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 STERIS CORPORATION for the product and/or services described herein.
(Name of Firm)

This is a request for Term Agreement or
(Attach List) Pre-Assigned Specification No.
(Proceeding to) Delegate Agency (Check one). If Delegate Agency, this request is for “blanket approval” of all contracts within the

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 #:

Specification #:
Mod. IL

X Thomas (12) 244-3738
Originator Name Telephone

1/25/07
Date

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

() PROCUREMENT HISTORY
Steris Corporation is the only one company that can work on these sterilizer and are a Sole Factory authorize supplier of parts and service for the equipment.

() ESTIMATED COST
Cost of this agreement per yr. is $3,282.38 to be paid yearly for 3 yrs. This cost was quoted from Steris Corporation, see attached quote.

() SCHEDULE REQUIREMENTS
In order to comply with the State of Illinois Dept. of Public Health, this Service Agreement Needs to be Implement

() EXCLUSIVE OR UNIQUE CAPABILITY
Replacement parts if needed are only available from manufacturer Steris Corporation, which is the exclusive provider of this parts

() OTHER

APPROVED BY: 1/30/07

BOARD CHAIRPERSON

DATE:  

TO:Procurement

FROM:Leo Lillard, Assistant Commissioner Water Management

DATE:01-23-2007

RE:CONTRACT PROCESSING

1. ( ) Request Renewal of Contract # __ for __ months.
   Budgeted Amount $__________
   Current Contract Expires:_______

2. ( X ) Request New Blanket for 36 MO.
   Budgeted Amount $9,847.14

3. ( ) Request One-Time Purchase #__________
   Budgeted Amount: $__________

Fill in information below for choice A, B or C above

   Quantity Required: $9,847.14
   Description: SERVICE AGREEMENT FOR THE STERIS STEAM LABORATORY
   STERILIZER
   Item #( ):
   Spec. # ( ):
   Justification:
   Requisition:
   Comments:

4. ( ) Request Extension of Contract for months.
   Current Contract Expires:_______

5. ( ) Request Increase and or Vendor Limit of Contract # in the
   Amount of $_______ for usage until contract is in place.
   Current Contract Expires:_______

6. ( ) Contract should not be renewed.

1. ( X ) CPAC Check List  4. ( ) Spec
2. ( ) Hard Copy of Req.  5. ( ) OTHER (SPECIFY)
3. ( X ) Commissioner Letter

Approved and Date:

Sent to Procurement
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: 01-23-2008
REQ No.: 
PO No.: (if known): 2895
Modification No.: (if known): 
Project Description: SERVICE AGREEMENT FOR THE STERIS STEAM LABORATORY STERILIZER

Contact Person: MARGARITA ALVAREZ
Tel: 747-1683  Fax: 747-7078  E-mail:malvarez@cityofchicago.org

Project Manager: TOM SALDANA
Tel: 744-3738  Fax: 742-5461  E-mail:tsaldana@cityofchicago.org

FUNDING:
City: ☑ Corporate  ☐ Bond
State: ☐ IDOT/Transit  ☐ IDOT/Highway
Federal: ☐ FHWA  ☐ FTA
☐ Enterprise  ☐ Grant*  ☐ Other
☐ Grant*  ☐ Other
☐ Grant*  ☐ Other

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<td>220360</td>
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Estimated Value $9,847.14

*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
☐ 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)

REQUESTED CONTRACT TERM: 36

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

Form Dated 03/10/2006
DETAILED SPECIFICATIONS

Scope

The Contractor shall provide maintenance service for Steris Steam Laboratory Sterilizer equipment to the City of Chicago, Department of Water Management, as outlined and in the attached quote.

Product Description

Steris Steam Laboratory Sterilizer serial number 011749334.

Service Agreement

Three years preventative maintenance. Includes parts, labor and travel.

Location

The work will be performed on-site at the Department of Water Management, Jardine Water Purification Plant.

MBE/WBE Compliance

Steris Corporation is the only company that can service the G5020/40 A/B Steris Steam Laboratory Sterilizer and the sole factory authorized supplier of parts and service. The DWM would like to request that there are no stated goals for this service agreement.
November 17, 2006

**SUBJ: SOLE SOURCE LETTER**

To Whom It May Concern,

Thank you for the subject inquiry.

