

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 Medtronics Physio Control for the product and/or services described herein.
(Name of Person or Firm)

This is a request for (One-Time Contractor Requisition # 36583 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 W/ 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 if: _____ Company or Agency Name: _____
Specification if: _____ Contract or Program Description: _____
Mod. * _____ (Attach List, (multiple))

Karen Ganger
Originator Name

745-3710
Telephone

[Signature]
Signature

Fire
Department

2/9/08
Date

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

PROCUREMENT HISTORY

1. Describe the requirement and how it evolved from initial planning to its present status.

On May 8, 2000 a contract to Medtronic Physio-Control for nineteen (19) Medtronic Physio-Control Life Pak 12 (LP 12) Defibrillator Monitor External Pacers was awarded. All nineteen (19) LP 12's were delivered.

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 not a first time requirement for Life Pak 12 defibrillator Monitors (See above).

3 Explain attempts made to competitively bid the requirement.

No effort was made to competitively bid the requirement since Medtronic Physio-Control is the manufacture and sole distributor.

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

Does not apply.

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

It is the Department's intent to obtain an annual contract to acquire these products, but have been working on the maintenance of the existing equipment products, prior to submission of a request for the replacement equipment.

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

As long as Medtronic Physio-Control is the manufacturer and sole distributor of this equipment competitive bidding for Physio-Control Life Pak 12 is not possible.

ESTIMATED COST

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

-LP-12 packaged requirement:	
007-0100-0594104-0340-220340-9900	\$98,430.
007-0100-0594104-0345-220345-9900	\$13,080.
	\$85,350.

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

D/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 amount, current catalog or cost proposal from firms solicited engineering or in-house estimate, etc.).

We are basing costs on the vendors pricing, which is Federally Regulated.

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 provided its performance data recording software to us (a \$1,000.00 value) free of charge. Medtronic Physio-Control has also initiated training of CFD personnel for the operating and downloading of this data. Collection of certain Automatic External Defibrillator (AED) data is now required by the recently legislated Emergency Medical Services (EMS) Act. Under this law, AED performance data such as time of defibrillation, who defibrillated and the resulting cardiac rhythm, if any, must be recorded and reported to the Illinois Department of Public Health (IDPH). The CFD's Medical Advisor, Dr. Paula Willoughby, has chosen to utilize an automatic data collection and recording system to fulfill the requirements of the new EMS Act as well as to provide quality assurance and legal documentation dimensions to the performance of field operations of these devices. The City has partially installed computers in firehouses which will utilize existing or added phone lines and a modem to transmit AED field performance data to a central collection point at the Office of Emergency Communications (OEC). The City has also invested instructor's time in learning and educating these and other new features and technologies in order to provide this operational knowledge to Department Paramedics and Fire Fighters.

Regarding the specification of use of genuine Physio-Control replacement parts and accessories product quality and reliability can be compromised by not utilizing precise replacement parts with tolerances designed and specified by Physio-Control.

No after market supplier has submitted their parts or accessories to Physio-Control for qualification, verification and/or validation of specifications. All Accessories and Disposable Items which could be identified as being non-proprietary have been included in Detailed Specifications for competitive bidding.

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

D/N/A

SCHEDULE REQUIREMENTS

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

Upon notification of the implementation of new ALS Truck Companies in May of 2008, it was determined that this equipment would be required for the ALS Truck Companies, prior to being placed in service.

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 can meet the required schedule.

The lack of drawings and/or specifications is not a constraining factor to competitive bidding.

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

The schedule for the Deliver of this is equipment is _____. It is critical to assure the ALS Truck Companies are fully equipped prior to the scheduled implementation time frame.

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

D/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 the person or firm exclusively or uniquely qualified for the project. Attach copy of cost proposal and scope of services.

N/A.

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

N/A.

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?

Enclosure Five references Medtronic Physio-Control's performance standards and inspection requirements relative to the industries recognized regulatory agencies.

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?

N/A.

5. What other capabilities and/or capability 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?

N/A.

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.

