DPS PROJECT CHECKLIST

IMPORTANT: PLEASE READ AND FOLLOW THE INSTRUCTIONS FOR COMPLETING THE PROJECT CHECKLIST AND CONTACT THE APPROPRIATE UNIT MANAGER IF YOU HAVE ANY FURTHER QUESTIONS. ALL INFORMATION SHOULD BE COMPLETED, 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.

GENERAL INFORMATION:
Date: 8/11/2006
REQ No.: 29462
Specification No.: 50042
PO No.: (if known):
Modification No.: (if known):
Project Description: SCUBA Seat Kit

Contact Person: Karen Sanger
Tel: 745-4196 Fax: 745-3700 E-mail: ksanger@cityofchicago.org
Project Manager:
Tel: Fax: E-mail:
Previous PO No. (if known):

FUNDING:
City: ○ Corporate □ Bond □ Enterprise □ Grant* □ Other
State: □ IDOT/Transit □ IDOT/Highway □ Grant* □ Other
Federal: □ FHWA □ FTA □ FAA □ Grant* □ Other

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*IF GRANT FUNDED, A COPY OF THE APPROVED GRANT AND APPLICATION ARE REQUIRED and any other Terms and Conditions that may apply.

SCOPE STATEMENT:
□ Attached is a Detailed Scope of Services and/or Specification

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.

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.

TYPE OF PROCUREMENT REQUESTED (check all that apply):

NEW REQUEST
□ Blanket Agreement
□ Standard Agreement
X Small Orders

MOD/AMENDMENT
□ Time Extension
□ Vendor Limit Increase
□ Scope Change/Price Increase/Additional Line Item(s)
□ Other (specify):

FORMS
□ Requisition
□ Special Approvals
□ Non-Competitive Review Board (NCRB)

CONTRACT TERM: Requested Term (number of months):

PRE BID/SUBMITTAL REQUIREMENTS:
Requesting Pre Bid/Submittal Conference? □ Yes □ No
Requesting Site Visit? □ Yes □ No

Form Date: 08/19/06
DPS PROJECT SUPPLEMENTAL CHECKLIST

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

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 (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 airdside? Yes □ No □

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

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 and Price Lists/Catalogs, technical drawings and other exhibits and attachments as appropriate.

CONSTRUCTION SUPPLEMENTAL CHECKLIST

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

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

PROFESSIONAL SERVICES SUPPLEMENTAL CHECKLIST

□ Detailed description of project listing obligations of each party.
□ The Schedule of Compensation
□ Deliverables
□ Request for individual contract services (if applicable)
□ The appropriate EPS form
□ ITSC (approved by BS)
□ OBM (approved by Budget form/memo)
□ Grant document attached

Attach any documentation indicating any previous purchase activity to assist in the procurement process.
DPS PROJECT SUPPLEMENTAL CHECKLIST

TELECOMMUNICATIONS AND UTILITIES SUPPLEMENTAL CHECKLIST

Required Attachments: Detailed Scope of Services/Specification which sets forth all of the anticipated services and products the user department wants provided, 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.

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

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 and Price Lists/Catalogue, technical drawings and other exhibits and attachments as appropriate.

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

If Modification of Amendment required, 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:

Form Date: 06/16/05
**CUSTOMER ORDER ACKNOWLEDGEMENT**

**Sold To:**

CHICAGO FIRE DEPARTMENT  
3954 EAST FOREMAN DRIVE  
CHICAGO, IL 60617  
USA

**Ship To:**

CHICAGO FIRE DEPARTMENT  
3954 EAST FOREMAN DRIVE  
CHICAGO, IL 60617  
USA

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**Work Order ID:**

Product Code: DOMINT

**SUB TOTAL**

$63,236.00

**TOTAL ORDER AMOUNT**

$63,236.00

**** PRO-FORMA INVOICE**

DELIVERY: 90 DAYS AFTER RECEIPT OF PURCHASE ORDER

HOLD ORDER UNTIL FORMAL PURCHASE ORDER IS RECEIVED

TO REVIEW OUR TERMS & CONDITIONS, VISIT OUR WEBSITE AT HTTP://WWW.AERO-ACCESS.COM
To: Chicago Fire Department
Attn: Harry Vergis
Date: August 1, 2006
Ref: Scuba Seats
Fax: 312-747-9418

Aeronautical Accessories, Inc. is the manufacturer and certification holder of P/N B57-13018-01. AAI should be considered as the sole source for these seats. STO copy to follow.

Regards,

Aeronautical Accessories, Inc.

