

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

| | |
|--------------------------|------------------------|
| FOR NCRB USE ONLY | |
| Date | <u>06 NOV 2012</u> |
| Recommend Approval | g |
| Return To Dept. | g |
| Reject | g |
| Vote | g <u>HH</u> |

**NON-COMPETITIVE REVIEW BOARD (NCRB)
JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT**

COMPLETE THIS SECTION IF NEW CONTRACT

For contract(s) in this request, fill in each of the four (4) major subject areas below in accordance with the **Instructions for Preparation of Non-Competitive Procurement Form** on the reverse side. Complete "Other" subject area if additional information is needed. Subject areas must be fully completed. Responses merely referencing attachments will not be accepted.

Request that negotiations be conducted only with Air One Equipment for the product(s) and/or service(s) described herein.

This is a request for:

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

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

Pre-Assigned Specification No.: _____

Pre-Assigned Contract No.: _____

COMPLETE THIS SECTION IF AMENDMENT OR MODIFICATION TO CONTRACT

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

Contract #: _____

Company or Agency Name: Air One Equipment

Specification #: _____

Contract or Program Description: Maint and Repair of MAKO Air Station Equipment

Modification #: _____

(Attach list, if multiple)

Robert Anthony
Originator Name
(mm/dd/yr)

744-3209
Telephone

Robert Anthony
Signature

Fire
Department

7/30/12
<<Date>>
Date

PROCUREMENT HISTORY

- The Chicago Fire Department Air Mask Section obtained MAKO Air Compressors in 1996 and a second back-up unit in 2004. We have required a contract for maintenance and repair since the installation of the compressors. Air One is the only authorized Maintenance/Repair facility for the Chicago land area, for MAKO compressors.
- This request is for a replacement 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

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

| Supplier | Expires On | Award | Description |
|--------------------------|--------------------------|----------------------------|----------------------------------------------------------------------------------------|
| AIR ONE EQUIPMENT INC | T5936080501 5/31/2001 | 4/18/1996 Change of PO | T5936080501 MAINTENANCE AND TESTING OF AIR BREATHING STATIONS INCREASE VENDOR LIMIT |
| AIR ONE EQUIPMENT INC | T25049 3/31/2001 | number from T5936080501 | T5936080501 MAINTENANCE AND TESTING OF AIR BREATHING STATIONS INCREASE VENDOR LIMIT |
| AIR ONE EQUIPMENT INC | T24585 12/31/2006 | 9/16/2002 | MAINTENANCE AND TESTING OF BREATHING AIR STATIONS |

| | | | |
|--------------------------|---------------------|----------|----------------------------------------------------------------------------------------------------------------------------------|
| AIR ONE EQUIPMENT INC | 14998 10/31/2012 | 5/1/2008 | PARTS, RELATED ACCESSORIES, MAINTENANCE, REPAIR AND TESTING SERVICES FOR MAKO BREATHING AIR STATIONS AND RELATED EQUIPMENT |
|--------------------------|---------------------|----------|----------------------------------------------------------------------------------------------------------------------------------|

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 (manufacturer's letter attached).

4) Air One provided us with a letter from MAKO stating Air One Equipment is the sole authorized MALO distributor in good standing, for sales and service.

5) This is a continuing project as there is no anticipated end to the required need of this equipment.

6) The request will not be possible, unless some time in the future the manufacturer decides to allow more than one authorized maintenance facility in the Chicago land area.

ESTIMATED COST

1) The estimated cost for monthly maintenance service will be \$5,125.00. Repairs, routine and emergency will be billed per hour. Parts will be discounted at 10% off list price.
The funding source is 0100-0592005-0162-220162

2) Estimated Cost per fiscal year

| | |
|------|-------------|
| 2013 | \$90,000.00 |
| 2014 | \$90,000.00 |
| 2015 | \$90,000.00 |
| 2016 | \$90,000.00 |
| 2017 | \$90,000.00 |

3) Costs include the monthly maintenance, routine repairs and emergency repairs that may occur at any time.

4) The machines are expensive to replace at nearly \$200,000.00. Typically, they last over 15 years depending on the hours of use.

5) In the event of a failure of one of these machines, the Chicago Fire Department would not be able to fill air cylinders which would be a extremely unacceptable situation. The time spent completing weekly, monthly, 6 month and yearly maintenance is well spent to avoid a unacceptable situation.

SCHEDULE REQUIREMENTS

1) As determined by the manufacturer the required maintenance of this equipment is as follows:

The Contractor shall provide maintenance service to cover the equipment currently in use. The maintenance service shall include the following:

- perform weekly inspections of the equipment, minimum of fifty-two (52) per year
- perform monthly maintenance of the equipment, minimum of twelve (12) per year
- perform bi-annual maintenance of equipment, minimum of two (2) per year
- perform annual maintenance of equipment, minimum of one (1) per year

1. Weekly Inspections

The Weekly Inspections shall be comprised of verifying the proper operation of:

- two (2) Mako model 5436HBASOE3 breathing air compressors
- two (2) model MK420C purification systems
- one (1) Air One 24HPC cylinder enclosed fill station
- thirty (30) DOT breathing air storage cylinders
- Air One high pressure wall mounted truck fill panel
- SCUBA fill regulator
- two (2) Air One high pressure air panels

- one (1) low pressure wall mounted air panel
- submit a repair proposal for any repairs to the equipment which should be considered due to age and/or usage of the equipment in order to maintain and/or improve equipment's performance

2. Monthly Maintenance

Monthly Maintenance shall be comprised of the following:

- replace twenty (20) air filters on the purification systems
- perform two (2) air quality tests (certificates sent to CFD)

3. Bi-Annual Maintenance

Bi-Annual Maintenance shall be comprised of the following:

- replacement of oil and water filters on the Mako breathing air compressors

4. Annual Maintenance

Annual Maintenance shall be comprised of the following:

- change of compressor oil at the earlier of 1000 machine hours or once a year on the Mako breathing air compressors

2) No, The proposed vendor is the exclusive Mako distributor for sales and service.

3) Preventative Maintenance is broken down into weekly, monthly, 6 month and yearly items that are worked on, in addition to the routine and emergency repairs that are performed.

4) This requirement cannot be competitively bid as the manufacturer has sent a letter indicating that Air One Equipment is the sole authorized MALO distributor in good standing, for sales and service.

EXCLUSIVE OR UNIQUE CAPABILITY

1) This is not a professional services contract.

2) Air One Equipment, Inc. has personnel that are the only manufacturer authorized professionals trained to work on the equipment for the Chicago area.

3) Air One Equipment, Inc. have personnel that have been authorized to work on MAKO equipment prior to being permitted to work on the fire department equipment.

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

5) Air One Equipment is the sole authorized MALO distributor in good standing, for sales and service.

6) This request is for maintenance repairs and parts.

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

MBEWBE COMPLIANCE PLAN

1) As this is a maintenance and repair contract and there are no certified firms in the Chicago area No Stated Goals will be requested for this contract.

OTHER

1) All required back-up information is attached.

APPROVED BY:

Jose A. Santiago
DEPARTMENT HEAD OR DESIGNEE

November 19 2012
DATE

Rich Butler
BOARD CHAIRPERSON

03 NOV 12
DATE

Jose A Santiago

PRINT NAME

CHIEF PROCUREMENT OFFICER

[Signature]

RICH BUTLER

PRINT NAME

DATE OF APPROVAL

1/7/12

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: 6/25/12 | Need by (estimated date): 11/1/12 | |
| Requisition No.: 73084 | Contact Person: | Project Manager: |
| Specification No.: (if known) 109642 | Karen Sanger | Karen Sanger |
| PO No.: (if known) | Telephone: 7453710 | Telephone: 7453710 |
| Modification No.: (if known) | Fax: 745-3700 | Fax: 745-3700 |
| Previous PO No.: (if known) | Email: ksanger@cityofchicago.org | Email: |

Project Description: PARTS, RELATED ACCESSORIES, MAINTENANCE, REPAIR AND TESTING SERVICES FOR MAKO BREATHING AIR STATIONS AND RELATED EQUIPMENT

Funding:

| | | | | | |
|----------|-----------------------------------------------|---------------------------------------|-------------------------------------|--------------------------------------------|---------------------------------|
| City: | <input checked="" type="checkbox"/> Corporate | <input type="checkbox"/> Bond | <input type="checkbox"/> Enterprise | <input checked="" type="checkbox"/> Grant* | <input type="checkbox"/> Other: |
| State: | <input type="checkbox"/> IDOT/Transit | <input type="checkbox"/> IDOT/Highway | | <input type="checkbox"/> Grant* | <input type="checkbox"/> Other: |
| Federal: | <input type="checkbox"/> FHWA | <input type="checkbox"/> FTA | <input type="checkbox"/> FAA | <input type="checkbox"/> Grant* | <input type="checkbox"/> Other: |

| LINE | FY | FUND | DEPT | ORGN | APPR | ACTV | PROJECT | RPTG | \$ DOLLAR AMOUNT |
|------|---------|------|------|------|------|------|---------|------|------------------|
| | Various | 0100 | 59 | 2005 | 0162 | | | | 450000 |
| | | | | | | | | | |
| | | | | | | | | | |

Term Estimated Value \$450000

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

Contract Term: 5 years

** Requested Term (Number of Months): None

Pre-Bid/Submittal Requirements:

Mandatory Pre Bid/Submittal Conference? Yes* No

Requesting Site Visit? Yes No

*If yes, explain reasons why mandatory attendance is necessary.

DPS PROJECT CHECKLIST

The following is a general description of what should be included in a Scope of Services or Specification:

A clear description of all anticipated services and products, including: time frame for completion, special qualifications of prospective vendors, special requirements or needs of the project, locations, anticipated participating user departments, citation of any applicable City ordinance or state/federal regulation or statute.

