

**CITY OF CHICAGO
DEPARTMENT OF PROCUREMENT SERVICES
ROOM 403, CITY HALL, 121 N. LASALLE STREET**

FOR NCRB USE ONLY	
Date	<u>2-25-13</u>
Recommend Approval	<input type="checkbox"/>
Return To Dept.	<input type="checkbox"/>
Reject	<input type="checkbox"/>
Vote	<u>= Yes</u>

**NON-COMPETITIVE REVIEW BOARD (NCRB)
JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT**

COMPLETE THIS SECTION IF NEW CONTRACT

For contract(s) in this request, fill in each of the four (4) major subject areas below in accordance with the **Instructions for Preparation of Non-Competitive Procurement Form** on the reverse side. Complete "Other" subject area if additional information is needed. Subject areas must be fully completed. Responses merely referencing attachments will not be accepted.

Request that negotiations be conducted only with _____ for the product(s) and/or service(s) described herein.

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" for all contracts within the _____ (Attach List).

Pre-Assigned Specification No.: _____

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 #: 14998

Company or Agency Name: Air One Equipment

Specification #: 55183

Contract or Program Description: Repair and Maint of MAKO Air Station Equipment

Modification #: _____

(Attach List, if multiple)

Riobert Anthony

744-3209

Riobert Anthony

Fire

2/6/13

Originator Name

Telephone

Signature

Department

Date

PROCUREMENT HISTORY

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

The Chicago Fire Department is requesting the current contract limit be increased from \$535,715 to \$577,410 for an increase amount of \$41,695, to cover the expense of equipment purchased under this contract by another city agency. Our Air Mask Section obtained MAKO Air Compressors in 1996 and a second unit in 2004. We have required a contract for maintenance and repair since the installation of the compressors. Air One is the only authorized Maintenance/Repair facility for the Chicago land area, for MAKO compressors.

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

This request is for a replacement contract for air compressor parts, related accessories, maintenance, repair service and testing for equipment located at the Breathing Apparatus Service located at 1044 N. Orleans in Chicago, IL 60610

The equipment list is as follows:

Two (2) Mako 50 hp high pressure, water cooled, electrically powered breathing air compressor.

Two (2) Mako Purification System

Supplier	Expires On	Award	Description
AIR ONE EQUIPMENT INC	T5936080501 5/31/2001	4/18/1996	T5936080501 MAINTENANCE AND TESTING OF AIR BREATHING STATIONS INCREASE VENDOR LIMIT
AIR ONE EQUIPMENT INC	T25049 3/31/2001	Change of PO number from T5936080501	T5936080501 MAINTENANCE AND TESTING OF AIR BREATHING STATIONS INCREASE VENDOR LIMIT
AIR ONE EQUIPMENT INC	T24585 12/31/2006	9/16/2002	MAINTENANCE AND TESTING OF BREATHING AIR STATIONS
AIR ONE EQUIPMENT INC	14998 10/31/2012	5/1/2008	PARTS, RELATED ACCESSORIES, MAINTENANCE, REPAIR AND TESTING SERVICES FOR MAKO BREATHING AIR STATIONS AND RELATED EQUIPMENT

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

Air One Equipment, Inc. is the sole authorized Mako distributor for sales and service in Northeastern Illinois (Chicago metropolitan area) for the municipal fire and safety markets (manufacturer's letter attached).

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).

As this vendor has provided a letter from the Manufacturer that they are the sole authorized dealer/repair for the Chicago area, no further research was warranted.

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

This is an ongoing requirement and as long as this equipment is required by the city no changes are anticipated.

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

The request will not be possible, unless at some time in the future the manufacturer decides to allow more than one authorized maintenance facility in the Chicago land area.

ESTIMATED COST

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

The estimated cost for monthly expenses will be \$8,928.57. This will include repairs, parts, routine and emergency.

The funding source is 0100-0594134-0162-220162

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

This request increase is for 2012 and 2013 expenses that would have been paid under the current contract limit, but other city departments made unanticipated purchases under this contract reducing the available limit to the Fire Department.

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.)

This request increase is for 2012 and 2013 expenses that would have been paid under the current contract limit, but other city departments made unanticipated purchases under this contract reducing the available limit to the Fire Department. So it is requested that the current contract limit be increased by \$41,695 which is the amount expended by a different city department.

