree City, GA 30289
United States of America

Telephone (770) 632-5000
Facsimile (770) 632-5071

www.makocompressors.com

April 27, 2010

To: Dave Frey
Air One Equipment, Inc

From: Jeff Cretors
Mako Compressors

Ref: Authorized Distributor

Dear Mr. Frey,

The purpose of this letter is to officially state that Air One Equipment, Inc is the sole authorized Mako distributor for sales and service in northeast Illinois (Chicago Metropolitan area) for the municipal fire and safety markets.

If you or one of your customers has any questions regarding this distributor agreement, please feel free to contact me at (913)400-7528

Sincerely,

Mako Compressors

Jeff Cretors
Regional Sales Manager

PO RELEASE

VENDOR	PO/TERM	SPEC/DESC	START DATE- END DATE	PV #	CHECK #	TO COMP
AIR ONE EQUIPMENT INC			Vendor Limit:		\$250,000.00	
	14998	55183	11/1/2007	10/31/2010		
		MAKO BREATHING				
IR #	14998-101	\$500.00	56596	085900630	10645565B	5/21/2008
IR #	14998-101	\$4,625.00	56596	085900630	10645565B	5/21/2008
IR #	14998-1101	\$3,921.52	59501	085901605	10658129C	11/18/2008
IR #	14998-1102	\$16.87	60374	085901956	10661159D	1/8/2009
IR #	14998-1103	\$20.25	60662	085901988	10661671E	
IR #	14998-1104	\$179.54	60689	085902006	10661671F	1/21/2009
IR #	14998-1106	\$287.55	61159	095900168	10664718	2/26/2009
IR #	14998-1107	\$303.47	61317	095900247	10665103B	3/10/2009
IR #	14998-1108	\$28.48	61909	095900425	10666478B	3/31/2009
IR #	14998-1109	\$98.60	62485	095900649	10668640	4/30/2009
IR #	14998-1110	\$37.56	62592	095900756	10669815	5/19/2009
IR #	14998-1111	\$67.50	63113	095900964	10672170B	6/23/2009
IR #	14998-1301	\$10,250.00	60958 61547	095900179	10665103A	3/10/2009
IR #	14998-1302	\$5,125.00	62055	095900473	10667066	4/6/2009
IR #	14998-1601	\$10,077.00	59229	095900296	10666000A	
IR #	14998-1701	\$5,125.00	62551	095900297	10669006A	5/6/2009
IR #	14998-1702	\$5,125.00	62951	095900934	10671926B	6/18/2009
IR #	14998-1703	\$5,125.00	63436	095901056	10674680A	7/8/2009
IR #	14998-2001	\$596.70	63352 63076	095901064	41240772	7/15/2009
IR #	14998-2002	\$675.95	63696 63772	095901232	10674423D	7/31/2009
IR #	14998-2003	\$399.13	63858	095901256	10674828B	8/5/2009
IR #	14998-2004	\$328.22	64029	095901317	10675810A	8/21/2009
IR #	14998-201	\$4,625.00	57164	085900861	10647893B	6/30/2008
IR #	14998-201	\$500.00	57164	085900861	10647893B	6/30/2008
IR #	14998-2101	\$5,125.00	63846	095901076	10674828A	8/5/2009
IR #	14998-2102	\$5,125.00	64282	095901427	10676801B	8/4/2009
IR #	14998-2103	\$5,125.00	64701	095901601	10679372D	10/6/2009
IR #	14998-25	\$310.51				
IR #	14998-2501	\$258.30	64438	095901340	10677993B	9/23/2009
IR #	14998-2502	\$162.90	64828	095901659	10680625D	10/19/2009
IR #	14998-2503	\$216.79	64804	095901683	10680625E	10/20/2009
IR #	14998-2504	\$25.20	65044	095901751	10681813C	11/4/2009
IR #	14998-2505	\$501.30	65160	095901822	10681994B	11/12/2009