ARCHITECTURAL/ENGINEERING SUPPLEMENTAL CHECKLIST

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

Risk Management

- Current Insurance Requirements prepared/approved by Risk Management: Yes No
- Will services be performed within 50 feet of CTA train or other railroad property? Yes No
- Will services be performed on or near a waterway? Yes No

If applicable, Pre-Qualification Category No. _____ Category Description: _____
For Pre-Qualification Program, attach list of suggested firms to be solicited

Other Agency Concurrence Required: None State Federal Other _____

If Amendment request, please verify and provide the following:

- Contractor's Name:
- Contractor's Address:
- Contractor's e-mail Address:
- Contractor's Phone Number:
- Contractor's Contact Person:

Attach Recommendation of MBE/WBE/DBE Analysis Form Yes No

AVIATION CONSTRUCTION SUPPLEMENTAL CHECKLIST

DOA sign-off for final design documents: Yes No

Required Attachments:
Copy of Draft Contract Documents and Detailed Specifications

Risk Management:

- Current Insurance Requirements prepared/approved by Risk Management: Yes No
- Will work be performed within 50 feet of CTA or ATS structure or property? Yes No
- Will work be performed airside? Yes No

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

Do bid documents contain Sensitive Security Information (SSI)? Yes* No Redacted

*If yes, attach Confidentiality Statement

Attach Recommendation of MBE/WBE/DBE Analysis Form Yes No

If Amendment request, please verify and provide the following:

- Contractor's Name:
- Contractor's Address:
- Contractor's e-mail Address:
- Contractor's Phone Number:
- Contractor's Contact Person:

COMMODITIES SUPPLEMENTAL CHECKLIST

Required Attachments:

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

Attach Recommendation of **MBE/WBE/DBE Analysis Form** Yes No
 Is this a **Revenue Producing contract**? Yes No

If **Modification request**, please verify and provide the following:

- Contractor's Name:
- Contractor's Address:
- Contractor's e-mail Address:
- Contractor's Phone Number:
- Contractor's Contact Person:

CONSTRUCTION SUPPLEMENTAL CHECKLIST

Required attachments:

Copy of Draft (80% Completion), Contract Documents and Detailed Specifications

Risk Management

- Current Insurance Requirements prepared/approved by Risk Management: Yes No
- Will services be performed within 50 feet of CTA train or other railroad property? Yes No
- Will services be performed on or near a waterway? Yes No

Attach Recommendation of **MBE/WBE/DBE Analysis Form** Yes No

If **Modification request**, please verify and provide the following:

- Contractor's Name:
- Contractor's Address:
- Contractor's e-mail Address:
- Contractor's Phone Number:
- Contractor's Contact Person:

PROFESSIONAL SERVICES SUPPLEMENTAL CHECKLIST

If New Request (Check applicable boxes):

- Is this a **Request for Information (RFI)**? Yes No
- Is this a **Request for Qualifications (RFQ)**? Yes No
- Is this a **Request for Proposal (RFP)**? Yes No
- If RFQ or RFP, did any outside Consultant provide advice or deliverables in developing the RFQ or RFP? Yes* No

*If yes, Company Name: **PO#**

Attach a narrative explaining the consulting services and deliverables provided.

Is this a **Non-Competitive Procurement**? Yes* No

*If yes, attach completed Non-Competitive Justification form, vendor proposal and completed MBE/WBE compliance plan (Schedules C-1 and D-1) submitted to the Non-Competitive Review Board.

Is this a request for **Individual Contract Services**? Yes* No

*If yes and you seek a sole source contract to hire a person as a Consultant, attach completed Office of Compliance "Request for Individual Contract Services" approval form signed by Department Head, Office of Compliance & OBM.

Is this a **Revenue Producing contract**? Yes No

Does this request involve the **purchase of Software**? Yes* No

If yes, is City required to sign a software license? Yes No

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

DPS PROJECT CHECKLIST

PROFESSIONAL SERVICES SUPPLEMENTAL CHECKLIST *(continued)*

Required Attachments (IF RFP/RFQ OR SOLE SOURCE):

Statement of Work (SOW), Deliverables or Scope of Services defined

Does SOW involve any work in the public way?

Yes* No

*If yes, attach list of locations.

Does SOW involve any public improvement to property that requires performance bond or prevailing wage?

Yes* No

*If yes, attach list of locations.

Is City Council approval required?

Yes No

Project or Program Background Information

Project Goals and Objectives

Qualifications or Licenses/Certifications required for any disciplines

Evaluation Criterion desired in RFP or RFQ

Evaluation Committee (EC) members recommended. Attach list of names, titles and departments

Technical and/or Functional Requirements, if applicable

Cost Proposal/Schedule of Compensation structure (If Sole Source, over Contract Term by Milestone Deliverables)

If an Information Technology (IT) project valued at \$100,000.00 or more, attach approval transmittal sheet from Information Technology Governance Board (ITGB)

Attach Recommendation of MBE/WBE/DBE Analysis Form

Yes No

If Amendment request, please verify and provide the following:

Contractor's Name:

Contractor's Address:

Contractor's e-mail Address:

Contractor's Phone Number:

Contractor's Contact Person:

VEHICLES/HEAVY EQUIPMENT SUPPLEMENTAL CHECKLIST

Required Attachments:

Detailed Specifications including detailed description of the vehicle(s) or equipment, mounted equipment, if any, and options/accessories

Special Provisions (Delivery, Warranty, Manuals, Training, Additional Unit Purchase Options, Bid Submittal Information, etc.)

Delivery Location(s)

Technical Literature

Drawings, if any

Part Number List (Manufacturer; or Dealer; or Other Source)

Current Price List(s)/Catalog(s)

Special Approval Form

Exhibits and Attachments

Attach Recommendation of MBE/WBE/DBE Analysis Form

Yes No

Is this a Revenue Producing Contract?

Yes No

If Modification request, please verify and provide the following:

Contractor's Name:

Contractor's Address:

Contractor's e-mail Address:

Contractor's Phone Number:

Contractor's Contact Person:

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)

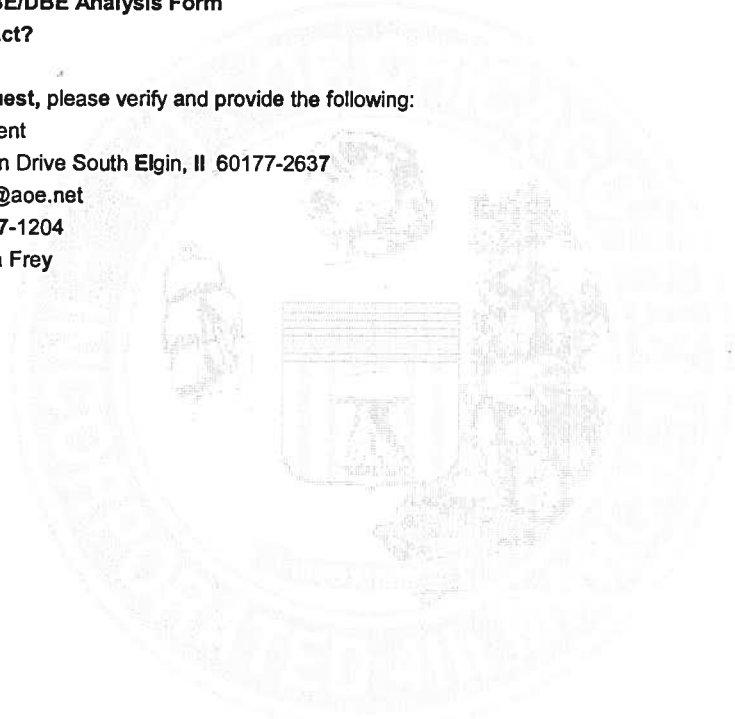
Risk Management:

- 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 Drive South Elgin, IL 60177-2637
Contractor's e-mail Address: airone@aoe.net
Contractor's Phone Number: 888-247-1204
Contractor's Contact Person: Sandra Frey



**CITY OF CHICAGO
 PURCHASE REQUISITION**

Copy (Department)

| | |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DELIVER TO: 336 FIRE DEPT - FINANCE 3510 S. MICHIGAN AVE, 2ND FL CHICAGO, IL 60653 | REQUISITION: 73084 PAGE: 1 DEPARTMENT: 59 - FIRE DEPARTMENT PREPARER: Karen L Sanger NEEDED: APPROVED: 7/27/2012 |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

REQUISITION DESCRIPTION

Maintenance and Repair of MAKO Air Station Equipment
 SPECIFICATION NUMBER: 109642