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 machines are expensive to replace at nearly \$200,000.00. Typically, they last over 15 years depending on the hours of use.

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

We are not looking to change. The current contract pricing has remained unchanged for the past five 5 years.

SCHEDULE REQUIREMENTS

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

The Contractor shall provide maintenance service to cover the equipment currently in use. The maintenance service shall include the following:

- perform weekly inspections of the equipment, minimum of fifty-two (52) per year
- perform monthly maintenance of the equipment, minimum of twelve (12) per year
- perform bi-annual maintenance of equipment, minimum of two (2) per year
- perform annual maintenance of equipment, minimum of one (1) per year

1. Weekly Inspections

The Weekly Inspections shall be comprised of verifying the proper operation of:

- two (2) Mako model 5436HBASOE3 breathing air compressors
- two (2) model MK420C purification systems
- one (1) Air One 24HPC cylinder enclosed fill station
- thirty (30) DOT breathing air storage cylinders
- Air One high pressure wall mounted truck fill panel
- SCUBA fill regulator

- two (2) Air One high pressure air panels
- one (1) low pressure wall mounted air panel
- submit a repair proposal for any repairs to the equipment which should be considered due to age and/or usage of the equipment in order to maintain and/or improve equipment's performance

2. Monthly Maintenance

Monthly Maintenance shall be comprised of the following:

- replace twenty (20) air filters on the purification systems
- perform two (2) air quality tests (certificates sent to CFD)

3. Bi-Annual Maintenance

Bi-Annual Maintenance shall be comprised of the following:

- replacement of oil and water filters on the Mako breathing air compressors

4. Annual Maintenance

Annual Maintenance shall be comprised of the following:

- change of compressor oil at the earlier of 1000 machine hours or once a year on the Mako breathing air compressors
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.

No, The proposed vendor is the exclusive Mako distributor for sales and service

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

Preventative Maintenance is broken down into weekly, monthly, 6 month and yearly items that are worked on, in addition to the routine and emergency repairs that are performed.

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

This requirement cannot be competitively bid as the manufacturer has sent a letter indicating that Air One Equipment is the sole authorized MALO distributor in good standing, for sales and service.

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, and/or other factors make this person or firm exclusively or uniquely qualified for the project. Attach a copy of the cost proposal, scope of services, and temporary consulting services form.

This is not a professional services contract.

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

Air One Equipment, Inc. has personnel that are the only manufacturer authorized professionals trained to work on the equipment for the Chicago area.

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?

Air One Equipment, Inc. have personnel that have been authorized to work on MAKO equipment prior to being permitted to work on the fire department equipment.

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?

Air One Equipment, Inc. has personnel that have specialized test equipment required by the manufacturer to work on fire department equipment.

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?

Air One Equipment is the sole authorized MALO distributor in good standing, for sales and service.

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?

This request is for maintenance repairs and parts

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 the existence of patent rights and technical data.

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.

Letter from the manufacturer holding Air One as the sole distributor for parts and service is attached

MBE/WBE COMPLIANCE PLAN

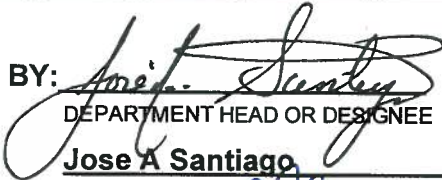
As this is a maintenance and repair contract and there are no certified firms in the Chicago and this vendor has already exhausted their resources for compliance on other city contracts No Stated Goals will be requested for this contract.

OTHER

Explain other related considerations and attach all applicable supporting documents, i.e., an approved ITGB form.

All required back-up information is attached.