[Signature]
Jennifer L. Lunceford
Sales Manager

Total Pages: 2
Supplemental Type Certificate

Number SR09254RC

This certificate is issued to
Aeronautical Accessories, Inc.
441 Industrial Park Road
Fieve Flats, TN 37686

This certificate certifies that the change in the type design for the following product with the limitations and conditions therefore as specified herein meets the airworthiness requirements of Part 29 of the Federal Aviation Regulations.

Original Product - Type Certificate Number: H4SW
Make: Bell
Model: 412/412EP

Description of Type Design Change:
Installation of Scuba Seats in accordance with Premier Aviation, Inc. Master Drawing List Number B00-13035, Revision B, dated August 17, 2000 or later FAA approved revision. Rotorcraft Flight Manual Supplement Drawing Number B09-63004, dated August 3, 2000, or later FAA approved revision.

Limitations and Conditions:
Compatibility of this design change with previously approved modifications must be determined by the installer. This Scuba Seat Installation is for two aft-facing seats with a side facing seat installed per STC SH8479SW. No other seating positions are approved for use with this installation. If the holder agrees to permit another person to use this certificate to alter the product, the holder shall give the other person written evidence of that permission.

This certificate and the supporting data which is the basis for approval shall remain in effect until surrendered, suspended, revoked or a termination date is otherwise established by the Administrator of the Federal Aviation Administration.

Date of application: September 15, 1999
Date issued: August 03, 2000
Date revised: January 17, 2002
Date amended:

By direction of the Administrator

(Signature)
Carl F. Mittag, Manager
Rotorcraft Certification Office, Southwest Region

Any alteration of this certificate is punishable by a fine of not exceeding $1,000, or imprisonment not exceeding 3 years, or both.
Procurement History

1. Describe the requirement and how it evolved from initial planning to its present status. Two Fire Department rescue Scuba diver's were injured in an aircraft accident on June 30, 2006 while seated without the ability to be secured in the military style seating configuration with their equipment donned per department procedures. Based on FAA and NTSB requirements, We are seeking to purchase 2 seats which will accommodate personnel and their equipment that is approved for Installation by the FAA in this model aircraft.

2. Is this a first time requirement or a continuation of previous procurement from the same source? If so, explain the procurement history.

   This is a first time requirement.

3. Explain attempts made to competitively bid the requirement. (Attach copy of notices and list of sources contacted).

   The design of these seats is proprietary, patented and the only design for which an Supplemental Type Certificate (STC) is issued for the Bell Helicopter Model 412 EP by the FAA.

4. If an RFP/RFQ or other application was issued, attach a) List of firms notified and list of Respondents; b) copy of RFP/RFQ and Newspaper Ads; c) List of Selection/Evaluation Criteria used; d) Evaluation Committee Members and e) Evaluation Summary which compares the proposals and explains the reason for the selection(s). For Delegate Agencies, attach list of all agencies to be funded, description of program goals and a narrative of the solicitation and evaluation process used to make the selection(s) including specific reasons for funding some agencies and not others.

   a. Aeronautical Accessories was contacted as the sole provider of this type of equipment (see attached quote).
   b. N/A
   c. One manufacturer builds the seat design which is compatible with our mission equipment.
   d. The Chief of Air Sea Rescue, the ASR Dive Coordinator, aircraft mechanic, Chief pilots and pilot and dive personnel.
   e. see #3.

5. Describe any research done to find other sources (List other cities contacted, companies in the industry contacted, professional organizations, periodicals and other publications used).

   Information pertaining to the applicability of this equipment has been obtained through researching several agencies including New York Police Dept. and through attendance of professional trade conferences such as Airborne Law Enforcement Association and Helicopter Association Int’l.

6. Explain future procurement objectives. Is this a one-time request or will future requests be made for doing business with the same source?

   Future Department aircraft acquisition requirements will determine future procurement of this type of equipment.

7. Explain whether or not future competitive bidding is possible. If not, why not?

   No. These seats currently offered by only one manufacturer
Estimated Cost

1. What is the estimated cost for this requirement (or for each contract, if multiple awards contemplated)? What is the funding source?

$63,235.00. The funding source will be determined.

2. What is the estimated cost by fiscal year, if the job, project or program covers multiple years?

N/A

3. Explain the basis for estimating the cost and what assumptions were made and/or data used (ie. budgeted amount, previous contract price, current catalog or cost proposal from firms solicited, engineering or in-house estimate, etc.)

The cost basis is a quote provided by the sole distributor of this equipment.

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.

The contractor has a substantial dollar investment in product development, patent rights, and in the STC approval process by the FAA.

5. Explain what negotiation of price has occurred or will occur. Detail why the estimated cost is deemed reasonable.

A 10% discount has been included from the retail price from the distributor.

Schedule Requirements

1. Explain how the schedule was developed and at what point the specific dates were known.

A 90 day delivery was established at the time of the quote due to production time requirements.

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.