COMMODITY INFORMATION

| LINE | ITEM | QUANTITY | UOM | UNIT COST | TOTAL COST | | | | | | |
|--------------------------------------------------------------------------|------------|----------|-------------------------------------|-----------|------------|------|----------|---------|-------|------|-------------|
| 1 | 9360817480 | 60.00 | Month | 0.00 | 0.00 | | | | | | |
| MAINTENANCE AND TESTING FOR BREATHING AIR STATIONS - MONTHLY MAINTENANCE | | | | | | | | | | | |
| SUGGESTED VENDOR: | | | REQUESTED BY: Karen L Sanger | | | | | | | | |
| DIST | BFY | FUND | COST CTR | APPR | ACCNT | ACTV | PROJECT | RPT CAT | GENRL | FUTR | Dist. Amt. |
| 1 | 012 | 0100 | 0592005 | 0162 | 220162 | 0000 | 00000000 | 000000 | 00000 | 0000 | 0.00 |
| LINE TOTAL: | | | | | | | | | | | 0.00 |

| LINE | ITEM | QUANTITY | UOM | UNIT COST | TOTAL COST | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|-------------------------------------|-----------|------------|------|----------|---------|-------|------|-------------|
| 2 | 9360817100 | 50.00 | Hour | 0.00 | 0.00 | | | | | | |
| MAINTENANCE AND TESTING FOR BREATHING AIR STATIONS - REPAIR SERVICE LABOR FOR NORMAL WORKING HOURS (MONDAY-FRIDAY, 8:00 A.M. - 4:00 P.M.) | | | | | | | | | | | |
| SUGGESTED VENDOR: | | | REQUESTED BY: Karen L Sanger | | | | | | | | |
| DIST | BFY | FUND | COST CTR | APPR | ACCNT | ACTV | PROJECT | RPT CAT | GENRL | FUTR | Dist. Amt. |
| 1 | 012 | 0100 | 0592005 | 0162 | 220162 | 0000 | 00000000 | 000000 | 00000 | 0000 | 0.00 |
| LINE TOTAL: | | | | | | | | | | | 0.00 |

| LINE | ITEM | QUANTITY | UOM | UNIT COST | TOTAL COST | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|-------------------------------------|-----------|------------|------|----------|---------|-------|------|-------------|
| 3 | 9360817110 | 5.00 | Hour | 0.00 | 0.00 | | | | | | |
| 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) | | | | | | | | | | | |
| SUGGESTED VENDOR: | | | REQUESTED BY: Karen L Sanger | | | | | | | | |
| DIST | BFY | FUND | COST CTR | APPR | ACCNT | ACTV | PROJECT | RPT CAT | GENRL | FUTR | Dist. Amt. |
| 1 | 012 | 0100 | 0592005 | 0162 | 220162 | 0000 | 00000000 | 000000 | 00000 | 0000 | 0.00 |
| LINE TOTAL: | | | | | | | | | | | 0.00 |

| LINE | ITEM | QUANTITY | UOM | UNIT COST | TOTAL COST | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|-------------------------------------|-----------|------------|------|----------|---------|-------|------|-------------|
| 4 | 9360817120 | 100.00 | Hour | 0.00 | 0.00 | | | | | | |
| MAINTENANCE AND TESTING FOR BREATHING AIR STATIONS - EMERGENCY REPAIR SERVICE LABOR FOR NORMAL WORKING HOURS (MONDAYFRIDAY, 8:00 A.M. - 4:00 P.M) | | | | | | | | | | | |
| SUGGESTED VENDOR: | | | REQUESTED BY: Karen L Sanger | | | | | | | | |
| DIST | BFY | FUND | COST CTR | APPR | ACCNT | ACTV | PROJECT | RPT CAT | GENRL | FUTR | Dist. Amt. |
| 1 | 012 | 0100 | 0592005 | 0162 | 220162 | 0000 | 00000000 | 000000 | 00000 | 0000 | 0.00 |
| LINE 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.

**CITY OF CHICAGO
 PURCHASE REQUISITION**

Copy (Department)

| | |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DELIVER TO: 336 FIRE DEPT - FINANCE 3510 S. MICHIGAN AVE, 2ND FL CHICAGO, IL 60653 | REQUISITION: 73084 PAGE: 2 DEPARTMENT: 59 - FIRE DEPARTMENT PREPARER: Karen L Sanger NEEDED: APPROVED: 7/27/2012 |
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REQUISITION DESCRIPTION

Maintenance and Repair of MAKO Air Station Equipment
 SPECIFICATION NUMBER: 109642

COMMODITY INFORMATION

| LINE | ITEM | QUANTITY | UOM | UNIT COST | TOTAL COST | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|----------|-----------|------------|-------------------------------------|----------|---------|-------|------|-------------|
| 5 | 9360817130 | 10.00 | Hour | 0.00 | 0.00 | | | | | | |
| 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) | | | | | | | | | | | |
| SUGGESTED VENDOR: | | | | | | REQUESTED BY: Karen L Sanger | | | | | |
| DIST | BFY | FUND | COST CTR | APPR | ACCNT | ACTV | PROJECT | RPT CAT | GENRL | FUTR | Dist. Amt. |
| 1 | 012 | 0100 | 0592005 | 0162 | 220162 | 0000 | 00000000 | 000000 | 00000 | 0000 | 0.00 |
| LINE TOTAL: | | | | | | | | | | | 0.00 |

| LINE | ITEM | QUANTITY | UOM | UNIT COST | TOTAL COST | | | | | | |
|--------------------------------------------------------------------------------------------------------------------|----------|------------|------------|-----------|------------|-------------------------------------|----------|---------|-------|------|-------------|
| 6 | 93608.17 | 125,250.00 | count From | 0.00 | 0.00 | | | | | | |
| MAINTENANCE AND TESTING FOR BREATHING AIR STATIONS - PARTS, TEN PERCENT (10%) DISCOUNT OFF CURRENT MAKO PRICE LIST | | | | | | | | | | | |
| SUGGESTED VENDOR: | | | | | | REQUESTED BY: Karen L Sanger | | | | | |
| DIST | BFY | FUND | COST CTR | APPR | ACCNT | ACTV | PROJECT | RPT CAT | GENRL | FUTR | Dist. Amt. |
| 1 | 012 | 0100 | 0592005 | 0162 | 220162 | 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.

INSTRUCTIONS FOR PREPARATION OF NON-COMPETITIVE PROCUREMENT FORM

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

PROCUREMENT HISTORY

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

ESTIMATED COST

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

SCHEDULE REQUIREMENTS

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

EXCLUSIVE OR UNIQUE CAPABILITY

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

MBE/WBE COMPLIANCE PLAN

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

OTHER

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

REVIEW AND APPROVAL

This form must be signed by both Originator of the request and signed by the Department Head or authorized designee. After review and final disposition from the Board, this form will be signed by the Chairperson of the Board. After review and final disposition from the Board, this form will be signed by the Chief Procurement Officer for final approval.



CHICAGO FIRE DEPARTMENT
CITY OF CHICAGO

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

From:


Jose A Santiago
Fire Commissioner

Re: Specification: 109642
Requisition: 73084
Vendor: Air One Equipment (Work Services)
PARTS, RELATED ACCESSORIES, MAINTENANCE, REPAIR AND TESTING
SERVICES FOR MAKO BREATHING AIR STATIONS AND RELATED
EQUIPMENT – Work Services
Non-Competitive Procurement Request
New Contract request

DATE: September 4, 2012

The Fire Department is requesting a Non-Competitive Procurement contract be issued to replace Blanket Purchase Order 14998. Air One Equipment, which expires 10/31/12. A contract extension has been requested for Purchase Order 14998, for an addition six (6) months or until a replacement contract can be issues, whichever comes first.

These services are required to maintain the air compressor system that is installed in our Air Mask facility located at 1044 N Orleans. This systems refills various air cylinders used by our members when responding to various emergency response incidents.

Attached please find:

- 1) One DPS Checklist.
- 2) Requisition

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

Handwritten initials and date:
BW
9-11-12
7/8

DETAILED SPECIFICATIONS

SCOPE

The Contractor shall provide Parts, Related Accessories, Maintenance, Repair Service and Testing for Mako Breathing Air Stations and Related Equipment, to City of Chicago, Fire Department. In addition, the Contractor shall furnish and deliver, to the City of Chicago, *Parts* and/or Related Accessories whether separately *or* in conjunction with Maintenance and/or Repair Service, all in accordance with the terms and conditions of this Specification and the Contractor's Proposal (**Attachment A**).

EQUIPMENT

The Contractor shall provide Parts, Related Accessories, Maintenance, Repair Service and Testing for equipment located the Breathing Apparatus Service, 1044 North Orleans Street, Chicago, ft 60610. The equipment list is as follows:

| <u>Quantity</u> | <u>Description</u> | <u>Model No.</u> |
|-----------------|---------------------------------------------------------------------------------------|------------------|
| Two (2) | Mako 50 HP High Pressure, Water Cooled, Electrically Powered Breathing Air Compressor | 543 HBA5OE3 |
| Two (2) | Mako Purification System | MK 420 C |

The City reserves the right to add new locations and/or equipment or delete previous listed locations and/or equipment as required during the contract period.

SERVICE HOURS

All work performed under this Contract shall be performed during the following hours:

Regular Service Hours 8:00 a.m. to 4:00 p.m., Monday through Friday, excluding Saturday, Sunday and any legal holidays.

Overtime Service Hours 4:00 p.m. to 8:00 am., Monday through Friday, including Saturday, Sunday and any legal holidays.

However, the Contractor shall be available seven (7) days a week, twenty-four (24) hours per day and shall be prepared to respond to Emergency Repair Service calls in the event an breathing air station is damaged, malfunctions and/or becomes inoperable.

SERVICE REQUIREMENTS

Notification

The Department will contact the Contractor by phone or by release, for any parts, related accessories, maintenance, repair service and/or testing required. The Department will furnish the Contractor with the location and description of the type of parts, related accessories, maintenance, repair service and/or testing required. The name and phone number of a contact

person will be provided at the time of notification.