APPROVED BY:


DEPARTMENT HEAD OR DESIGNEE

Jose A Santiago

PRINT NAME


CHIEF PROCUREMENT OFFICER



2/7/13

DATE

 FEB 26 2013
BOARD CHAIRPERSON DATE

RIKH BUTLER

PRINT NAME

2/26/13
DATE OF APPROVAL



CHICAGO FIRE DEPARTMENT
CITY OF CHICAGO

To: Jamie L Rhee
Chief Procurement Officer
Department of Procurement Services
City Hall Room 403

From:


Jose A. Santiago
Fire Commissioner

Re: Specification: 55183
Requisition: 79146
PO: 14998
Vendor: Air One Equipment
PARTS, RELATED ACCESSORIES, MAINTENANCE, REPAIR AND TESTING
SERVICES FOR MAKO BREATHING AIR STATIONS AND RELATED
EQUIPMENT – Work Services
Time Extension request

DATE: February 6, 2013

The Fire Department is requesting an increase to the above mentioned Non-Competitive Procurement contract in the amount of \$41,695, which was unexpectedly expended by another city department. This request will increase the contract limit from the current amount of \$535,715 to \$577,410. The increase amount of \$41,695 will allow us to continue to have our equipment serviced.

These services are required to maintain the air compressor system that is installed in our Air Mask facility located at 1044 N Orleans. This system refills various air cylinders used by our members when responding to various emergency response incidents.

Attached please find:

- 1) Completed Justification for Non-Competitive Procurement
- 2) One DPS Check List
- 3) Requisition
- 4) Current Insurance certificate
- 5) A letter from the vendor regarding exclusivity
- 6) Letter from the contractor and CFD's concurrence letter regarding No Stated Goals regarding to the City's compliance requirements

- 7) On-Line EDS certificate
- 8) A list of department personnel that will attend the NCRB meeting

Note: The Scope of Work and letter regarding pricing are not included in the request because this is a contract limit increase and does not affect the Scope of Work or current pricing, as they remain unchanged.

Your assistance in this matter is appreciated. If you have any questions or require any further information please contact Karen Sanger on 745-3710.

ss/ks



360 Production Drive
South Elgin, IL 60177-2637
Telephone: 847-289-9000
Fax: 847-289-9001
E-mail: airone@aoe.net

February 6, 2013

Ms. Karen L. Sanger,
Contracts Coordinator
City of Chicago
3510 S Michigan Ave - 2nd Floor
Chicago, IL 60653

RE: Contract 14998—Parts, Related Accessories, Maintenance, Repair and Testing Services for MAKO Breathing Air Stations and Related Equipment

Dear Karen,

We are submitting a request for “no stated goals” on the addition of the value of \$41695.00 on this contract for the compressor purchased by the Chicago Police Department. This request is based on the following factors.

- As we are the only authorized sales distributor and service center in the area for MAKO breathing air compressors, we are unable to locate any certified entity to participate directly in this contract.
- This contract extension is scheduled to expire 04/30/2013, which is 3 months away. Since all of the initial participation on this contract is on an indirect basis, we are unable to commit to additional indirect participation for such a short period of time.
- Currently, we have other contracts with the City on which indirect participation is utilized. Based on those indirect commitments, our budget does not allow us to add additional participation for the compressor purchase by the Chicago Police Department.

Please contact me if you have any questions or need further documentation. Thank you for your understanding of this request.

Sincerely,

A handwritten signature in cursive script that reads 'Sandra M. Frey'. The signature is written in black ink and is positioned above the typed name.

Sandra M. Frey, President

DPS PROJECT CHECKLIST

For DPS Use Only

Date Received

Date Returned

Date Accepted

CA/CN's Name

IMPORTANT: ALL INFORMATION SHOULD BE COMPLETED, ATTACH ALL REQUIRED MATERIALS AND SUBMIT FOR ROUTING TO THE DEPARTMENT OF PROCUREMENT SERVICES, ROOM 403, CITY HALL, 121 N. LASALLE STREET, CHICAGO, ILLINOIS 60602, ATTENTION: CHIEF PROCUREMENT OFFICER.

