JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT

COMPLETE THIS SECTION IF NEW CONTRACT

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

Request that negotiations be conducted only with [Newbedford Panorama] for the product and/or services described herein.

(Name of Person or Firm)

This is a request for ______ (One-Time Contractor Requisition #_______, copy attached) or ______ Term Agreement or ______ Delegate Agency (Check one). If Delegate Agency, this request is for “blanket approval” of all contracts within the ______ (Attach List) ______ Pre-Assigned Specification No.

_______ (Program Name) ______ Pre-Assigned Contract No.

COMPLETE THIS SECTION IF AMENDMENT OR MODIFICATION TO CONTRACT

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

Contract #: __________________ Company or Agency Name: __________________

Specification #: __________________ Contract or Program Description: __________________

Mod. #: __________________ (Attach List, if multiple)

Originator Name: __________________ Telephone: __________________

Signature: __________________ Date: __________

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

☐ PROCUREMENT HISTORY See Attached

☐ ESTIMATED COST See Attached

☐ SCHEDULE REQUIREMENTS See Attached

☐ EXCLUSIVE OR UNIQUE CAPABILITY See Attached

☐ OTHER See Attached

APPROVED BY: __________________ DEPARTMENT HEAD OR DESIGNEE DATE __________ BOARD CHAIRPERSON DATE __________
O'Hare Modernization Program – Procurement of FAA Required ALSF-2 Equipment

Procurement History

New Approach Lighting with Sequential Flashers (ALSF-2) and Precision Approach Path Indicator (PAPI) systems are required for the relocated threshold on Runway 14L. The construction and operation of the O'Hare Modernization Program’s first new runway, RW 9L-27R, requires the relocation of the landing threshold on existing Runway 14L. Relocation of the RW 14L landing threshold requires the installation of new ALSF-2 and PAPI equipment to maintain uninterrupted availability of Category II/III instrument approach procedures.

The new equipment must be supplied by an equipment manufacturer/vendor that has been certified by the Federal Aviation Administration. New Bedford Panoramex Corporation (NBP) 1037 W. 9th Street, Upland, CA 91786, currently is the only FAA certified vendor of ALSF-2 and PAPI equipment. Therefore competitive bidding is not possible.

Future procurement of other ALSF-2 and PAPI equipment will be required for other new runways planned under the OMP.

Estimated Cost

The estimated cost for the ALSF-2 equipment is $1,000,000. The estimated cost for the PAPI equipment is $50,000. These cost estimates are based upon current agreed pricing between NBP and the FAA for standard ALSF-2 and PAPI equipment. The ALSF-2 system for Runway 14L will require some customized components; therefore, some price negotiation must still occur.

Schedule Requirements

The current schedule for the OMP requires completion of the RW-14L threshold relocation by November 1, 2005. The estimated time for fabrication of the ALSF-2 equipment is 8 months. An additional 6 months is required to install the equipment. Based on the above dates and times, fabrication of the equipment must commence on or before September 1, 2004.

Exclusive or Unique Capability

Refer to the attached correspondence from the FAA dated August 3, 2004 in which the FAA’s contracting Officer confirms that NBP is the only source that meets the requirements of FAA Specification FAA-E-2689A which governs the supply of ALSF systems.

Other

Due to the specialized nature of the equipment and the fact that no production activities occur locally (NBP’s manufacturing facilities are located in Southern California) there are no MBE/WBE firms that will be able to participate in this supply contract for the ALSF-2 and PAPI equipment needed for RW 14 threshold displacement.
August 3, 2004

Mr. Antoine Kanaan
New Bedford Panoramex (NBP)
1037 W. 9th Street
Upland, CA 91786

Dear Mr. Kanaan:

SUBJECT: Contract DTFA01-01-C-00055; ALSF-2/SSALR Systems

FAA has contracted with NBP to provide ALSF-2/SSALR systems, FAA Type FA-10700. NBP is currently the only source who meets the requirements of FAA Specification FAA-E-2689a.