Maintenance Service

The Contractor shall provide maintenance service to cover the equipment currently in use. The maintenance service shall include the following:

- perform weekly inspections of the equipment, minimum of fifty-two (52) per year
- perform monthly maintenance of the equipment, minimum of twelve (12) per year
- perform bi-annual maintenance of equipment, minimum of two (2) per year
- perform annual maintenance of equipment, minimum of one (1) per year

1. Weekly Inspections

The Weekly Inspections shall be comprised of verifying the proper operation of:

- two (2) Mako model 5436HBASOE3 breathing air compressors
- two (2) model MK420C purification systems
- one (1) Air One 24HPC cylinder enclosed fill station
- thirty (30) DOT breathing air storage cylinders
- Air One high pressure wall mounted truck fill panel
- SCUBA fill regulator
- two (2) Air One high pressure air panels
- one (1) low pressure wall mounted air panel
- submit a repair proposal for any repairs to the equipment which should be considered due to age and/or usage of the equipment in order to maintain and/or improve equipment's performance

2. Monthly Maintenance

Monthly Maintenance shall be comprised of the following:

- replace twenty (20) air filters on the purification systems
- perform two (2) air quality tests (certificates sent to CFD)

3. Bi-Annual Maintenance

Bi-Annual Maintenance shall be comprised of the following:

- replacement of oil and water filters on the Mako breathing air compressors

4. Annual Maintenance

Annual Maintenance shall be comprised of the following:

- change of compressor oil at the earlier of 1000 machine hours or once a year on the Mako breathing air compressors

The cost of Maintenance Service is to include weekly, monthly, bi-annual and annual maintenance, inspections, labor, materials and testing, as specified herein and as quoted in the Contractor's Proposal. The Contractor shall bill Maintenance Service monthly, for work completed the prior month, during the term of the contract (**See Section on Price Breakdowns**).

Repair Service

The Contractor shall provide repair service to cover the equipment currently in use. The Contractor shall submit a repair proposal for any repairs required for the equipment. The Contractor, upon receipt of approval, in the form of a suborder, from an authorized representative of the Using Department, can proceed with repairs (**See Section on Repair Proposals**).

Repair Service will be billed as follows:

- hours of labor to repair the equipment
- cost of parts to repair the equipment

The cost of Repair Service is to be billed at the Repair Service Labor rate as quoted in the Contractor's Proposal (See Section on Proposal Page Pricing).

Emergency Repair Service

The Contractor shall respond to an Emergency Repair Service call within twenty-four (24) hours of receipt of call, unless otherwise directed by the Commissioner.

The cost of Emergency Repair Service will be billed as follows:

- hours of labor to repair the equipment
- cost of parts to repair the equipment

The cost of Emergency Repair Service is to be billed at the Repair Service Labor rate as quoted on the Contractor's Proposal (**See Section on Price Breakdowns**).

Irreparable Equipment

In the event the equipment is irreparable, the Contractor shall provide a written explanation of the problems to the Department and the Department will take necessary action with regard to the disposition of the equipment.

REPAIR PROPOSALS

The Contractor shall inspect the equipment .

The Contractor, upon receipt of approval from an authorized representative of the Using Department, can proceed with repairs. Using Division shall sign upon completion of service.

In the event any piece of equipment cannot be repaired, due to replacement parts no longer being manufactured or other specific reasons, the Contractor shall prepare a written explanation of the condition of the equipment and a recommended method of corrective action to be taken.

The City reserves the right to add and/or delete equipment as required during the Contract period.

PRICE BREAKDOWNS

Maintenance Service

All maintenance service will be billed in monthly increments for all equipment listed herein, as quoted on the Contractor's Proposal. Maintenance Service shall include all work and materials delineated in the Service Requirements section of the specification and any and all peripheral costs.

Unit pricing for monthly maintenance is as follows:

- cost per month.....\$5,125.

Labor Repair Service

All labor performed during normal working hours will be billed at a straight time, hourly rate, Monday through Friday 8:00 am, to 4:00 p.m., as quoted on the Proposal Page(s).

Unit pricing for labor during normal working hours is as follows:

- cost per man hour.....\$ 100.

All labor performed on other than normal working hours will be billed at an overtime, hourly rate, Monday through Friday 4:00 p.m- to 8:00 a.m. and all day Saturday, as quoted in the Contractor's Proposal.

Unit pricing for labor on other than normal working hours is as follows:

- cost per man hour.....\$ 150.

All costs associated with labor for Repair Service are to be included in the hourly rate as quoted in the Contractor's Proposal. The labor rate shall include any and all peripheral costs.

Labor - Emergency Repair Service

All labor performed during normal working hours will be billed at a straight time, hourly rate, Monday through Friday 8:00 am. to 4:00 p.m., as quoted on the Contractor's Proposal.

Unit pricing for emergency Repair Service for labor during normal working hours is as follows:

- cost per man hour.....\$ 100.

All labor performed on other than normal working hours will be billed at an overtime, hourly rate, Monday through Friday 4:00 p.m- to 8:00 am. and all day Saturday, as quoted on the Contractor's Proposal.

Unit pricing for emergency Repair Service for labor on other than normal working hours is as follows:

- cost per man hour.....\$ 150.

All costs associated with labor for Emergency Repair Service are to be included in the hourly rate as quoted on the Contractor's Proposal. The labor rate shall include any and all peripheral costs.

Parts

Pricing for any parts purchased separately or in conjunction with repair service will be based on discount off the Manufacturer's Retail Price list, as quoted on the Contractor's Proposal. The Contractor must furnish the manufacturer's retail price list, the manufacturer's invoice or print of manufacturer's list price from the manufacturer's Internet Website for any parts used. The manufacturers listed herein are not all inclusive and the City reserves the right to add and/or delete manufacturers and/or equipment at any time.

Unit pricing for any parts are as follows:

- current list price less percentage of.....10%

GUARANTEE

The Contractor shall furnish a guarantee for the items and service provided under this Contract in accordance with the standard guarantee regularly supplied. Exceptions to this guarantee shall be damage or loss due to theft, vandalism, accidental occurrences outside the Contractor's control.

QUALITY OF REPAIR SERVICE

All maintenance, repair services and testing performed under this contract shall be performed by competent personnel, thoroughly trained and certified by a nationally recognized institution or organization. Maintenance, repair services and testing shall be performed in a workmanlike manner, using industry accepted practices and established manufacturer procedures. All unsatisfactory repairs shall be corrected by the Contractor at no expense to the City.

WORK PERFORMED AT CITY FACILITY

Employees

The Contractor's personnel will exercise safe and sound business practices with the skill, care, and diligence normally shown by professional technicians employed in the type of work required under this contract.

Technical Training

The Contractor and his/her employees must have factory certification in the repair of the equipment specified herein and have all other applicable licenses and certification requirements, where applicable.

Character of Workers

The Contractor shall employ only competent and efficient employees, and whenever, in the opinion of the Commissioner, any employee is careless, incompetent, obstructs the progress of the work,

acts contrary to instructions or conducts themselves improperly, the Contractor shall, upon the request of the Commissioner, remove the employee from the work and shall not employ such employee again for the work under this Contract, except with the written consent of the Commissioner. The Contractor shall not permit any person to enter any part of a City facility or property

while under the influence of intoxicating liquors or controlled substances. The Contractor shall not permit obnoxious behavior, or possession or consumption of alcoholic beverages or drugs anywhere on the site of any work to be performed under this Contract.

The Commissioner has authority to request the Contractor to remove any worker who proves to be incompetent or negligent in his/her duties.

WORK IN PROGRESS

Work in progress at the termination date of the *contract* will be completed by the Contractor in the most expedient method available. In no event will the Contractor vacate his/her obligations under this agreement until all work issued to him/her prior to the expiration of the Contract has been completed and accepted by the Chicago Fire Department.

DELIVERY

Deliveries shall be made FOB, any point within the City at no charge to the City, regardless of the release amount. It is the intent of this contract for the Contractor to furnish Parts and/or Related Accessories either separately or in conjunction with Maintenance and/or Repair Service to the Chicago Fire Department.

The City reserves the right to add new delivery locations or delete previously listed delivery locations as required during the contract period.

INVENTORY/LEAD TIME

The Contractor shall maintain an inventory of sufficient diversity and quantity as to ensure the delivery of any item listed in the Proposal, which is ordered by the City from stock within forty-eight (48) hours after receipt of a City department's order. In lieu of the inventory, the Contractor must be able to arrange such prompt delivery.

Repeated failures of the Contractor to meet the above stated delivery requirements may be used by the City as grounds for the termination of this contract and may further affect the Contractor's eligibility for future contract awards.

The Contractor's compliance with these requirements will be determined by the Chief Procurement Officer, whose decision will be binding.

QUANTITIES

Any quantities shown in the Contract are estimated only. The estimates that are included in this Contract are estimated usage for the full term of the contract, thirty-six (36) months. The City reserves the right to increase or decrease quantities ordered under this contract. Nothing herein shall be construed as an intent on the part of the City to order any Parts, Related Accessories, Maintenance Repair Service and Testing other than those determined by the Chicago Fire Department to be necessary to meet their current needs.

The City will be obligated to order and pay for only such quantities as are from time to time ordered, delivered and accepted on releases issued directly by the Chicago Fire Department.

CATALOGS/PRICE LISTS

For bid evaluation purposes, the bidder shall submit with its bid four (4) copies of price lists/catalogs quoted on the Proposal Page. Failure to furnish price lists may be cause for rejection of the bid for being non-responsive to this requirement.

Before a contract can be awarded, the Contractor must submit copies of all current manufacturer's or other accepted published price lists/catalogs indicated on the Proposal Page for use by the Procurement Department, Comptroller's Office and each participating department to facilitate audit of all invoices and releases off the contract. The Contractor will be responsible for forwarding new price lists or supplements of latest revision to all participating City departments, the Comptroller's Office and Procurement Department during the Contract period.

All pricing shall be governed by the latest editions or supplements to current manufacturer's published price lists unless specified. The Contractor shall be responsible for notifying the Chief Procurement Officer, at least thirty (30) days in advance of any price changes and/or issuance of revised price lists prior to submittal of invoices with new prices.

UNSPECIFIED ITEMS

Any Parts, Related Accessories, Maintenance, Repair Service and Testing not specifically listed herein may be added to this contract if they fall within the same specific category of items specified.

The User Department will notify the Contractor in writing of the items which are necessary and request a written price proposal for the addition of the item(s) to this contract by modification, then forward the documents to the Chief Procurement Officer. Such item(s) may be added to the contract only if the prices are competitive with current market prices and said items are approved by the Chief Procurement Officer in the form of a written modification signed by the Contractor and the City. The Chief Procurement Officer reserves the right to seek competitive pricing information on said item(s) from other suppliers and to procure such item(s) in a manner which serves the best interest of the City.