General Information:

Date: 2/6/13	Need by (estimated date): 2/6/13	
Requisition No.: 79146	Contact Person:	Project Manager:
Specification No.: (if known) 55183	Karen Sanger	Karen Sanger
PO No.: (if known) 14998	Telephone: 7453710	Telephone: 7453710
Modification No.: (if known)	Fax: 745-3700	Fax: 745-3700
Previous PO No.: (if known)	Email: ksanger@cityofchicago.org	Email:

Project Description: PARTS, RELATED ACCESSORIES, MAINTENANCE, REPAIR AND TESTING SERVICES FOR MAKO BREATHING AIR STATIONS AND RELATED EQUIPMENT

Funding:

City:	<input checked="" type="checkbox"/> Corporate	<input type="checkbox"/> Bond	<input type="checkbox"/> Enterprise	<input checked="" type="checkbox"/> Grant*	<input type="checkbox"/> Other:
State:	<input type="checkbox"/> IDOT/Transit	<input type="checkbox"/> IDOT/Highway		<input type="checkbox"/> Grant*	<input type="checkbox"/> Other:
Federal:	<input type="checkbox"/> FHWA	<input type="checkbox"/> FTA	<input type="checkbox"/> FAA	<input type="checkbox"/> Grant*	<input type="checkbox"/> Other:

LINE	FY	FUND	DEPT	ORGN	APPR	ACTV	PROJECT	RPTG	\$ DOLLAR AMOUNT
	Various								535,715
	various	0100	59	2005	0162				41,695

Term Estimated Value \$577410

*IF GRANT FUNDED, ATTACH COPY OF THE APPROVED GRANT AND APPLICATION AND ANY OTHER TERMS AND CONDITIONS OF FUNDING SOURCE THAT MAY APPLY. GRANT FUNDS MUST BE COMMITTED OR SPENT BY DEADLINE: (DATE)

Scope Statement:

Attached is a Detailed Scope of Services and/or Specification. E-mail softcopy in Microsoft Word to DPS Unit Manager

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.

Purchase Order Type (Check All That Apply):

New Request	Modification/Amendment
<input type="checkbox"/> Blanket/Term/DUR/Agreement	<input type="checkbox"/> Time Extension**
<input type="checkbox"/> Master Agreement (Task Order)	<input checked="" type="checkbox"/> Vendor Limit Increase
<input type="checkbox"/> Standard/One-Time Purchase	<input type="checkbox"/> Scope Change/Price Increase/Additional Line Item(s)
Forms	<input type="checkbox"/> Other (specify):
<input checked="" type="checkbox"/> Requisition	
<input type="checkbox"/> Special Approvals	
<input type="checkbox"/> Non-Competitive Review Board (NCRB)	

Contract Term: 5.5 years

** Requested Term (Number of Months): none

Pre-Bid/Submittal Requirements:

Mandatory Pre Bid/Submittal Conference? Yes* No

Requesting Site Visit? Yes No

*If yes, explain reasons why mandatory attendance is necessary.

DPS PROJECT CHECKLIST

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.

ARCHITECTURAL/ENGINEERING SUPPLEMENTAL CHECKLIST

Required Attachments: Scope of Services, including location, description of project, services required, deliverables, and other information as required

Risk Management

- Current Insurance Requirements prepared/approved by Risk Management: Yes No
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 _____

If 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:

Attach Recommendation of MBE/WBE/DBE Analysis Form Yes No

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.

Do bid documents contain Sensitive Security Information (SSI)? Yes* No Redacted

*If yes, attach Confidentiality Statement

Attach Recommendation of MBE/WBE/DBE Analysis Form Yes No

If 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:

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

Attach Recommendation of **MBE/WBE/DBE Analysis Form** Yes No
 Is this a **Revenue Producing contract**? Yes No

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

- Current Insurance Requirements prepared/approved by Risk Management: Yes No
- 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

Attach Recommendation of **MBE/WBE/DBE Analysis Form** Yes No

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

If New Request (Check applicable boxes):

- Is this a **Request for Information (RFI)**? Yes No
- Is this a **Request for Qualifications (RFQ)**? Yes No
- Is this a **Request for Proposal (RFP)**? Yes No
- If RFQ or RFP, did any outside Consultant provide advice or deliverables in developing the RFQ or RFP? Yes* No

*If yes, Company Name: **PO#**

Attach a narrative explaining the consulting services and deliverables provided.

Is this a **Non-Competitive Procurement**? Yes* No

*If yes, attach completed Non-Competitive Justification form, vendor proposal and completed MBE/WBE compliance plan (Schedules C-1 and D-1) submitted to the Non-Competitive Review Board.

Is this a request for **Individual Contract Services**? Yes* No

*If yes and you seek a sole source contract to hire a person as a Consultant, attach completed Office of Compliance "Request for Individual Contract Services" approval form signed by Department Head, Office of Compliance & OBM.