Competition is precluded due to Medtronic Physio-Control's manufacturer and sole distributor status

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.

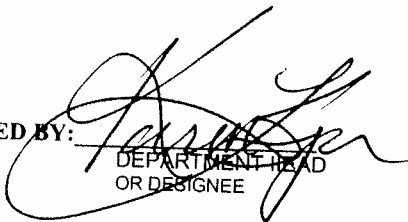
OTHER

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

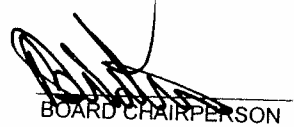
Does not apply.

2. Explain what opportunities of direct/indirect involvement of Minority or Women Business Enterprises have been discussed and/or are available on this contract.

This vendor is currently working with the Fire Department to obtain compliance on a maintenance contract for this product and has spent many months research available resources. All available compliance this company can provide at this time will be dedicated to meeting compliance goals for the maintenance contract. For this reason a full waiver for this equipment will be requested by the vendor as well as concurrence by the Fire department.

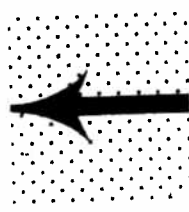
APPROVED BY: 
DEPARTMENT HEAD
OR DESIGNEE

2/4/08
DATE


BOARD CHAIRPERSON

2/9/08
DATE

S. S. R. B.
DATE 2/4/8
RECOMMEND: 4-0
APPROVED.....
CONDITIONALLY
APPROVED.....
RETURN TO DEPT.....
DISAPPROVED.....



View and Approval

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

NOTE: The Originator will be contacted by the Finance Division and must attend a minimum of two (2) sole source review board meetings to clarify' this request

Originator Signature _____ Date

Bureau Commanders Signature _____ Date

INSTRUCTIONS FOR PREPARATION OF NON-COMPETITIVE PROCUREMENT FORM (Rev. 5/04)

If a City Department has determined that the purchase of supplies, equipment, work and/or services can not be done on a competitive basis, a sole source 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 complete CPAC Project Checklist, and any other required forms (see Other #1, below). The Board will not consider justifications with incomplete information documentation

PROCUREMENT HISTORY (INCLUDING FUTURE PROJECT OBJECTIVES)

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 projector program covers multiple years?
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).
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, other factors make this person or firm exclusively or uniquely qualified for the project. Attach copy of cost proposal and scope of services
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, projector 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 at, 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 a letter from manufacturer.

OTHER

1. Explain other related considerations and attach all applicable supporting documents (an approved Information Technology Strategy Committee (ITSC) form, an approved Request for Individual Contract Services form, etc.)
2. Explain what opportunities of direct/indirect involvement of Minority or Women Business Enterprises have been discussed and/or are available on this contract.

REVIEW AND APPROVAL

This form must be signed by both the Originator of the request and approved by the Department (lead or authorized designee. After review and final disposition from the Board, this form will be stamped to indicate the final disposition and signed by the Chairperson of the Board of authorized designee.

SCOPE OF SERVICES

Medtronic (Physio-Control) LifePak 12 Cardiac Monitors / Defibrillators}

SCOPE

The Contractor will furnish and deliver F.O.B., City of Chicago, Fire Department, NEW LifePak 12 Cardiac Monitor / Defibrillator units and accessories utilized by the City of Chicago.

There will be no deviation from these Detailed Specifications without written permission of the Deputy Chief Paramedic, EMS Support & Logistics Division of the Chicago Fire Department or his/her designee.

INTENT

To equip New ALS Truck Companies with the required LifePak 12 Cardiac Monitor / Defibrillator equipment.