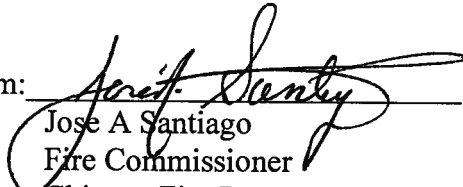
Any such item(s) delivered by the Contractor, without a properly executed contract modification signed by the Chief Procurement Officer, are delivered entirely at the Contractor's risk. Consequently, in the event that such modification is not executed by the City, the Contractor hereby releases the City from any liability whatsoever to pay for any items delivered prior to the Contractor's receipt of the fully signed modification.



CHICAGO FIRE DEPARTMENT
CITY OF CHICAGO

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

From:


Jose A Santiago
Fire Commissioner
Chicago Fire Department

Re: Specification: 109642
Requisition: 73084
Vendor: Air One Equipment (Work Services)
PARTS, RELATED ACCESSORIES, MAINTENANCE, REPAIR AND TESTING
SERVICES FOR MAKO BREATHING AIR STATIONS AND RELATED
EQUIPMENT – Work Services
Non-Competitive Procurement Request
New Contract request
Partial Waiver Request recommendation

DATE: October 1, 2012

The Fire Department has received a partial compliance waiver request from Air One Equipment. After reviewing the provided documentation we feel that Air One is attempting to comply with the 16.9% MBE and 4.5% WBE compliance commitment goals. Air One is prepared to meet 12.48% MBE and 3.32% WBE and they are requesting a waiver the remaining 4.42% MBE and 1.18% WBE goals.

For this reason, the Chicago Fire Department concurs with Air One's 4.42% MBE and 1.18% WBE waiver request and we ask that the Department of Procurement approves this request.

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

ss/ks

Quotation



Air One Equipment, Inc.
 360 Production Drive, South Elgin IL 60177
 Telephone: (847) 289-9000 Fax: (847) 289-9001
 website: www.aone.net

TO: CHICAGO FIRE DEPARTMENT
 1044 N. ORLEANS STREET
 CHICAGO, IL 60610-2522

Date: 6/7/12

ATTN: CHIEF R. ANTHONY

MAINTENANCE/MAKO

We are pleased to submit the following quotation in accordance with your request and subject to the Terms and Conditions listed below.

| Qty | Part Number | Description | List Price | CFD Contract Price |
|----------------------------|-------------|---------------------------------------------------------------------------------------|--------------------------------|--------------------|
| 1 | 9360817480 | MONTHLY MAINTENANCE (PER MONTH) | | \$ 5,125.00 |
| 1 | 9360817100 | REPAIR SERVICE 8:00-4:00 (PER HOUR) NORMAL | | \$ 100.00 |
| 1 | 9360817110 | REPAIR SERVICE 4:00-8:00 AND SATURDAY (PER HOUR) | | \$ 150.00 |
| 1 | 9360817120 | EMERGENCY REPAIR SERVICE 8:00-4:00 (PER HOUR) | | \$ 100.00 |
| 1 | 9360817130 | EMERGENCY REPAIR SERVICE 4:00-8:00 AND SATURDAY (PER HOUR) | | \$ 150.00 |
| 1 | 93608 | PARTS, 10% DISCOUNT OFF CURRENT MAKO PRICE LIST | DISC. LIST | \$0.00 |
| | | | Total of All Equipment: | 0.00 |
| Estimated Delivery: | | <p>DAVID FIREY Air One Equipment, Inc. <i>David P. Firey</i></p> | | |
| On Request | | | | |



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

September 19, 2012

Ms. Karen L. Sanger,
Contracts Coordinator
City of Chicago
3510 S Michigan Ave - 2nd Floor
Chicago, IL 60653

RE: Specification 109642—Parts, Related Accessories, Maintenance, Repair and Testing Services for MAKO Breathing Air Stations and Related Equipment

Dear Karen,

We have been informed that the City of Chicago is preparing to submit a request to replace PO 14998 with the above referenced specification. This letter addresses our intent to comply with the same level of compliance of 12.48% MBE and 3.32% WBE as stated in the previous contract and request a waiver for the remaining 4.42% MBE and 1.18% WBE compliance commitment.

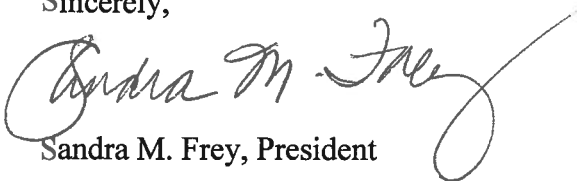
Please be advised that the entities utilized will change based on various factors. The previous printer, Profile Graphics Incorporated, has sold the business to a non-certified entity. We are currently in negotiations with Alpha Graphics in Schaumburg, which is in the process of renewing its certification with the City of Chicago. Upon receipt of the certification letter, we will negotiate our 12.48 % MBE estimated commitment on this specification.

We will utilize Nova Stationers dba Meadows Office Supply for .90% WBE as in the past. In addition, we will use The Travel Gallery for 1.5% WBE and Jansco, Inc. for .92% WBE commitment. This equates to the 3.32% WBE commitment on the previous contract.

All of these commitment sources are on an indirect participation basis as there is no other entity authorized by the manufacturer, MAKO, to sell or service their product line in this territory that would be able to provide direct participation. In addition, Air One Equipment, Inc. has other city contracts on which participation with some of these same indirect entities have already been identified. Our company policy is to utilize the City of Chicago C2 system to locate entities to utilize whenever a new purchasing opportunity arises. At this time, we are unable to identify any other opportunities for indirect participation.

Please contact me if you have any questions or need any additional information or documentation. We will be happy to assist you. Thank you for the opportunity to service the City of Chicago in this endeavor.

Sincerely,



Sandra M. Frey, President



April 5, 2012

Air One Equipment
360 Production Drive
South Elgin, IL 60177

Re: Authorized Distributor Information Request

Dear Mr. Frey:

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

Sincerely,

Mako Compressors


Bruce Sanders

Mako Territory Sales Manager

Gardner Denver Inc. Mako Compressors
100 Gardner Park, Peachtree City, Ga 30269



CERTIFICATE OF FILING FOR
CITY OF CHICAGO ECONOMIC DISCLOSURE STATEMENT

EDS Number: 36639

Certificate Printed on: 09/18/2012

Date of This Filing:09/18/2012 02:05 PM

Original Filing Date:09/18/2012 02:05 PM

Disclosing Party: Air One Equipment, Inc.

Title:Owner

Filed by: Sandra Frey

Matter: Parts, Related Accessories,
Maintenance, Repair and Testing Services for
MAKO Breathing Air Stations and Related
Equipment

Applicant: Air One Equipment, Inc.

Specification #: 109642

Contract #:

The Economic Disclosure Statement referenced above has been electronically filed with the City. Please provide a copy of this Certificate of Filing to your city contact with other required documents pertaining to the Matter. For additional guidance as to when to provide this Certificate and other required documents, please follow instructions provided to you about the Matter or consult with your City contact.

A copy of the EDS may be viewed and printed by visiting <https://webapps.cityofchicago.org/EDSWeb> and entering the EDS number into the EDS Search. Prior to contract award, the filing is accessible online only to the disclosing party and the City, but is still subject to the Illinois Freedom of Information Act. The filing is visible online to the public after contract award.



**CITY OF CHICAGO
ECONOMIC DISCLOSURE STATEMENT and AFFIDAVIT
Related to Contract/Amendment/Solicitation
EDS # 36639**

SECTION I -- GENERAL INFORMATION

A. Legal name of the Disclosing Party submitting the EDS:

Air One Equipment, Inc.

Enter d/b/a if applicable:

The Disclosing Party submitting this EDS is:

the Applicant

B. Business address of the Disclosing Party:

360 Production Drive
South Elgin, IL 60177
United States

C. Telephone:

847-289-9000

Fax:

847-289-9001

Email:

sfrey@aoe.net

D. Name of contact person:

Sandra Frey

E. Federal Employer Identification No. (if you have one):

36-3695608

F. Brief description of contract, transaction or other undertaking (referred to below as the "Matter") to which this EDS pertains:

Parts, Related Accessories, Maintenance, Repair and Testing Services for MAKO Breathing Air Stations and Related Equipment

Which City agency or department is requesting this EDS?

DEPT OF PROCUREMENT SERVICES

Specification Number

109642

Contract (PO) Number

Revision Number

Release Number

User Department Project Number

SECTION II -- DISCLOSURE OF OWNERSHIP INTERESTS

A. NATURE OF THE DISCLOSING PARTY

1. Indicate the nature of the Disclosing Party:

Privately held business corporation

Is the Disclosing Party incorporated or organized in the State of Illinois?

Yes

B. DISCLOSING PARTY IS A LEGAL ENTITY:

1.a.1 Does the Disclosing Party have any directors?

Yes

1.a.3 List below the full names and titles of all executive officers and all directors, if any, of the entity. Do not include any directors who have no power to select the entity's officers.

Officer/Director: Sandra Frey

Title: President

Role: Both

Officer/Director: David Frey

Title: Vice President

Role: Both

2. Ownership Information

Please provide ownership information concerning each person or entity having a direct or indirect beneficial interest in excess of 7.5% of the Disclosing Party. Examples of such an interest include shares in a corporation, partnership interest in a partnership or joint venture, interest of a member or manager in a limited liability company, or interest of a beneficiary of a trust, estate, or other similar entity. Note: Pursuant to Section 2-154-030 of the Municipal code of Chicago, the City may require any such additional information from any applicant which is reasonably intended to achieve full disclosure.