Is this a **Revenue Producing contract**? Yes No

Does this request involve the **purchase of Software**? Yes* No

If yes, is City required to sign a software license? Yes No

*If yes, attach descriptions of software and software license agreement.

PROFESSIONAL SERVICES SUPPLEMENTAL CHECKLIST (continued)

Required Attachments (IF RFP/RFQ OR SOLE SOURCE):

- Statement of Work (SOW), Deliverables or Scope of Services defined
Does SOW involve any work in the public way? Yes* No
*If yes, attach list of locations.
- Does SOW involve any public improvement to property that requires performance bond or prevailing wage? Yes* No
*If yes, attach list of locations.
- Is City Council approval required? Yes No
- Project or Program Background Information
- Project Goals and Objectives
- Qualifications or Licenses/Certifications required for any disciplines
- Evaluation Criterion desired in RFP or RFQ
- Evaluation Committee (EC) members recommended. Attach list of names, titles and departments
- Technical and/or Functional Requirements, if applicable
- Cost Proposal/Schedule of Compensation structure (If Sole Source, over Contract Term by Milestone Deliverables)
- If an Information Technology (IT) project valued at \$100,000.00 or more, attach approval transmittal sheet from Information Technology Governance Board (ITGB)

- Attach Recommendation of MBE/WBE/DBE Analysis Form Yes No

If 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:

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

- Attach Recommendation of MBE/WBE/DBE Analysis Form Yes No
- Is this a Revenue Producing Contract? Yes No

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:

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
- Price Lists/Catalogs, technical drawings and other exhibits and attachments as appropriate
- If an Information Technology (IT) project valued at \$100,000.00 or more, attach approval transmittal sheet from Information Technology Governance Board (ITGB)

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

- Attach Recommendation of MBE/WBE/DBE Analysis Form Yes No
- Is this a Revenue Producing contract? Yes No

If Modification or Amendment request, please verify and provide the following:

Contractor's Name: Air One Equipment
Contractor's Address: 360 Production Drive South Elgin, IL 60177-2637
Contractor's e-mail Address: airone@aoe.net
Contractor's Phone Number: 888-247-1204
Contractor's Contact Person: Sandra Frey

**CITY OF CHICAGO
PRE-APPROVED
MODIFICATION / OVERRIDE REQUISITION**

Copy (Department)

DELIVER TO: 336 FIRE DEPT - FINANCE 3510 S. MICHIGAN AVE, 2ND FL CHICAGO, IL 60653	REQUISITION: 79146 For PO Number: 14998 PAGE: 1 DEPARTMENT: 59 - FIRE DEPARTMENT PREPARER: Karen L Sanger NEEDED: PRE-APPROVED 2/6/2013
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REQUISITION DESCRIPTION

Vendor limit increase request - PO 14998 - Air One Equipment
 SPECIFICATION NUMBER: 55183
 Mod Reason: DOLLAR AMOUNT CHANGE

COMMODITY INFORMATION

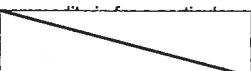
LINE	ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST
1	93608 VLI from \$535,715 to \$577,410	41,695.00	USD	0.00	0.00

SUGGESTED VENDOR:

REQUESTED BY: Karen L Sanger

DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	TOTAL COST
1	013	0100	0592005	0162	220162	0000	00000000	000000	00000	0000	0.00
LINE TOTAL:											0.00

REQUISITION TOTAL: 0.00

Where a  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.



CERTIFICATE OF LIABILITY INSURANCE

AIRON-3

OP ID: 11

DATE (MM/DD/YYYY)

01/07/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Charles L. Crane Agency Co. 100 North Broadway, Ste. 900 St. Louis, MO 63102 George H. Hubbard	Phone: 314-241-8700 Fax: 314-444-4970	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Air One Equipment, Inc. Ms. Sandy Frey 360 Production Drive South Elgin, IL 60177-2637	INSURER A : Travelers Prop Cas Co of Amer		25674
	INSURER B : Phoenix Insurance		25623
	INSURER C : Charter Oak Fire Insurance Co.		25615
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	Y660282D7109COF12	10/01/2012	10/01/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
B	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X	Y810282D7109PHX12	10/01/2012	10/01/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below					
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ 0	X	YSMCUP282D7109TIL12	10/01/2012	10/01/2013	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below					
B	EDP-Equip Hardware		QT6602563R473PHX12	10/01/2012	10/01/2013	105,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Re: Specification #109642-Parts, Related Accessories, Maintenance, Repair and Testing Services for MAKO Breathing Air Stations and Related Equipment.
 City of Chicago is added as an additional insured as respects General & Auto Liability on a primary and non-contributory basis.

