

## Release Summary Sheet

**Contract (PO) Number:** 16882

**Release Number:** 16

**Specification Number:** 57807

**Name of Contractor:** AIRPORT CONTRACTING GROUP

**City Department:** DEPT OF AVIATION

**Title of Contract:** JOB ORDER CONTRACT FOR REHABILITATION OF AIRPORT  
FACILITIES

**Dollar Amount of Release:** \$329,976.02

**Release Description:** JOB ORDER CONTRACT FOR REHABILITATION OF AIRPORT  
FACILITIES

**Procurement Services Contact Person:** LYLIANIS RODRIGUEZ

**Vendor Number:** 51293025

**Submission Date:**

*ComEd Investigator*

**CITY OF CHICAGO  
BLANKET RELEASE**

**Original (Department)**

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

RELEASE DATE	PURCHASE ORDER	RELEASE NUMBER	SPECIFICATION NUMBER	VENDOR NUMBER	SITE NAME	DELIVERY DATE	PAGE NUMBER
3/19/2009	16882	16	57807	51293025	A		1

**DELIVER TO:** 85-085

085-2015 O'HARE  
O'HARE AIRPORT  
  
Chicago, IL 60666

**ORDERED FROM:**

AIRPORT CONTRACTING GROUP  
333 N MICHIGAN AVE STE 625  
  
CHICAGO, IL 60601

DELIVERY CHARGES to be PREPAID  
TITLE TO PASS ON DELIVERY

**CONTACT:** 7738942402gp

**PO DESCRIPTION:** JOB ORDER CONTRACT FOR REHABILITATION OF AIRPORT FACILITIES

BLANKET RELEASE

THIS SIGNED RELEASE IS YOUR AUTHORITY TO FURNISH THE SPECIFIED SUPPLIES AND /OR SERVICES IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE BLANKET AGREEMENT NUMBER: 16882

THIS PURCHASE IS FOR DEPARTMENT: 85 - DEPT OF AVIATION

SUBMIT THE ORIGINAL INVOICE TO:

PO Line	Ship Line	COMMODITY INFORMATION	QUANTITY	UOM	UNIT COST	TOTAL COST						
1	1	96842 JOB ORDER CONTRACT FOR REHABILITATION OF AIRPORT FACILITIES	329,976.02	USD	1.00	329,976.02						
REQ# 42255 FOR JH-6068; COM-ED DUCT BANK INSTALLATION CONT; PO# 16882												
Dist	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR		
1	008	0750	0854005	9002	220540	0000	H900205E	000000	000000	0000	329,976.02	
											<b>SHIPMENT TOTAL:</b>	<b>329,976.02</b>

**RELEASE TOTAL:** 329,976.02

APPROVAL:

SIGNATURE

DATE

SIGNATURE

DATE

*CRA 4/8/09*

*M / W = 57.86%*  
*25.99% / 25.87%*

Payment on this order will be made upon receipt of an original vendor invoice form referencing this order.

Submit the original invoice to the department referenced above.

Mark all packages and papers with the purchase number.

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

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



Sub-Order Total: **329,976.02**

## Disclosure of Retained Parties

**A. Definitions and Disclosure Requirements**

1. As used herein, the term "Contractor" means a person or entity who has any contract lease with the City of Chicago.
2. Pursuant to Executive Order 97-1, every city contract and lease must be accompanied by a disclosure statement providing certain information and attorneys, lobbyists, accountants, consultants, subcontractors, and other persons whom the contractor has retained or expects to retain with respect to the contract or lease. In particular, the contractor must disclose the name of each such person, his or her business address, the nature of the relationship, and the amount of fees paid or estimated to be paid.
3. The Contractor is not required to disclose employees who are paid solely through the Contractor's regular payroll.
4. "Lobbyist" means any person (a) who for compensation or on behalf of any person other than himself undertakes to influence any legislative or administrative action, or (b) any part or whose duties as an employee of another includes undertaking to influence any legislative or administrative action.