N/A

3. Outline the required schedule by delivery or completion dates and explain the reasons why the schedule is critical.

Purchase approval is anticipated in order to minimize delivery time.

4. Describe in detail what impact delays for competitive bidding would have on City operations, programs, costs and budgeted funds.

N/A
1. If contemplating hiring a person or firm as a Professional Service Consultant, explain in detail what professional skills, expertise, qualifications or other factors make this person or firm exclusively or uniquely qualified for the project. Attach copy of cost proposal and scope or services.

N/A

2. Does the proposed firm have personnel considered unquestionably predominant in the particular field?

Yes.

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?

The manufacturer is an exclusive distributor, Customer Support Facility and a completion center for Bell Helicopter Textron, possesses a station licence for the repair and engineering of aviation products issued by the FAA.

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?

See # 3.

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?

See # 3.

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.

See # 3.

7. Is completion precluded because of the existence of patent rights, copyrights, trade secrets, technical data, or other proprietary data? Attach documentation verifying such.

Yes.

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.

Yes.

Other

1. Explain other related considerations and attach all applicable supporting documents (MIS Steering Committee Approval form, etc.)

See attached quote.
2. Explain what opportunities of direct/indirect involvement of Minority or Women Business Enterprises have been discussed and/or are available on this contract. Contact Michael Palumbo (744-0530) prior to responding to this question.

Due to the situation surrounding this procurement, and given this Tennessee based vendor will have no opportunity for direct or indirect MBE/WBE participation, we respectfully request "Non-Stated Goal" be utilized.

Review and Approval

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

NOTE: Upon the determination of the Purchasing Department this request may be forwarded to the Sole Source Review Board. If forwarded the Originator must attend a minimum of two (2) sole source review board meetings to clarify this request. The Originator will be contacted by the Finance Division in this event.

Originators Signature ________________________________ Date 8/10/00

Bureau Commanders Signature ________________________________ Date __________________
The Scuba Seat is similar to a regular utility seat and incorporates an extended seat back in which to store an air tank. A tank retention strap keeps the tank in place and ready for use while a hinged head rest moves out of the way once the tank has been strapped to the driver. The seat features a four point harness and a fold down seat back.

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Chicago Fire Department

AIR SEA RESCUE

95th Street Heliport
3954 E. Foreman Dr.
Chicago, IL 60617
# Customer Order Acknowledgement

**Order Number:** C48685AA  
**Date:** 7/14/2006  
**Page:** 1

**Sold To:**  
CHICAGO FIRE DEPARTMENT  
3954 EAST FOREMAN DRIVE  
CHICAGO, IL 60617  
USA  
**PHONE:** 312-747-8652  
**FAX:** 312-747-8418

**Ship To:**  
CHICAGO FIRE DEPARTMENT  
3954 EAST FOREMAN DRIVE  
CHICAGO, IL 60617  
USA

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| 1.00     | 0.00 | 0.00 |         | R & L FREIGHT CHARGE | $325.00 |         | $325.00 |
|          |      |      |         | Product Code: DOMMSC | Deliver by 10/16/2006  
|          |      |      |         | FREIGHT PRICE DOES INCLUDE FREIGHT INSURANCE |

**SUB TOTAL**  
$63,235.00

**TOTAL ORDER AMOUNT**  
$63,235.00

**"PRO-FORMA INVOICE"**

DELIVERY: 90 DAYS AFTER RECEIPT OF PURCHASE ORDER.  
HOLD ORDER UNTIL FORMAL PURCHASE ORDER IS RECEIVED.  
ATTN: CHIEF HARRY VERGIS

---

**To review our terms & conditions, visit our website at:** [http://www.aero-access.com](http://www.aero-access.com)
JUSTIFICATION OF NON-COMPETITIVE PROCUREMENT

Procurement History

1. Describe the requirement and how it evolved from initial planning to its present status.
   Two Fire Department rescue Scuba diver's were injured in an aircraft accident on June 30, 2006 while seated without the ability to be secured in the military style seating configuration with their equipment donned per department procedures. Based on FAA and NTSB requirements, We are seeking to purchase 2 seats which will accommodate personnel and their equipment that is approved for installation by the FAA in this model aircraft.

2. Is this a first time requirement or a continuation of previous procurement from the same source? If so, explain the procurement history.
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   a. Aeronautical Accessories was contacted as the sole provider of this type of equipment (see attached quote).
   b. N/A
   c. One manufacturer builds the seat design which is compatible with our mission equipment.
   d. The Chief of Air Sea Rescue, the ASR Dive Coordinator, aircraft mechanic, Chief pilots and pilot and dive personnel.
   e. see #3.