- Sandra Frey - 82%
- David Frey - 18%

Owner Details

| Name | Address |
|-------------|---------------------------------------------------------------------|
| David Frey | 360 Production Drive South Elgin, IL 60177-2637 United States |
| Sandra Frey | 360 Production Drive South Elgin, IL 60177-2637 United States |

SECTION III -- BUSINESS RELATIONSHIPS WITH CITY ELECTED OFFICIALS

Has the Disclosing Party had a "business relationship," as defined in Chapter 2-156 of the Municipal Code, with any City elected official in the 12 months before the date this EDS is signed?

No

SECTION IV -- DISCLOSURE OF SUBCONTRACTORS AND OTHER RETAINED PARTIES

The Disclosing Party must disclose the name and business address of each subcontractor, attorney, lobbyist, accountant, consultant and any other person or entity whom the Disclosing Party has retained or expects to retain in connection with the Matter, as well as the nature of the relationship, and the total amount of the fees paid or estimated to be paid. The Disclosing Party is not required to disclose employees who are paid solely through the Disclosing Party's regular payroll.

"Lobbyist" means any person or entity who undertakes to influence any legislative or administrative action on behalf of any person or entity other than: (1) a not-for-profit entity, on an unpaid basis, or (2) himself. "Lobbyist" also means any person or entity any part of whose duties as an employee of another includes undertaking to influence any legislative or administrative action.

If the Disclosing Party is uncertain whether a disclosure is required under this Section, the Disclosing Party must either ask the City whether disclosure is required or make the disclosure.

1. Has the Disclosing Party retained any legal entities in connection with the Matter?

No

3. Has the Disclosing Party retained any persons in connection with the Matter?

No

SECTION V -- CERTIFICATIONS

A. COURT-ORDERED CHILD SUPPORT COMPLIANCE

Under Municipal Code Section 2-92-415, substantial owners of business entities that contract with the City must remain in compliance with their child support obligations throughout the contract's term.

Has any person who directly or indirectly owns 10% or more of the Disclosing Party been declared in arrearage of any child support obligations by any Illinois court of competent jurisdiction?

No

B. FURTHER CERTIFICATIONS

1. Pursuant to Municipal Code Chapter 1-23, Article I ("Article I")(which the Applicant should consult for defined terms (e.g., "doing business") and legal requirements), if the Disclosing Party submitting this EDS is the Applicant and is doing business with the City, then the Disclosing Party certifies as follows:

- i. neither the Applicant nor any controlling person is currently indicted or charged with, or has admitted guilt of, or has ever been convicted of, or placed under supervision for, any criminal offense involving actual, attempted, or conspiracy to commit bribery, theft, fraud, forgery, perjury, dishonesty or deceit against an officer or employee of the City or any sister agency; and
- ii. the Applicant understands and acknowledges that compliance with Article I is a continuing requirement for doing business with the City.

NOTE: If Article I applies to the Applicant, the permanent compliance timeframe in Article I supersedes some five-year compliance timeframes in certifications 2 and 3 below.

I certify the above to be true

2. The Disclosing Party and, if the Disclosing Party is a legal entity, all of those persons or entities identified in Section II.B.1. of this EDS:

- a. are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from any transactions by any federal, state or local unit of government;
- b. have not, within a five-year period preceding the date of this EDS, been convicted of a criminal offense, adjudged guilty, or had a civil judgment rendered against them in connection with: obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction; a violation of federal or state antitrust statutes; fraud; embezzlement; theft; forgery; bribery; falsification or destruction of records; making false statements; or receiving stolen property;
- c. are not presently indicted for, or criminally or civilly charged by, a governmental entity (federal, state or local) with committing any of the offenses set forth in clause B.2.b. of this Section V;
- d. have not, within a five-year period preceding the date of this EDS, had one or more public transactions (federal, state or local) terminated for cause or default; and

- e. have not, within a five-year period preceding the date of this EDS, been convicted, adjudged guilty, or found liable in a civil proceeding, or in any criminal or civil action, including actions concerning environmental violations, instituted by the City or by the federal government, any state, or any other unit of local government.

I certify the above to be true

3. Neither the Disclosing Party, nor any Contractor, nor any Affiliated Entity of either the Disclosing Party or any Contractor nor any Agents have, during the five years before the date this EDS is signed, or, with respect to a Contractor, an Affiliated Entity, or an Affiliated Entity of a Contractor during the five years before the date of such Contractor's or Affiliated Entity's contract or engagement in connection with the Matter:

- a. bribed or attempted to bribe, or been convicted or adjudged guilty of bribery or attempting to bribe, a public officer or employee of the City, the State of Illinois, or any agency of the federal government or of any state or local government in the United States of America, in that officer's or employee's official capacity;
- b. agreed or colluded with other bidders or prospective bidders, or been a party to any such agreement, or been convicted or adjudged guilty of agreement or collusion among bidders or prospective bidders, in restraint of freedom of competition by agreement to bid a fixed price or otherwise; or
- c. made an admission of such conduct described in a. or b. above that is a matter of record, but have not been prosecuted for such conduct; or
- d. violated the provisions of Municipal Code Section 2-92-610 (Living Wage Ordinance).

I certify the above to be true

4. Neither the Disclosing Party, Affiliated Entity or Contractor, or any of their employees, officials, agents or partners, is barred from contracting with any unit of state or local government as a result of engaging in or being convicted of

- bid-rigging in violation of 720 ILCS 5/33E-3;
- bid-rotating in violation of 720 ILCS 5/33E-4; or
- any similar offense of any state or of the United States of America that contains the same elements as the offense of bid-rigging or bid-rotating.

I certify the above to be true

5. Neither the Disclosing Party nor any Affiliated Entity is listed on any of the following lists maintained by the Office of Foreign Assets Control of the U.S. Department of the Treasury or the Bureau of Industry and Security of the U.S. Department of Commerce or their successors: the Specially Designated Nationals

List, the Denied Persons List, the Unverified List, the Entity List and the Debarred List.

I certify the above to be true

6. The Disclosing Party understands and shall comply with the applicable requirements of Chapters 2-55 (Legislative Inspector General), Chapter 2-56 (Inspector General) and Chapter 2-156 (Governmental Ethics) of the Municipal Code.

I certify the above to be true

7. To the best of the Disclosing Party's knowledge after reasonable inquiry, the following is a complete list of all current employees of the Disclosing Party who were, at any time during the 12-month period preceding the execution date of this EDS, an employee, or elected or appointed official, of the City of Chicago.

None

8. To the best of the Disclosing Party's knowledge after reasonable inquiry, the following is a complete list of all gifts that the Disclosing Party has given or caused to be given, at any time during the 12-month period preceding the execution date of this EDS, to an employee, or elected or appointed official, of the City of Chicago. For purposes of this statement, a "gift" does not include: (i) anything made generally available to City employees or to the general public, or (ii) food or drink provided in the course of official City business and having a retail value of less than \$20 per recipient.

None

C. CERTIFICATION OF STATUS AS FINANCIAL INSTITUTION

The Disclosing Party certifies that, as defined in Section 2-32-455(b) of the Municipal Code, the Disclosing Party

is not a "financial institution"

D. CERTIFICATION REGARDING INTEREST IN CITY BUSINESS

Any words or terms that are defined in Chapter 2-156 of the Municipal Code have the same meanings when used in this Part D.

1. In accordance with Section 2-156-110 of the Municipal Code: Does any official or employee of the City have a financial interest in his or her own name or in the name of any other person or entity in the Matter?

No

E. CERTIFICATION REGARDING SLAVERY ERA BUSINESS

If the Disclosing Party cannot make this verification, the Disclosing Party must disclose all required information in the space provided below or in an attachment in the "Additional Info" tab. Failure to comply with these disclosure requirements may make any contract entered into with the City in connection with the Matter voidable by the City.

The Disclosing Party verifies that the Disclosing Party has searched any and all records of the Disclosing Party and any and all predecessor entities regarding records of investments or profits from slavery or slaveholder insurance policies during the slavery era (including insurance policies issued to slaveholders that provided coverage for damage to or injury or death of their slaves), and the Disclosing Party has found no such records.

I can make the above verification

SECTION VI -- CERTIFICATIONS FOR FEDERALLY-FUNDED MATTERS

Is the Matter federally funded? For the purposes of this Section VI, tax credits allocated by the City and proceeds of debt obligations of the City are not federal funding.

No

SECTION VII -- ACKNOWLEDGMENTS, CONTRACT INCORPORATION, COMPLIANCE, PENALTIES, DISCLOSURE

The Disclosing Party understands and agrees that:

- A. The certifications, disclosures, and acknowledgments contained in this EDS will become part of any contract or other agreement between the Applicant and the City in connection with the Matter, whether procurement, City assistance, or other City action, and are material inducements to the City's execution of any contract or taking other action with respect to the Matter. The Disclosing Party understands that it must comply with all statutes, ordinances, and regulations on which this EDS is based.
- B. The City's Governmental Ethics and Campaign Financing Ordinances, Chapters 2-156 and 2-164 of the Municipal Code, impose certain duties and obligations on persons or entities seeking City contracts, work, business, or transactions. A training program is available on line at www.cityofchicago.org/city/en/depts/ethics.html, and may also be obtained from the City's Board of Ethics, 740 N. Sedgwick St., Suite 500, Chicago, IL 60610,

(312) 744-9660. The Disclosing Party must comply fully with the applicable ordinances.