FIRE DEPARTMENT CONTACT

Mark J. Linse
Deputy Chief Paramedic
Chicago Fire Department
EMS Support and Logistics Division
3040 South Sacramento Avenue
Chicago, Illinois 60623
Office: (312) 745-2441
Fax: (312) 745-2447

EMS SUPPORT AND LOGISTICS DIVISION LOCATION

3040 South Sacramento Avenue
Chicago, Illinois 60623
Office: (312) 745-2441
Fax: (312) 745-2447

Business Hours: Monday – Friday, 0800-1600 hours

LIMITED WARRANTY

Subject to the limitations and exclusions set forth below, the following Medtronic products which are purchased for use in the United States of America from authorized Medtronic representatives or dealers and are used in accordance with their instructions will be free from defects in material and workmanship appearing under normal service and use as defined below as follows:

One Year: New LIFEPAK 12 defibrillator (monitor series, which include use in out-of-hospital and mobile applications)
New and factory remanufactured Battery Support System 2 Power Adapters
All other batteries and battery paks

Product accessories (including patient cables and internal paddles) CHARGE-PAK-Charging Unit (external system) for LIFEPAK CR Plus defibrillator.

90 Days: The time limits and the warranty schedule provided above begin on the date the devices are deployed for actual field usage. This exact date will be agreed upon by the Medtronic representative and the Deputy Chief Paramedic, EMS Support & Logistics Division, Chicago Fire Department

Medtronic does not warrant that Medtronic products will perform error-free or without interruptions.

The sole and exclusive remedy under this Limited Warranty is to repair or replace defective material or workmanship at the option of Medtronic. To qualify for the repair or replacement, the product must not have been repaired or altered outside of Medtronic factory in any way which, in the judgment of Medtronic, affects its stability and reliability. The product must have been used in accordance with applicable operating instructions and in the intended environment or setting.

The product must not have been subjected to misuse, abuse or accident. Medtronic, in its sole discretion, determine whether the product is field serviceable. If field serviceable and located within 100 miles of a Medtronic service location, warranty service will be provided by Medtronic at the Purchaser's facility during normal business hours. If not field serviceable or if the product is located outside of such areas, all products and/or assemblies requiring warranty service should be returned to a location designated by Medtronic, freight prepaid, and must be accompanied by a written, detailed explanation of the claimed failure.

Except for the Limited Warranty provided above, MEDTRONIC MAKES NO WARRANTY, EXPRESS OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, WHETHER ARISING FROM STATUTE, COMMON LAW, CUSTOMER OR OTHERWISE. THIS LIMITED WARRANTY SHALL BE THE EXCLUSIVE REMEDY AVAILABLE TO ANY PERSON. MEDTRONIC IS NOT LIABLE FOR DIRECT OR INDIRECT, SPECIAL, INCIDENTAL OR CONSEQUENTIAL DAMAGES (INCLUDING LOSS OF BUSINESS OR PROFITS) WHETHER BASED ON CONTRACT, TORT, OR ANY OTHER LEGAL THEORY.

Products are warranted in conformance with applicable laws. If any part or term of this Limited Warranty is held to be illegal, unenforceable or in conflict with applicable law by any court of competent jurisdiction, the validity of the remaining portions of the Limited Warranty shall not be affected, and all rights and obligations shall be construed and enforced as if this Limited Warranty did

not contain the particular part or term held to be invalid. Some US states do not allow the exclusion or limitation of incidental or consequential damages, so the above limitation or exclusion may not apply to you. This Limited Warranty gives the user specific legal rights. The user may also have other rights which vary from state to state or country to country.

DETAILED SPECIFICATIONS

LifePak 12 Cardiac Defibrillator / Monitors Package Included equipment and accessories:

Quantity	Description	Item #	Unit Cost	Extended Cost
6 each	LifePak 12 Cardiac Defibrillator/Monitor, Adaptiv Biphasic, EL Screen, Pacing, SPO2, ETCO2, 100mm Printer.	99400-003667	\$14,225.	\$85,350.
6 each	Battery Support System 2, 120 VAC	99407-000002	\$ 1,400.	\$ 8,400.
6 each	MNC-1 Adapter Cable, SPO2, Masmio to Nellcor Sensors, (10 ft)	11996-000183	\$ 175.	\$ 1,050.
6 each	Standard Hard Paddles for Defibrillation	11130-000001	\$ 400.	\$ 2,400.
6 each	DURA-Y® Multisite SPO2 Sensor	11996-000106	\$ 205.	\$ 1,230.
30 each	LifePak, NiCd Battery, 2.4 Amp Hour Capacity	11141-000026	\$ N/C	.
12 each	Pediatric Paddle, External	11133-000001	\$ N/C	
6 each	Basic Carrying Case	11260-000030	\$ N/C	
6 each	LifePak 12 Shipkit, USA, English, Biphasic, CO2, 100mm Printer	41310-002450	\$ N/C	
6 each	Battery Support System 2, Shipkit, USA, English, Domestic, Straight Receptical	41310-000977	\$ N/C	
6 each	Back Pouch	11260-000029	\$ N/C	
12 each	EDGE System™ Electrodes with QUIK-COMBO Connector, Adult	11996-000091	\$ N/C	
12 each	EDGE System™ RTS Electrodes with QUIK-COMBO Connector, Pediatric	11996-000093	\$ N/C	
60 each	Box of Strip Chart Recorder Paper, 100mm x 22mm	11240-000016	\$ N/C	
6 each	FilterLine® SET, Adult/Pediatric, Includes Airway Adapter	11996-000081	\$ N/C	
6 each	DEC-4 Cable Extension for SPO2 Sensor	11110-000042	\$ N/C	
6 each	Quik-Combo Therapy Cable Tester	11998-000160	\$ N/C	

6 each	Defibrillation Paddle Testers, Netech, Delta 2000	Delta2000	\$ N/C	
6 each	Deck Mounted Bracket for LP12 w/accessory pouch, Ferno Aviation	FA523A070	\$ N/C	
6 each	Acoustic Modulators for LP12, Maguire Ind	M/E-515-12	\$ N/C	
		TOTAL COST		\$98,430.

LINE COMMODITY/DESCRIPTION

UNIT OF MEASURE

0001 465 14 10 110
LifePak-12 Monitor / Defibrillator
LifePak-12 Monitor / Defibrillator Package as
Detailed in the specification

Ea



Physio-Control, Inc.
 11811 Willows Road NE
 P.O. Box 97023
 Redmond, WA 98073-9723 U.S.A
 www.physio-control.com
 www.medtronic.com
 tel 800.442.1142
 fax 800.732.0956

To: Deputy Chief Mark Linse
 Chicago Fire EMS
 Support & Logistics Div
 3040 S Sacramento Ave
 CHICAGO, IL 60623
 Phone: (312) 745-2441
 Fax: (312) 245-2447
 mjlinse@cityofchicago.org

Quote#: 1-90000214

Rev#: 3
 Quote Date: 12/31/2007
 Sales Consultant: Louis Fini
 800-442-1142 x 72380
 FOB: Redmond, WA

Terms: Net 30, all quotes subject to credit approval
 and the following terms & conditions

SEE NOTES SECTION

Contract: None

Exp Date: 90 days after resumption of U.S. shipments.