Please be advised that the replacement parts manufactured or marketed by STERIS Corporation are supplied in compliance with original equipment manufacturers specifications.

STERIS sells and ships replacement parts directly to the end user of the products. Distributors are not utilized.

STERIS has two (2) area offices covering the Continental United States. Each area office has a cadre of Factory Trained Personnel who maintain the equipment through Preventative Maintenance Agreements. This process assures that STERIS Manufactured Equipment continues to operate in compliance with O.E.M. Specification.

STERIS is the Sole Factory Authorized Supplier of parts and service for the equipment that we manufacture which includes products under the brand names of AMSCO, Finn Aqua, HAMO, and Hausted.

Sincerely,

*Debra Murphy*
Supervisor, Contract Department
Erie, PA
(800) 333 8828, Ext 2694
Fax: (814) 870 8841

STERIS'
<table>
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<tr>
<th>Date: 2/21/12</th>
<th>Phone: 773-333-8888</th>
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<tr>
<td>Date: 2/21/12</td>
<td>Phone: 773-333-8888</td>
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<tr>
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<td>123 Tech St.</td>
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**Vendor Information**

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**Invoice Details**

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**Comments**

- Do not utilize laboratory service square.
- Service requested for.

**Terminology**

- Line: 1
- Fund: 10
- Dept: 1
- Open Appr: 1
- Act Dr: 1
- QTY: 1
- Price: 1
- Unit of Measure: 1
- Quantity: 1
- Total: 1

**City of Chicago All Purpose Requisition Form**

Page 1 of 1
This document is confidential information. Disclosure to third parties is not permitted.

FOC: TOM SALDANA
PRICING INCLUDES 3% DISCOUNT WITH TRI-ANNUAL VISITS
20/05 2/22 38
20/08 2/22 38
Customer Doc: "3 YR AGREEMENT"

This agreement cannot be altered and no PO instructions performed, until the receipt of a hard copy purchase order.

ATTN: Service Contract Administration Department
STERIS Corporation
2424 W Washington St
Cleveland, OH 44113
PHONE: 1-800-333-8228 with Agreement Questions
FAX: 1-844-870-9411

Please return a signed copy of the agreement listing and a hard copy of the purchase order as acceptance to the attention of your contract administrator at:

BILLING FREQUENCY: 02/01/2007 - 01/31/2008
AGREEMENT TERM: 02/01/2007 - 01/31/2008

PARTS PO: #

DATE PRINTED: 1/22/2007

AGREEMENT RENEWAL

CHICAGO, ILLINOIS 60611
1000 E OHIO ST
ATTN: CHICAGO DEPARTMENT OF WATER
INVOICE TO: 34698
QUOTED AGREEMENT #: 830877223

RSR039
| Price     | Billing Amount | NA-Custom Maintenance Agreement | Dept | Serial | Equipment Description | Equipmen Type | Contract Type | Agreement Product | Agreement Name | Contract No.   | Contract Term | Location Address | Area Code |
|----------|----------------|-------------------------------|------|--------|----------------------|---------------|---------------|-------------------|----------------|----------------|---------------|----------------|-----------------|-------------|
| $3,202.38|                |                               |      |        |                      |               |               |                   |                |                |               |                |                 | 60611        |
| $3,202.38|                |                               |      |        |                      |               |               |                   |                |                |               |                |                 | 847          |
| $3,202.38|                |                               |      |        |                      |               |               |                   |                |                |               |                |                 |             |

**Total Agreement**

**Annual Agreement**

**Billing Amount Total**

**Adjusments**

**Address**

**Total**

**$3,202.38**

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ATTACHMENT A

SERVICE OPTIONS & PRICING
JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT

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Pre-Assigned Contract No.

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Contract #: ____________________
Specification #: ____________________
Mod. IL ____________________ (Attach List, if multiple)

XThomas Smolka ____________________
 Originator Name

(912) 344-3738 ____________________
 Telephone

____________________
Signature Water Management

1-25-07 ____________________
 Date

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() OTHER

APPROVED BY: ____________________
 OR DESIGNEE DATE ____________________

____________________
BOARD CHAIRPERSON DATE
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Pre-Assigned Contract No.

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**Mod. #:**

(Attach List, if multiple)

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**() OTHER**

---

**APPROVED BY:**

**OR DESIGNEE**

**DATE**

**BOARD CHAIRPERSON**

**DATE**