5. Describe any research done to find other sources (List other cities contacted, companies in the industry contacted, professional organizations, periodicals and other publications used).
   Information pertaining to the applicability of this equipment has been obtained through researching several agencies including New York Police Dept. and through attendance of professional trade conferences such as Airborne Law Enforcement Association and Helicopter Association Int'l.

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$63,235.00. The funding source will be determined.

2. What is the estimated cost by fiscal year, if the job, project or program covers multiple years?

N/A

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.)

The cost basis is a quote provided by the sole distributor of this equipment.

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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.

N/A.

3. Outline the required schedule by delivery or completion dates and explain the reasons why the schedule is critical.

Purchase approval is anticipated in order to minimize delivery time.

4. Describe in detail what impact delays for competitive bidding would have on City operations, programs, costs and budgeted funds.

N/A
Exclusive or Unique Capability

1. If contemplating hiring a person or firm as a Professional Service Consultant, explain in detail what professional skills, expertise, qualifications or other factors make this person or firm exclusively or uniquely qualified for the project. Attach copy of cost proposal and scope or services.

   N/A

2. Does the proposed firm have personnel considered unquestionably predominant in the particular field?

   Yes.

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?

   The manufacturer is an exclusive distributor, Customer Support Facility and a completion center for Bell Helicopter Textron, possesses a station licence for the repair and engineering of aviation products issued by the FAA.

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?

   See # 3.

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?

   See # 3.

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.

   See # 3.

7. Is completion precluded because of the existence of patent rights, copyrights, trade secrets, technical data, or other proprietary data? Attach documentation verifying such.

   Yes.

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.

   Yes.

   **Other**

1. Explain other related considerations and attach all applicable supporting documents (MIS Steering Committee Approval form, etc.)
See attached quote.

2. Explain what opportunities of direct/indirect involvement of Minority or Women Business Enterprises have been discussed and/or are available on this contract. Contact Michael Palumbo (744-0530) prior to responding to this question.

Due to the situation surrounding this procurement, and given this Tennessee based vendor will have no opportunity for direct or indirect MBE/WBE participation, we respectfully request "Non-Stated Goal" be utilized.

Review and Approval

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

NOTE: Upon the determination of the Purchasing Department this request may be forwarded to the Sole Source Review Board. If forwarded the Originator must attend a minimum of two (2) sole source review board meetings to clarify this request. The Originator will be contacted by the Finance Division in this event.

Originators Signature   ___________________________   Date   ________________

Bureau Commanders Signature   ___________________________   Date   ________________
<table>
<thead>
<tr>
<th>Item Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>3000 Root &amp; Equipment for Building Collapse Program</td>
<td></td>
</tr>
<tr>
<td>3000 High Risk &amp; Deep Trench Handhole Communication Equipment</td>
<td></td>
</tr>
<tr>
<td>2000 Tools &amp; Equipment for Combined Special Rescue Program</td>
<td></td>
</tr>
<tr>
<td>2000 Lake County Dive Support</td>
<td></td>
</tr>
<tr>
<td>422 Special Operations</td>
<td></td>
</tr>
<tr>
<td>C200 Apparatus &amp; Instruments</td>
<td></td>
</tr>
<tr>
<td>FY 2006 Budget</td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- The table details various accounts and expenses related to the Chicago Fire Department for the fiscal year 2006, including equipment, supplies, and services.
Office of the Fire Commissioner

To: Barbara Lumpkin  
Chief Procurement Officer  
Department of Procurement  
City Hall – Room 400

From: Raymond Orozco  
Fire Commissioner

Re: Specification #50042  
Requisition #29462  
Aeronautical Accessories, Inc  
Request for Non-Stated Goals

Date: August 11, 2006

The Fire Department requests that the vendor’s request for Non-Stated goals be granted, as this company is located in Bristol, Tennessee.

Your consideration in this matter is appreciated. If you have any questions or require any further information please contact Karen Sanger on 745-4196.
Finance / Payroll

TO: Barbara Lumpkin
    Chief Procurement Officer
    Department of Procurement Services
    City Hall Room 403

FROM: Karen L. Sanger
    Contracts Coordinator
    Chicago Fire Department

RE: Specification: 50042
    Sole Source Requisition: 29462
    Vendor: Aeronautical accessories, Inc
    SCUBA Seat Kit

DATE: August 11, 2006

I am submitting the above mentioned Sole Source request for processing. The following documents are included in the package;

1. Purchase Requisition 29462 (to follow)
2. A quotation from the vendor
3. Our Sole Source request
4. A letter from the vendor state they are the sole manufacturer and distributor
5. Documentation on the items requested

I have also sent a letter to the vendor requesting they be granted Non-Stated Goals and have sent them a PDF of our Economic Disclosure forms.

Your assistance in approving and processing this request is appreciated. If you have any questions or require any further information please contact me on (312) 745-4196.