I acknowledge and consent to the above

The Disclosing Party understands and agrees that:

- C. If the City determines that any information provided in this EDS is false, incomplete or inaccurate, any contract or other agreement in connection with which it is submitted may be rescinded or be void or voidable, and the City may pursue any remedies under the contract or agreement (if not rescinded or void), at law, or in equity, including terminating the Disclosing Party's participation in the Matter and/or declining to allow the Disclosing Party to participate in other transactions with the City. Remedies at law for a false statement of material fact may include incarceration and an award to the City of treble damages.
- D. It is the City's policy to make this document available to the public on its Internet site and/or upon request. Some or all of the information provided on this EDS and any attachments to this EDS may be made available to the public on the Internet, in response to a Freedom of Information Act request, or otherwise. By completing and signing this EDS, the Disclosing Party waives and releases any possible rights or claims which it may have against the City in connection with the public release of information contained in this EDS and also authorizes the City to verify the accuracy of any information submitted in this EDS.
- E. The information provided in this EDS must be kept current. In the event of changes, the Disclosing Party must supplement this EDS up to the time the City takes action on the Matter. If the Matter is a contract being handled by the City's Department of Procurement Services, the Disclosing Party must update this EDS as the contract requires. NOTE: With respect to Matters subject to Article I of Chapter 1-23 of the Municipal Code (imposing PERMANENT INELIGIBILITY for certain specified offenses), the information provided herein regarding eligibility must be kept current for a longer period, as required by Chapter 1-23 and Section 2-154-020 of the Municipal Code.

I acknowledge and consent to the above

The Disclosing Party represents and warrants that:

F.1. The Disclosing Party is not delinquent in the payment of any tax administered by the Illinois Department of Revenue, nor are the Disclosing Party or its Affiliated Entities delinquent in paying any fine, fee, tax or other charge owed to the City. This includes, but is not limited to, all water charges, sewer charges, license fees, parking tickets, property taxes or sales taxes.

I certify the above to be true

F.2 If the Disclosing Party is the Applicant, the Disclosing Party and its Affiliated Entities will not use, nor permit their subcontractors to use, any facility listed by the U.S. E.P.A. on the federal Excluded Parties List System ("EPLS") maintained by the U.S. General Services Administration.

I certify the above to be true

F.3 If the Disclosing Party is the Applicant, the Disclosing Party will obtain from any contractors/subcontractors hired or to be hired in connection with the Matter certifications equal in form and substance to those in F.1. and F.2. above and will not, without the prior written consent of the City, use any such contractor/subcontractor that does not provide such certifications or that the Disclosing Party has reason to believe has not provided or cannot provide truthful certifications.

I certify the above to be true

FAMILIAL RELATIONSHIPS WITH ELECTED CITY OFFICIALS AND DEPARTMENT HEADS

This question is to be completed only by (a) the Applicant, and (b) any legal entity which has a direct ownership interest in the Applicant exceeding 7.5 percent. It is not to be completed by any legal entity which has only an indirect ownership interest in the Applicant.

Under Municipal Code Section 2-154-015, the Disclosing Party must disclose whether such Disclosing Party or any "Applicable Party" or any Spouse or Domestic Partner thereof currently has a "familial relationship" with any elected city official or department head. A "familial relationship" exists if, as of the date this EDS is signed, the Disclosing Party or any "Applicable Party" or any Spouse or Domestic Partner thereof is related to the mayor, any alderman, the city clerk, the city treasurer or any city department head as spouse or domestic partner or as any of the following, whether by blood or adoption: parent, child, brother or sister, aunt or uncle, niece or nephew, grandparent, grandchild, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepfather or stepmother, stepson or stepdaughter, stepbrother or stepsister or half-brother or half-sister.

"Applicable Party" means (1) all corporate officers of the Disclosing Party, if the Disclosing Party is a corporation; all partners of the Disclosing Party, if the Disclosing Party is a general partnership; all general partners and limited partners of the Disclosing Party, if the Disclosing Party is a limited partnership; all managers, managing members and members of the Disclosing Party, if the Disclosing Party is a limited liability company; (2) all principal officers of the Disclosing Party; and (3) any person having more than a 7.5 percent ownership interest in the Disclosing Party. "Principal officers" means the president, chief operating officer, executive director,

chief financial officer, treasurer or secretary of a legal entity or any person exercising similar authority.

Does the Disclosing Party or any "Applicable Party" or any Spouse or Domestic Partner thereof currently have a "familial relationship" with an elected city official or department head?

No

ADDITIONAL INFO

Please add any additional explanatory information here. If explanation is longer than 1000 characters, you may add an attachment below. Please note that your EDS, including all attachments, becomes available for public viewing upon contract award. Your attachments will be viewable "as is" without manual redaction by the City. You are responsible for redacting any non-public information from your documents before uploading.

List of vendor attachments uploaded by City staff

None .

List of attachments uploaded by vendor

None .

CERTIFICATION

Under penalty of perjury, the person signing below: (1) warrants that he/she is authorized to execute this EDS on behalf of the Disclosing Party, and (2) warrants that all certifications and statements contained in this EDS are true, accurate and complete as of the date furnished to the City.

/s/ 09/18/2012

Sandra Frey

Owner

Air One Equipment, Inc.


This is a printed copy of the Economic Disclosure Statement, the original of which is filed electronically with the City of Chicago. Any alterations must be made electronically, alterations on this printed copy are void and of no effect.



CHICAGO FIRE DEPARTMENT
CITY OF CHICAGO

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

DEC 28 2012 JOB
HEM 12/28/12

From: 
Jose A Santiago
Fire Commissioner

Re: Specification: 109642
Requisition: 73084
Vendor: Air One Equipment (Work Services)
PARTS, RELATED ACCESSORIES, MAINTENANCE, REPAIR AND TESTING
SERVICES FOR MAKO BREATHING AIR STATIONS AND RELATED
EQUIPMENT – Work Services
Non-Competitive Procurement
Response to Board questions

DATE: December 20, 2012

After having met with the Non-Competitive Procurement review board on Tuesday, November 6th, 2012, we were asked to obtain the following documents:

- A letter from the vendor regarding pricing for a 10 year period
- A letter from the vendor regarding a reduction in the original pricing proposal

After reviewing the provided documents we feel it is in the city's best interest to request this contract be awarded for a five (5) year period rather than a ten (10) year period.

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



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

November 26, 2012

Karen L. Sanger, Contracts Coordinator
City of Chicago
3510 S. Michigan- 2nd Floor
Chicago, IL 60653

Re: Contract 14998-Parts, Related Accessories, Maintenance, Repair and Testing Services for MAKO Breathing Air Stations and Related Equipment

Dear Karen,

As we discussed, Air One Equipment, Inc. is willing to extend the above contract for a ten year term. We agree to hold the monthly, hourly and parts discount pricing for the entire contract period. Please advise us if these terms are acceptable to the City of Chicago.

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

Sincerely,

Sandra M. Frey, President



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

November 26, 2012

Karen L. Sanger, Contracts Coordinator
City of Chicago
3510 S. Michigan- 2nd Floor
Chicago, IL 60653

Re: Contract 14998-Parts, Related Accessories, Maintenance, Repair and Testing Services for MAKO Breathing Air Stations and Related Equipment

Dear Karen,

Regarding the referenced contract, you requested a breakdown on the services that we perform weekly, monthly and annually on the Chicago Fire Department's MAKO Breathing Air Equipment. The following is the detail of those services:

Weekly:

General maintenance and check for air leaks, oil leaks, worn cables, etc.
Alternate usage of air compressors so that the hours recorded on each machine do not get too high.
Check 30 storage tanks and all existing hardware.
Replace bleeder seats and zipnuts, if needed.
Check out SCUBA filling panel.
Check out two Posi-Check machines and piping which are utilized to calibrate SCBA.
Replace miscellaneous o- rings and smaller parts, if needed.

Monthly:

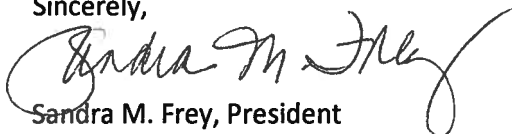
Complete a sample of four air tests and remit to air quality testing laboratory. One test is taken before a filter change and one after the filter change.
Change 20 purification cartridges. Ten cartridges are on each air compressor.

Annually:

Change oil and three oil filters on each breathing air compressor.

For this contract, 47% of the contract value is for labor and 53% is for parts. According to the terms of the contract, we are required to be on call on a 24/7/365 basis in case of emergencies. We fulfill this part of the contract utilizing a dedicated service vehicle and factory trained service technician. As you can see, it takes plenty of resources to maintain these vital pieces of machinery used for the safety of Chicago Fire Department personnel.

Sincerely,



Sandra M. Frey, President



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

November 26, 2012

Karen L. Sanger, Contracts Coordinator
City of Chicago
3510 S. Michigan- 2nd Floor
Chicago, IL 60653

Re: Contract 14998-Parts, Related Accessories, Maintenance, Repair and Testing Services for MAKO Breathing Air Stations and Related Equipment

Dear Karen,

The service on this contract is scheduled and completed in accordance with recommended standards. The safety standards that apply to this contract are:

Air Test Standard NFPA 1989-2008 and CGA G-7.1 (2004 Grade E air)
MAKO Breathing Air Service Manual. Copies are attached.

Please contact us if you have any questions or need any additional information.

Sincerely,

A handwritten signature in black ink that reads 'Sandra M. Frey'. The signature is fluid and cursive, with a long, sweeping tail on the 'y'.

Sandra M. Frey, President

Enclosure

12.0 MAINTENANCE

CAUTION: BEFORE CARRYING OUT ANY MAINTENANCE WORK, BE SURE THAT AIR IS RELEASED AND THE MACHINE IS ELECTRICALLY ISOLATED. NEVER ATTEMPT TO STRAIGHTEN BADLY BENT TUBING OR RE-USE DAMAGED UNION FITTINGS.

WARNING: TAMPERING WITH SAFETY VALVES INVALIDATES THE WARRANTY. SEE SECTION 10 FOR THE SINGLE EXCEPTION TO THIS RULE.