**B. Certification**

Contractor hereby certifies as follows:

1. This Disclosure relates to the following transaction:

Project name: JH-6068                      Com-Ed Ductbank Installation

Specification, loan or other identifying number:                      5780216882

2. Name of Contractor:    Airport Contracting Group

3. EACH AND EVERY attorney, lobbyist, accountant, consultant, subcontractor, or other person retained or anticipated to be retained by the Contractor with respect to or in connection with the contract or lease is listed below (attach additional pages if necessary):

Name	BUSINESS ADDRESS	MBE WBE or Non	RelationShip (attorney, lobbyist, subcontractor, etc.)	FEE (indicate whether paid or estimated) \$
Airport Contracting Group ( Tishman )	180 W. Washington St. Suite 1100	Non	Subcontractor	\$27,781.20 Est.
Intrn, Inc.	18202 W. Union Road Union, IL, 60180	Non	Subcontractor	\$91,530.00 Est.
Evergreen Supply Company	9901 South Torrence Ave Chicago, IL, 60617	WBE	Supplier	\$77,470.00 Est.
Airport Contracting Group (LJE)	333 N Michigan Ave- Suite 625	MBE	Subcontractor	\$72,231.13 Est.
Bigane	935 W. Chestnut Suite 203 Chicago, IL, 60622	Non	Subcontractor	\$8,550.00 Est.
Pan-Oceanic Engineering Company, Inc	11509 South Elizabeth Street	MBE	Subcontractor	\$13,520.00 Est.
Airport Contracting Group ( Spaan Tech	311 Wacker Dr. Suite 2400 Chicago, IL, 60606	WBE	Subcontractor	\$38,893.69 Est.

CHECK HERE IF NO SUCH PERSONS HAVE BEEN RETAINED OR ARE ANTICIPATED TO BE RETAINED \_\_\_\_\_

4. The Contractor Understands and agrees that the city may rely on the information provided herein and that providing any false incomplete or inaccurate information shall constitute default under the contract and may result in termination of the contract or lease

5. The Contractor understands and agrees that in any case in which the Contractor is uncertain whether a disclosure is required under the Executive order, the Contractor must either ask the city whether disclosure is required or make the disclosure.

Under the Penalties of perjury, I certify that I am authorized to execute this Disclosure on behalf of the Contractor that the information disclosed herein is true and complete, and that no relevant information has been withheld.

\_\_\_\_\_  
Signature

March 3 2009  
\_\_\_\_\_  
Date  
Project Manager

Ben Paterzynski

Name (Type or Print)

Title

Subscribed and sworn to before me

this 15 day of March 2009

Sonia Renteria

Notary Public Signature





City of Chicago  
Richard M. Daley, Mayor

Department of Aviation

Richard L. Rodriguez  
Commissioner

Chicago O'Hare  
International Airport  
P.O. Box 66142  
Chicago, Illinois 60666  
(773) 686-2200  
(773) 601-8333 (TTY)

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

www.flychicago.com

## Memorandum of Authorization (MOA)

January 22, 2009

Mr. Montel Gayles  
Chief Procurement Officer  
Department of Procurement Services  
City Hall, Room 403  
121 North LaSalle Street  
Chicago, IL 60602

**Attn: Carolyn Johnson**  
**JOC Manager**

**Re: JOC Project Number:** JH-6068

**Project Title:** Com-Ed Duct Bank Installation

**Estimated Cost:** \$355,000.00

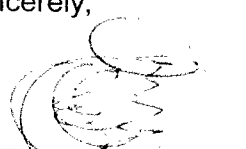
**Specification Number:** 57807-16609

**Funding Source:** TBD

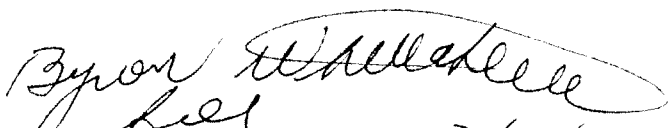
Dear Mr. Gayles:

I request that the above referenced project be contracted under the Job Order Contracting (JOC) Method. The JOC Order Contract Request Form attached describes the scope of work and the appropriateness for using JOC for this project.