Questions or comments may be submitted to the undersigned at (202) 493-4759 or Billy Nesmith at (202) 493 4764.

Respectfully,

[Signature]

Vickie L. Gordon
Contracting Officer
**PROJECT CHECKLIST**

**IMPORTANT**: PLEASE READ AND FOLLOW THE INSTRUCTIONS FOR COMPLETING THE PROJECT CHECKLIST AND CONTACT THE APPROPRIATE TEAM LEADER IF YOU HAVE ANY FURTHER QUESTIONS. ALL INFORMATION SHOULD BE COMPLETED INCLUDING THE SUPPLEMENTAL CHECKLIST REQUIRED BY THE SPECIFIC CPAC TEAM. ATTACH ALL REQUIRED MATERIALS AND SUBMIT FOR HANDLING TO THE DEPARTMENT OF PROCUREMENT SERVICES, ROOM 403, CITY HALL, 121 N. LASALLE STREET, CHICAGO, ILLINOIS 60602.

**PROJECT**

Date: **08-11-2004**

Contact Person: **DNC Species**

ID No (Spec, RX, Project): ______________________

Department: **OMP**

Tel: ________________ Fax: ________________ E-mail: ________________

Project Manager: **773-273-8333**

Bureau: ______________________

Tel: ________________ Fax: ________________ E-mail: ________________

Contract No (if known): ______________________

Estimated Value $ ______________________

Project Title/Description: **A1SE-2 & BAPI Systems for RWYL Infrastructure**

**SCOPE STATEMENT**

---

**IMPORTANT**: THIS IS A CRITICAL PORTION OF YOUR SUBMITTAL. IN ORDER FOR A TEAM TO ACCEPT YOUR SUBMITTAL YOU MUST COMPLETE ALL TEAM SPECIFIC SCOPE REQUIREMENTS AS SET FORTH IN THE SUPPLEMENTAL CHECKLIST FOR THAT TEAM.

The following is a general description of what would 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.

**TYPE OF PROCUREMENT REQUESTED** (check all that apply)

- Competitive Bid
- RFP/RFP/RFS/RFI
- Term Agreement
- One Shot
- Sole Source**
- Additional Funding
- Small Order
- S/O Emergency

**FORMS**

- F-25* (add line item)
- F-26* (new term agreement)
- F-27* (time extension)
- F-29* (change vendor limit)
- F-10* (special approvals)
- RX (one-shot requisition)
- APRF (all purpose request form)
- SSRB** (sole source approval)
- OBM Authorization

**FUNDING**

City: **Corporate**

State: **IDOT/Transit**

Federal: **FHWA**

Funding Strip(s): **00-56-2-85-200-8000-8000-40000-S**

---

**TIME FRAME**

Date Needed: **AOMP**

Requested Contract Term (y/mon): **One-Shot**

---

**PRE BID/SUBMITTAL REQUIREMENTS**

Requesting Pre Bid/Submittal Conference? **Yes** **No**

Requesting Conference be Mandatory? **Yes** **No**

Requesting Site Visit? **Yes** **No**

Requesting Site Visit be Mandatory? **Yes** **No**

---

Form Date: 01/16/2002
ARCHITECTURAL/ENGINEERING SUPPLEMENTAL CHECKLIST
Required Attachments: Scope of Services, including location, description of project, services required, deliverables, and other information as required
Risk Management
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
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 (fill in)

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

CAPITAL EQUIPMENT (VEHICLES) 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: __________________________)
Copy of current Price List(s)/Catalog(s)
Form F-10 or other authorization document
Any other exhibits and attachments

COMMODITIES SUPPLEMENTAL CHECKLIST
Required attachments:
Copies of price lists, catalogs, drawings, variations of part numbers
Any other exhibits or attachments