Line	Catalog # / Description	Qty	List Price	Unit Disc	Trade-In	Unit Price	Ext Total
1	99400-003667 - LP12 DEFIB/MON, ADAPTIV Biphasic, EL Screen, Pacing, SPo2, 3Lead, ETCo2, 100mm Printer The biphasic LIFEPAK 12 is an ADAPTIV fully escalating (to 360 joules) biphasic multi-parameter defibrillator/monitor unit. Ship kit included. Hard paddles, batteries and carrying case not included.	6	\$16,575.00	\$2,350.00	\$0.00	\$14,225.00	\$85,350.00
2	41310-002450 - LIFEPAK 12 SHIPKIT USA, ENGLISH, BIPHASIC, C02, 100MM PRINTER	6	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3	99407-000002 - BSS2, 120 VAC	6	\$1,785.00	\$385.00	\$0.00	\$1,400.00	\$8,400.00
4	41310-000977 - BSS2 ShipKit, USA, ENGLISH, Domestic, Straight Receptacle	6	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5	11130-000001 - Standard Hard Paddles 1 pair, for use with LIFEPAK 12 defibrillator/monitor	6	\$550.00	\$150.00	\$0.00	\$400.00	\$2,400.00
6	11996-000183 - MNC-1 adapter cable, SPO2, Masimo to Nellcor Sensors	6	\$175.00	\$0.00	\$0.00	\$175.00	\$1,050.00
7	11996-000106 - DURA-Y Multisite Sensor PediCheck for attended spot check only (not to exceed 20 minutes). Includes 1 reusable sensor, 6mo warranty.	6	\$205.00	\$0.00	\$0.00	\$205.00	\$1,230.00
8	11141-000026 - LIFEPAK NiCd battery, 2.4 amp hour capacity Rechargeable nickel-cadmium with fuel gage. Must be used with an AC or DC Power Adaptor that is compatible with 2.4 amp hour batteries. Same size and weight as 1.7 amp hour battery.	30	\$268.00	\$268.00	\$0.00	\$0.00	\$0.00
9	11133-000001 - Pediatric Paddle, external, 1 ea (2 required) Slips onto standard adult or external sterilizable paddle.	12	\$73.00	\$73.00	\$0.00	\$0.00	\$0.00
10	11260-000030 - Basic Carrying Case Includes shoulder strap, left and right pouches and vinyl front cover.	6	\$250.00	\$250.00	\$0.00	\$0.00	\$0.00
11	11260-000029 - Back Pouch Pouch Ideal for accessory storage. Not recommended for use with SLA batteries.	6	\$69.00	\$69.00	\$0.00	\$0.00	\$0.00

Quote#: 1-90000214
 Rev#: 3
 Quote Date: 12/31/2007

Quote Products (continued)

Line	Catalog # / Description	Qty	List Price	Unit Disc	Trade-In	Unit Price	Ext Total
12	11996-000091 - EDGE System electrodes with QUIK-COMBO connector	12	\$37.00	\$37.00	\$0.00	\$0.00	\$0.00
13	11996-000093 - Pediatric EDGE System RTS electrodes with QUIK-COMBO connector INTL	12	\$37.00	\$37.00	\$0.00	\$0.00	\$0.00
14	For use only on manual defibrillator/monitors. 11240-000016 - Box of Strip Chart Recorder Paper, 100mm x 22m	60	\$17.00	\$17.00	\$0.00	\$0.00	\$0.00
15	2 rolls per box. 11996-000081 - Filterline Set Adult/Pediatric - includes airway adapter	6	\$215.00	\$215.00	\$0.00	\$0.00	\$0.00
16	Box of 25, Includes airway adapter. FilterLine for short-term intubated patients (24 hours typical). 11110-000042 - DEC-4 Cable Extension for SpO2 Sensor	6	\$55.00	\$55.00	\$0.00	\$0.00	\$0.00
17	4ft extension cable. 11998-000160 - QUIK-COMBO therapy cable tester	6	\$174.00	\$174.00	\$0.00	\$0.00	\$0.00
18	Write-In Product - Defibrillation Paddle Testers, Netech Delta 2000, p/n delta2000	6	\$1,540.00	\$1,540.00	\$0.00	\$0.00	\$0.00
19	Write-In Product - Deck Mounted Brackets for LP12 with accessory pouch, Ferno Aviation, p/n FA523A070	6	\$372.00	\$372.00	\$0.00	\$0.00	\$0.00
20	Write-In Product - Acoustic Modulators for LP12, Maguire Industries, p/n ME-515-12	6	\$571.00	\$571.00	\$0.00	\$0.00	\$0.00

GRAND TOTAL \$98,430.00

Pricing Summary Totals

List Price: \$146,040.00
 Accessory Volume Discount: - \$384.00
 Cash Discounts: - \$47,226.00