VENDOR	PO/TERM	SPEC/DESC	START DATE- END DATE	PV #	CHECK #	TO COMP
IR #	14998-2506	\$525.00	65340	095901942	10683342A	12/1/2009
IR #	14998-301	\$5,125.00	57607	085900966	10649462C	7/22/2008
IR #	14998-302	\$3,624.91	58185	085901128	10651607	8/18/2008
IR #	14998-302	\$1,500.09	58185	085901128	10651607	8/18/2008
IR #	14998-303	\$5,125.00	58600	085901351A	10653916C	
IR #	14998-3201	\$987.00	65214	095901959	10683342B	12/2/2009
IR #	14998-3401	\$5,125.00	65570	095902172	10684432D	12/30/2009
IR #	14998-3402	\$5,125.00	66307	105900039	10688220B	2/3/2010
IR #	14998-3501	\$5,125.00	66856	105900295	10689890B	3/8/2010
IR #	14998-3502	\$5,125.00	65958	105900441	10691417B	3/30/2010
IR #	14998-3503	\$5,125.00	67334	105900455	10691660	4/6/2010
IR #	14998-36	\$66.87				
IR #	14998-3601	\$375.28	66809 66310	105900092	10689488	3/3/2010
IR #	14998-3602	\$482.85	66911 65277	105900293	10689568	3/8/2010
IR #	14998-39	\$2,053.80				
IR #	14998-3901	\$200.70	65959	105900375	10691536A	4/12/2010
IR #	14998-3902	\$445.50	67699	105900629		4/28/2010
IR #	14998-3903	\$5,125.00	67787	105900680		5/5/2010
IR #	14998-401	\$752.40	57849 57850 57715	085901011	10650282	7/28/2008
IR #	14998-501	\$774.90	57992	085901124	10651705	8/21/2008
IR #	14998-601	\$202.50	58137	085901125	10652383	
IR #	14998-602	\$175.32	58365 58366	085901194	10652194A	8/28/2008
IR #	14998-603	\$299.00	58588	085901352	10653916D	9/25/2008
IR #	14998-604	\$1,914.66	58861 58862 58863 58864	085901407	10654933	10/2/2008
IR #	14998-605	\$164.70	59006	085901419	10654628C	10/2/2008
IR #	14998-606	\$261.00	59276	085901503	10656144	10/23/2008
IR #	14998-607	\$146.70	59631	085901665	10658129D	11/18/2008
IR #	14998-608	\$254.40	60173 60019	085901822	10660357B	12/18/2008
IR #	14998-609	\$625.00	60018	085901872	10660257B	12/26/2008
IR #	14998-801	\$5,125.00	59064	085901229	10655471B	10/10/2008
IR #	14998-802	\$5,125.00	60034	085901441	10659128B	12/11/2008
IR #	14998-803	\$5,125.00	59531	085901628	10657027	11/6/2008
IR #	14998-804	\$2,353.09	60571	085902007	10661671G	1/21/2009
IR #	14998-804	\$2,771.91	60571	085902007	10661671G	1/21/2009
		\$152,220.92				



KAREN

Number	Supplier	Expires On	Approval St: []	Revised D	CONTRACT LIN	Amount	Mat
14998	AIR ONE EQUIPMEN	31-OCT-2010	Approved	55183	13-MAY-2	250,000.00	250,071.08

Lines

New Release

New PO

Open

Department:	Chicago Fire Department
Description of Request:	Maintenance and Repair of Mako Air Breathing Stations
Vendor/Contractor:	Air One Industries
Requested Award Amount:	\$250,000
Contract Terms:	3 Years + 2-(1) Year Extensions
*Voting Results:	5-0 Approved
*Approval: Please submit a revised quote for hourly rates, etc., from vendor and revised requested line items accordingly. Send information to: Send to Christine Smith, Administrative Assistant III or e-mail: Christine.smith@cityofchicago.org	