CONSTRUCTION SUPPLEMENTAL CHECKLIST (LARGE & SMALL)
Required attachments: Copy of Draft (80% Completion)
Copy of Draft (80% Completion) Contract Documents and Detailed Specifications
Risk Management
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
DELEGATE AGENCY SUPPLEMENTAL CHECKLIST
Required attachments:
Attach Scope of Services that includes the following information 1) Program background & objectives; 2) Type of
services for which proposals are sought; 3) Location and time line for delivery of services; 4) Qualifications, skills,
and/or experience necessary; 5) Special licenses or certifications required; 6) Evaluation process (if known).
Other Attachments (please submit all that apply)
1. Copy of grant application and/or grant agreement
2. Evidence of award authority (DAAC agenda with agency name highlighted; City Council ordinance with
agency name highlighted; or OBM letter)
3. Modification information (Copy of Form F-8A; screen print of EPS AWDS table)

Does program require Executive Order 91-1 clearance?  __Yes  __No
Is boilerplate from Law available or in production?  __Yes  __No
Would your department benefit from technical assistance?  __Yes  __No

HARDWARE/SOFTWARE SUPPLEMENTAL CHECKLIST
__ITSC (approved by BIS)
__OBM (approved by Budget form/memo)
Attach any documentation indicating any previous purchase activity to assist in the procurement process
__Grant document attached

PROFESSIONAL SERVICES SUPPLEMENTAL CHECKLIST
__ Detailed scope of services as described on page 1.
__ The Schedule of Compensation
__ Deliverables
__ Request for individual contract services (if applicable)
__ The appropriate EPS Form
* If this is a Telecommunications/Utilities project, please also address the following:

Has the project been reviewed by DGS?  __Yes  __No
Attach copy of DGS Recommendation; Reservation(s); or participate under current contract.
Does the project include software?  __Yes  __No
If yes, is signed ITSC form attached?  __Yes  __No
Does the location involve:
A public way?  __Yes  __No
Any concession in the City’s facilities?  __Yes  __No
Is it anticipated City Council approval of the project or contract will be required?  __Yes  __No
CPAC
PROJECT CHECKLIST

SMALL ORDERS SUPPLEMENTAL CHECKLIST
Yes No

1. Special Approval Form/Justification Letter.
   e.g. (Emergency Contract, Telecommunication Back-up documents, Proposals, EPS Form F-10, etc.).

2. Suggested Vendor.

3. Commodity Code, Manufacturer, Catalog Information, Model No., Quantity, Unit Cost/Measure, Color etc.,

4. Detailed Specification or Scope of Work.

ATTACHMENT REQUIRED FOR EACH SMALL ORDERS PROCUREMENT TYPE
(Check Appropriate Group)

1. ONE SHOT (PN)
   YES ( ) NO ( ) Detailed Specifications
   YES ( ) NO ( ) Suggested Vendor
   YES ( ) NO ( ) Support Documentation

3. EMERGENCY CONTRACT
   YES ( ) NO ( ) Justification Letter
   YES ( ) NO ( ) Vendor Proposal
   YES ( ) NO ( ) Pre-assigned Requisition (RX)

4. TELEPHONE/FAX BIDS
   YES ( ) NO ( ) Justification Letter

2. SOLE SOURCE REQUIREMENTS
   YES ( ) NO ( ) Vendor Proposal
   YES ( ) NO ( ) Disclosure Affidavit
   YES ( ) NO ( ) Letter of Exclusive or Unique Capability
   YES ( ) NO ( ) Support Documentation from Vendor/Manufacturer.
   YES ( ) NO ( ) Signature(s) of Originator or Departmental Head/Designee.

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, contract term and extension options, contractor qualifications,
citation of any applicable City/State/Federal statutes or regulations, citation of any applicable technical standards
and price lists, catalogs, technical drawings and other exhibits and attachments as appropriate.

Risk Management
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
Will services require the handling of hazardous/biowaste material? __Yes __No
Will services require the blocking of streets or sidewalks in any way?
Which may affect public safety? __Yes __No

Form Date: 01/16/2002