GRAND TOTAL FOR THIS QUOTE \$98,430.00

TO PLACE AND ORDER, PLEASE FAX A COPY OF THE QUOTE AND PURCHASE ORDER TO: # 800-732-0956, ATTN: REP SUPPORT

PHYSIO-CONTROL, INC. REQUIRES WRITTEN VERIFICATION OF THIS ORDER. A PURCHASE ORDER IS REQUIRED ON ALL ORDERS \$10,000 OR GREATER BEFORE APPLICABLE FREIGHT AND TAXES. THE UNDERSIGNED IS AUTHORIZED TO ACCEPT THIS ORDER IN ACCORDANCE TO THE TERMS AND PRICES DENOTED HEREIN. SIGN TO THE RIGHT:

CUSTOMER APPROVAL (AUTHORIZED SIGNATURE)

NAME

TITLE

DATE

Ref. Code: CB/13743801/1-1HKW7D

Notes:

TAXES, FREIGHT AND HANDLING FEES WILL BE ADDED AT TIME OF SHIPMENT, IF APPLICABLE.

ABOVE PRICING VALID ONLY IF QUOTE IS PURCHASED IN ITS ENTIRETY. (OPTIONAL ITEMS NOT REQUIRED). IF QUOTE REFLECTS TRADE-IN VALUES, CUSTOMER ASSUMES RESPONSIBILITY FOR SHIPMENT OF TRADE-IN UNITS TO PHYSIO-CONTROL, INC.

ITEMS LISTED ABOVE AT NO CHARGE ARE INCLUDED AS PART OF A PACKAGE DISCOUNT THAT INVOLVES THE PURCHASE OF A BUNDLE OF ITEMS. CUSTOMER IS SOLELY RESPONSIBLE FOR APPROPRIATELY ALLOCATING THE DISCOUNT EXTENDED ON THE BUNDLE WHEN FULFILLING ANY REPORTING OBLIGATIONS IT MIGHT HAVE.

Until further notice, Physio-Control has suspended shipments of the following products: LIFEPAK® 12 defibrillator/monitor, LIFEPAK 20 defibrillator/monitor, LIFEPAK 500 & 500 DPS defibrillators, LIFEPAK 1000 defibrillator, LIFEPAK CR® Plus AED, LIFEPAK EXPRESS® AED, LIFEPAK RS Receiving Station, and some upgrades. At this time, Physio-Control is not able to provide estimated delivery dates.

We are committed to providing customers with updated product and shipping information.

If you place an order based on this quote, when the products become available Physio-Control will contact you to confirm your order. At that time you may elect to (1) proceed with your order, (2) cancel all or part of your order (3) request a revised quote.

The prices listed for LIFEPAK 12 devices above include the following Products as part of a product bundle at no additional charge.

- 1) Defibrillation Paddle Tester, Netech Delta 2000
- 2) Acoustic Modulator for LP12, Maguire Industries
- 3) Deck Mounted Brackets for LP12 w/ Accessory Pouch, Ferno Aviation

As an accommodation, Medtronic ERS will order the above products on the Fire Department's behalf directly from the manufacturers or authorized distributors and have the products shipped directly to the Fire Department. Products are subject to the warranties offered by the respective manufacturers of the Products. Medtronic ERS is not offering any warranty, service or support for the Products. The Fire Department must look directly to the respective manufacturers of the Products for all service, support and warranty matters.

Medtronic ERS makes no representations regarding the quality, performance or interoperability of the Products with each other or with LIFEPAK defibrillators. Medtronic ERS disclaims all express and implied warranties of merchantability and fitness for a particular purpose.

Medtronic assumes no liability for the performance of the Products or for design or product defects or defects in materials and workmanship and in no event shall Medtronic ERS be liable for direct, indirect, incidental consequential or special damages for any claims related to the Products.

Medtronic will forward payment for the products to the appropriate manufacturers or distributor. The estimated cost of the Products is listed above. If the actual prices are higher, the difference will be absorbed by Medtronic ERS, if the actual prices are lower Medtronic ERS will retain the difference.

Delivery is the responsibility of the manufacturer or distributor of the Products. Medtronic is not responsible for any delivery delays or incorrect Product Shipment.