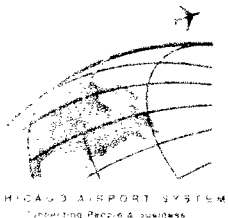
Sincerely,

  
Richard L. Rodriguez  
Commissioner

**APPROVED:**

  
Montel Gayles  
Chief Procurement Officer

2/5/09





DEPARTMENT OF AVIATION  
DEVELOPMENT DIVISION  
JOB ORDER CONTRACT (JOC)  
REQUEST FORM

To: Division of Design and Construction  
Fr: Design and Construction

Date: January 14, 2009

**RE: Request for Authorization to Use JOC**

Project: ComEd Duct Bank Installation

Contact Name and Phone Number: Larry Pianto 773-894-5404

**Project History:**

The existing electrical power in the Northeast Cargo Development area is insufficient for customers needs. In order to bring service to the first customers, new power sources have to be brought into the area.

**Project Scope of Work:**

The required design includes the following items for the area from Zemke Road to Johnson Drive:

1. Survey of selected areas to locate utilities and possible interferences.
2. Meetings with ComEd to define their requirements and equipment.
3. New and revised Plan drawings showing locations of the duct bank and other required ComEd equipment.
4. Details of ComEd manholes and equipment foundations.
5. Development and or review of specifications for the work.
6. Development of quantities and cost estimate for the work.

**Procurement Options:**

This is a JOC Project because:

The projects size and scope lends itself to the JOC process, and using the JOC process would be the most efficient means of completing the work.

The project is multi-traded therefore Term agreements do not apply.

There currently are no Term contracts in place that cover the scope of work.

The scope of work is outside the capabilities of the Trades.

**Budget Estimate:** \$ 355,000

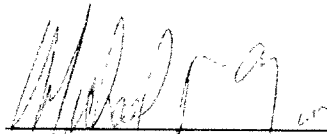
**See Attached Back-up for Budget Estimate:**


**Funding Strip:**

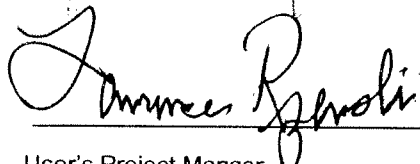
*(Contact Finance to obtain strip and ensure the funding is available)*

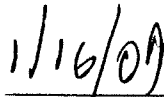
Project: JH-6068 ComEd Duct Bank Installation

**Requesting Department Authorization**

  
\_\_\_\_\_  
User Deputy Commissioner

  
\_\_\_\_\_  
Date


  
\_\_\_\_\_  
User's Project Manger

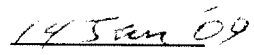
  
\_\_\_\_\_  
Date

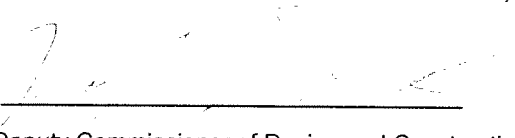
---

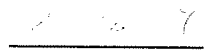
The office of Design and Construction has reviewed the Requesting Department's description of the proposed project and concur that this project is appropriate for JOC.

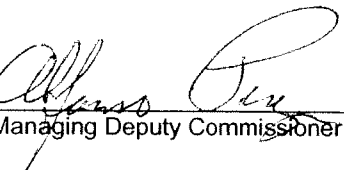
**Design and Construction Authorization**

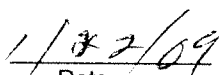
  
\_\_\_\_\_  
DOA JOC Coordinator

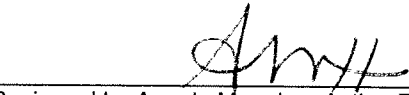
  
\_\_\_\_\_  
Date

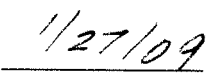
  
\_\_\_\_\_  
Deputy Commissioner of Design and Construction

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Managing Deputy Commissioner

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Reviewed by Angela Manning, Acting Deputy Commissioner

  
\_\_\_\_\_  
Date

cc: CARE – Attn: Ron Marsh