360 Production Drive
South Elgin, IL 60177-2637
Telephone: 847-289-9000
Fax: 847-289-9001
E-mail: airone@aoe.net

April 29, 2010

Ms. Karen L. Sanger
Contracts Coordinator
Chicago Fire Department
10 W. 35th St. - 14th Fl.
Chicago, IL 60616

RE: Commitment on Contract Increase
Contract 14998--Parts, Related Accessories, Maintenance, Repair and Testing
Service for MAKO Breathing Air Stations

Dear Karen,

We have been informed that the referenced contract is under review for an increase in value. As per our conversation, this is to document our intent to provide the same level of compliance as stated in the current contract documents, which is a total compliance commitment of 15.8%, for the contract limit increase.

The contract prices will be utilized in accordance with the current contract language in PO 14998. (See enclosed copy of blanket purchase order)

Please contact me if you have any questions or need further documentation for your review process. We look forward to the continued assistance to the City of Chicago Fire Department in the maintenance of their MAKO breathing air equipment.

Sincerely,

A handwritten signature in cursive script that reads 'Sandra M. Frey'. The signature is written in black ink and is positioned above the typed name.

Sandra M. Frey, President

2010 JUN 23 10:28
FRI JUN 23 10:28

**CITY OF CHICAGO
BLANKET PURCHASE ORDER**

Original (DPS)
Reprint

PRELIMINARY

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

DATE OF AWARD	DEPT #	PURCHASE ORDER	SPECIFICATION NUMBER	VENDOR NUMBER	SITE NAME	PO START DATE	PO END DATE	PAGE NUMBER
	59	14998	55183	1029514	A	8/1/07	7/31/10	1

BUYER:

31803 THERESA MC DONNELL 312-744-4919

ORDERED FROM:

AIR ONE EQUIPMENT INC
360 PRODUCTION DR. (EFT)
SOUTH ELGIN, IL 601772637

PO DESCRIPTION: PARTS, RELATED ACCESSORIES, MAINTENANCE, REPAIR SERVICE AND TESTING FOR MAKO BREATHING AIR STATIONS AND RELATED EQUIPMENT

COMMODITY INFORMATION

Line	Item	Item Description	UOM	Unit Cost
1	9360817480	MAINTENANCE AND TESTING FOR BREATHING AIR STATIONS - MONTHLY MAINTENANCE	Month	5,125.00
2	9360817100	MAINTENANCE AND TESTING FOR BREATHING AIR STATIONS - REPAIR SERVICE LABOR FOR NORMAL WORKING HOURS (MONDAY-FRIDAY, 8:00 A.M. - 4:00 P.M.)	Hour	100.00
3	9360817110	MAINTENANCE AND TESTING FOR BREATHING AIR STATIONS - REPAIR SERVICE LABOR FOR OTHER THAN NORMAL WORKING HOURS (MONDAYFRIDAY, 4:00 P.M. - 8:00 A.M. AND ALL DAY SATURDAY)	Hour	150.00
4	9360817120	MAINTENANCE AND TESTING FOR BREATHING AIR STATIONS - EMERGENCY REPAIR SERVICE LABOR FOR NORMAL WORKING HOURS (MONDAYFRIDAY, 8:00 A.M. - 4:00 P.M)	Hour	100.00
5	9360817130	MAINTENANCE AND TESTING FOR BREATHING AIR STATIONS - EMERGENCY REPAIR SERVICE LABOR FOR OTHER THAN NORMAL WORKING HOURS (MONDAY-FRIDAY, 4:00 P.M. - 8:00 A.M. AND ALL DAY SATURDAY)	Hour	150.00
6	93608.17	MAINTENANCE AND TESTING FOR BREATHING AIR STATIONS - PARTS, DISCOUNT OFF CURRENT MAKO PRICE LIST	Discount From List	0.00

10.8m2

Payment on this order will be made upon receipt of an original vendor invoice form referencing this order.
Mark all packages and papers with the purchase number.

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

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