DPS PROJECT CHECKLIST

For DPS Use Only

Date Received _____
 Date Returned _____
 Date Accepted _____
 CA/CN's Name _____

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: 1/10/08

REQ No.: 36583

Contact Person: Karen Sanger

Tel: 745-4196 Fax: 5-3700

E-mail: ksanger

@cityofchicago.org

PO No.: (if known):

Project Manager: Karen Sanger

Tel: Fax:

E-mail:

@cityofchicago.org

Modification No.: (if known):

Previous PO No.: (if known):

Project Description: Physio Control Life Pak 12 - with accessories

FUNDING:

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

LINE	FY	FUND	DEPT	ORGN	APPR	ACTV	OBJT	PROJECT	RPTG	\$ DOLLAR AMOUNT
001	007	0100	59	4104	0340	9900	0340			13080
002	007	0100	59	4104	0345	9900	0345			85,350

*IF GRANT FUNDED, A COPY OF THE APPROVED GRANT AND APPLICATION ARE REQUIRED and any other Terms and Conditions that may apply. **Estimated Value \$98,430.**

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)

CONTRACT TERM: Requested Term (number of months):

PRE BID/SUBMITTAL REQUIREMENTS:

Requesting Pre Bid/Submittal Conference? Yes No Requesting Site Visit? Yes No

DPS PROJECT 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 airside? 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.

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

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

DPS PROJECT CHECKLIST

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

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

- 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 BIS)
- OBM (approved by Budget form/memo)
- Grant document attached

Attach any documentation indicating any previous purchase activity to assist in the procurement process

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

DPS PROJECT CHECKLIST

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/Catalogs, 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 or 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:



City of Chicago
Richard M. Daley, Mayor

Chicago Fire Department

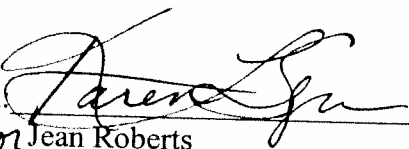
Raymond Orozco
Commissioner

14th Floor
10 West 35th Street
Chicago, Illinois 60616-3799
(312) 745-3705
(312) 745-3880 (FAX)
(312) 747-5047 (TTY)

<http://www.cityofchicago.org/fire>

FINANCE / PAYROLL

To: Montel M Gayles
Chief Procurement Officer
Department of Procurement Services
City Hall Room 403

From: 
for Jean Roberts
Finance Director
Chicago Fire Department

Re: Specification: 63062
Requisition: 36583
Non-Competitive Procurement Standard PO request for
Life Pak 12 Defibrillator / Monitor Package

DATE: January 28, 2008

The Fire Department is requesting a Non-Competitive Procurement Standard PO be issued for the above mentioned request. Attached please find:

- 1) One DPS Checklist.
- 2) Justification for Non-Competitive Procurement
- 3) Requisition 36583
- 4) Detailed Specification
- 5) Quote from the vendor

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

jr/ks



**CITY OF CHICAGO
 PURCHASE REQUISITION**

Copy (Department)

DELIVER TO: 336 FINANCE 10 W. 35TH STREET 14TH FLOOR CHICAGO, IL 60616	REQUISITION: 36583 PAGE: 1 DEPARTMENT: 59 - FIRE DEPARTMENT PREPARER: Karen L Sanger NEEDED: APPROVED: 1/10/2008
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REQUISITION DESCRIPTION
 LIFE PAK 12 DEFIBRILLATOR / MONITOR PACKAGE
 SPECIFICATION NUMBER: 63062

COMMODITY INFORMATION

LINE	ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST						
1	4651410110 PORTABLE CARDIAC MONITOR DEFIBRILLATORS SYSTEM - LIKEPAK 12	1.00	Each	98,430.00	98,430.00						
SUGGESTED VENDOR:											
REQUESTED BY: Karen L Sanger											
DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	Dist. Amt.
1	007	0100	0594104	0340	220340	9900	00000000	000000	00000	0000	13,079.97
2	007	0100	0594104	0345	220345	9900	00000000	000000	00000	0000	85,350.03
LINE TOTAL:											98,430.00
REQUISITION TOTAL:											98,430.00

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