12.1 MAINTENANCE SCHEDULE

Regular servicing is essential to maintaining compressor design performance. Maintenance intervals will depend on operating conditions. The following intervals can be used as a guide when the machine is operated under normal conditions. These intervals may be extended with operating experience. Examination and monitoring during commissioning will give a good indication of the machine's maintenance requirements.

12.1.2 DAILY OR EACH TIME MACHINE IS OPERATED

1. Check compressor oil level.
2. Examine for oil/air leaks. Any such leaks must be rectified immediately.
3. Check stage pressures to determine if they are within stated limits (see Section 17). Abnormal stage pressures are an indication of a valve problem. If a stage pressure increased, investigate the valves in the next stage. For a lower pressure than expected check the valve on that stage. Always stop the machine if a safety valve opens.

CAUTION: NEVER TIGHTEN ANY FITTING WHEN IT IS UNDER PRESSURE.

12.1.3 WEEKLY

Operate compressor for a period of not less than one hour allowing for at least four condensate drain cycles. This will prohibit moisture buildup in the system and provide proper lubrication.

Inspect all nuts, screws and fittings for tightness. Inspect for oil or air leaks. Leaks must be rectified immediately.

12.1.4 PERIODICALLY

Remove and replace disposable suction filter.

12.1.5 AFTER FIRST 25 HOURS RUNNING TIME

1. Check belt alignment and tension. Adjust if necessary.
2. Check tightness of all nuts and bolts.

12.1.6 AFTER FIRST 50 HOURS RUNNING TIME

1. Drain crankcase and refill with Mako synthetic oil.
2. Change oil filter and O-ring.

12.1.7 EVERY 500 HOURS RUNNING TIME (OR SIX MONTHS)

1. Check alignment and belt tension.
2. Remove and service all suction and delivery valves.

NOTE: VALVE PLATES AND SPRINGS SHOULD BE REPLACED AT VALVE INSPECTION PERIODS IF THEY SHOW ANY WEAR. WEAR MANIFESTS ITSELF BY A GROOVE IN THE SEATING AREA.

12.1.8 1000 HOURS RUNNING TIME

1. Change piston rings on final stage plunger.
2. Clean external surfaces of all coolers, especially the first stage unit and finned area of final delivery cooler. Use a soft brush and low pressure air. **DO NOT USE** gasoline, diesel fuel, or other toxic substances. Ensure fan blades are clean.
3. Remove final separator chamber and have hydrostatically tested.

12.1.9 EVERY 1500 HOUR RUNNING TIME

Refurbish or replace all valves.

12.1.10 EVERY 2000 HOURS RUNNING TIME

Fit new final stage plunger and liner.

12.1.11 EVERY 3000 HOURS RUNNING TIME

1. Conduct a full mechanical check.
2. Check pressure gauges for correct reading.
3. Replace all valves.
4. Hydrostatically test intercooler and aftercooler (if fitted) to minimize the risk of tube failure during operation. Test pressure should be 1.5 times the working pressure experienced by the component.

12.2 MAINTENANCE SCHEDULES (TABLES)

TABLE 12-1 THREE STAGE AIRCOOLED COMPRESSORS

NUMBER OF HOURS FOR REPLACEMENT

| PART NO. | 25 | 50 | 500 | 1000 | 1500 | 2000 | 3000 | PERIODICALLY | EVERY 6 MOS. OR SOONER |
|---------------------------------------|----|----|-----|------|------|------|------|--------------|---------------------------|
| FINAL SEPARATOR HYDROSTAT TEST | | | | X | | X | X | | |
| SYNTHETIC OIL CHANGE* | | X | X | X | X | X | X | | |
| VALVE MAINTENANCE KIT (ALL STAGES) | | | X | | X | | X | | |
| 3RD STAGE PISTON RINGS | | | | X | | | | | |
| N70 AIR INTAKE FILTER | | | | | | | | X | |
| PURIFICATION FILTER (S) | | | | | | | | | X |
| M212 SEPARATOR SINTERED ELEMENT | | | | | | | | X | |

TABLE 12-2 4 STAGE AIRCOOLED COMPRESSORS

NUMBER OF HOURS FOR REPLACEMENT

| PART NO. | 25 | 50 | 500 | 1000 | 1500 | 2000 | 3000 | PERIODICALLY | EVERY 6 MOS. OR SOONER |
|---------------------------------------|----|----|-----|------|------|------|------|--------------|---------------------------|
| FINAL SEPARATOR HYDROSTAT TEST | | | | X | | X | X | | |
| SYNTHETIC OIL CHANGE* | | X | X | X | X | X | X | | |
| 98262/1148 OIL FILTER / ORING * | | X | X | X | X | X | X | | |
| VALVE MAINTENANCE KIT (ALL STAGES) | | | X | | X | | X | | |
| 4TH STAGE PISTON RINGS | | | | X | | | | | |
| 4TH STG PLUNGER/LINER | | | | | | X | | | |
| X0225 AIR INTAKE FILTER | | | | | | | | X | |
| PURIFICATION FILTER (s) | | | | | | | | | X |
| M212 SEPARATOR SINTERED ELEMENT | | | | | | | | X | |

TABLE 12-3 4 STAGE AIRCOOLED COMPRESSORS

INDUSTRIAL APPLICATIONS

NUMBER OF HOURS FOR REPLACEMENT

| PART NO. | 25 | 50 | 500 | 1000 | 1500 | 2000 | 3000 | PERIODICALLY | EVERY 6 MOS. OR SOONER |
|---------------------------------------|----|----|-----|------|------|------|------|--------------|---------------------------|
| FINAL SEPARATOR HYDROSTAT TEST | | | | X | | X | X | | |
| SYNTHETIC OIL CHANGE* | | X | | X | | X | | | |
| 98262/1148 OIL FILTER / ORING * | | X | | X | | X | | | |
| VALVE MAINTENANCE KIT (ALL STAGES) | | | X | | X | | X | | |
| 4TH STAGE PISTON RINGS | | | | X | | | | | |
| 4TH STG PLUNGER/LINER | | | | | | X | | | |
| DRYER FILTER (S) | | | | | | | | | X |
| M212 SEPARATOR SINTERED ELEMENT | | | | | | | | X | |

MAKO AIR COMPRESSOR MAINTENANCE 5 YEAR ESTIMATES

| 1ST YEAR | 2ND YEAR | 3RD YEAR | 4TH YEAR | 5TH YEAR |
|----------|----------|----------|----------|----------|
| | | | | |
| 90,000 | 90,000 | 90,000 | 90,000 | 90,000 |

450,000
per Shari Mientus



CERTIFICATE OF LIABILITY INSURANCE

AIRON-3

OP ID: 11

DATE (MM/DD/YYYY)

01/07/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------|
| PRODUCER Charles L. Crane Agency Co. 100 North Broadway, Ste. 900 St. Louis, MO 63102 George H. Hubbard | Phone: 314-241-8700 | CONTACT NAME: |
| | Fax: 314-444-4970 | PHONE (A/C, No, Ext): |
| | | FAX (A/C, No): |
| | | E-MAIL ADDRESS: |
| | INSURER(S) AFFORDING COVERAGE | |
| | INSURER A: Travelers Prop Cas Co of Amer | NAIC # |
| | INSURER B: Phoenix Insurance | 25674 |
| | INSURER C: Charter Oak Fire Insurance Co. | 25623 |
| | INSURER D: | 25615 |
| | INSURER E: | |
| | INSURER F: | |

INSURED **Air One Equipment, Inc.**
Ms. Sandy Frey
360 Production Drive
South Elgin, IL 60177-2637

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

| INSR LTR | TYPE OF INSURANCE | ADDL SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|------------------------------------------------------------------------------------------------|--------------------|---------------------|-------------------------|-------------------------|------------------------------------------------------|
| C | GENERAL LIABILITY | X | Y660282D7109COF12 | 10/01/2012 | 10/01/2013 | EACH OCCURRENCE \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | MED EXP (Any one person) \$ 10,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | | | | | | PRODUCTS - COMPIOP AGG \$ 2,000,000 |
| | | | | | | \$ |
| B | AUTOMOBILE LIABILITY | X | Y810282D7109PHX12 | 10/01/2012 | 10/01/2013 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | <input checked="" type="checkbox"/> ANY AUTO | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | | BODILY INJURY (Per accident) \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | | \$ |
| | | | | | | \$ |
| A | UMBRELLA LIAB | X | YSMCUP282D7109TIL12 | 10/01/2012 | 10/01/2013 | EACH OCCURRENCE \$ 2,000,000 |
| | EXCESS LIAB | | | | | AGGREGATE \$ 2,000,000 |
| | <input checked="" type="checkbox"/> CLAIMS-MADE | | | | | \$ |
| | DED <input checked="" type="checkbox"/> RETENTION \$ 0 | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | WC STATUTORY LIMITS |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N | N/A | | | OTHER |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | E.L. EACH ACCIDENT \$ |
| | | | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| | | | | | | E.L. DISEASE - POLICY LIMIT \$ |
| B | EDP-Equip Hardware | | QT6602563R473PHX12 | 10/01/2012 | 10/01/2013 | 105,000 |

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

Re: Specification #109642-Parts, Related Accessories, Maintenance, Repair and Testing Services for MAKO Breathing Air Stations and Related Equipment.
City of Chicago is added as an additional insured as respects General & Auto Liability on a primary and non-contributory basis.

CERTIFICATE HOLDER**CANCELLATION**

| | | |
|------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>City of Chicago Dept of Procurement Services 121 North LaSalle Street Chicago, IL 60602</p> | <p>CTYCHIC</p> | <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> |
| | | <p>AUTHORIZED REPRESENTATIVE <i>W Elliot Benoit</i></p> |

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