CERTIFICATE HOLDER**CANCELLATION**

CTYCHIC

City of Chicago
 Dept of Procurement Services
 121 North LaSalle Street
 Chicago, IL 60602

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

W Elliot Benoit

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April 5, 2012

Air One Equipment
360 Production Drive
South Elgin, IL 60177

Re: Authorized Distributor Information Request

Dear Mr. Frey:

The purpose of this letter is to officially state that Air One Equipment, Inc. is an authorized Mako Distributor in good standing, for sale and service in the northeast Illinois (Chicago Metropolitan area) for the municipal fire and safety markets.

Sincerely,

Mako Compressors



Bruce Sanders

Mako Territory Sales Manager

Gardner Denver Inc. Mako Compressors
100 Gardner Park, Peachtree City, Ga 30269



CHICAGO FIRE DEPARTMENT
CITY OF CHICAGO

To: Jamie L Rhee
Chief Procurement Officer
Department of Procurement Services
City Hall Room 403

From:


Jose A Santiago
Fire Commissioner

Re: Specification: 55183
Requisition: 79146
PO: 14998
Vendor: Air One Equipment
PARTS, RELATED ACCESSORIES, MAINTENANCE, REPAIR AND TESTING
SERVICES FOR MAKO BREATHING AIR STATIONS AND RELATED
EQUIPMENT – Work Services
Non-Competitive Procurement
No Stated Goals

DATE: February 6, 2013

After reviewing the request from Air One Equipment for No Stated Goals related to the submitted contract limit increase of \$41,695, the Fire Department concurs with the vendor's request for No Stated Goals. The services provided by this contract do not provide any opportunity for direct compliance participation and as this vendor does have multiple contracts with city that involve participation in the compliance program it is felt that the intent of this program is followed by this vendor to the best of their ability.

Your assistance in this matter is appreciated. If you have any questions or require any further information please contact Karen Sanger on 745-3710.



CERTIFICATE OF FILING FOR
CITY OF CHICAGO ECONOMIC DISCLOSURE STATEMENT

EDS Number: 41050

Date of This Filing:02/06/2013 11:45 AM

Certificate Printed on: 02/06/2013

Original Filing Date:02/06/2013 11:45 AM

Disclosing Party: Air One Equipment, Inc.

Title:Owner

Filed by: Sandra Frey

Matter: Parts related accessories, maintenance,
repair and testing services for Mako Breathing
air stations and related equipment

Applicant: Air One Equipment, Inc.

Specification #: 55813

Contract #: 14998 *MODIFICATION: 72283*

The Economic Disclosure Statement referenced above has been electronically filed with the City. Please provide a copy of this Certificate of Filing to your city contact with other required documents pertaining to the Matter. For additional guidance as to when to provide this Certificate and other required documents, please follow instructions provided to you about the Matter or consult with your City contact.

A copy of the EDS may be viewed and printed by visiting <https://webapps.cityofchicago.org/EDSWeb> and entering the EDS number into the EDS Search. Prior to contract award, the filing is accessible online only to the disclosing party and the City, but is still subject to the Illinois Freedom of Information Act. The filing is visible online to the public after contract award.

Vendor: Air One Equipment (Work Services)
PARTS, RELATED ACCESSORIES, MAINTENANCE, REPAIR AND TESTING
SERVICES FOR MAKO BREATHING AIR STATIONS AND RELATED
EQUIPMENT – Work Services
Non-Competitive Procurement Request

Non-Competitive Review Board Attendees

Karen Sanger – CFD Contracts
Steve Swanson – CFD Finance
Robert Anthony – CFD Air Mask

Purchase Order Headers

KAREN

Number	Supplier	Expires On	Approval Sta	[]	Revised D	CONTRACT LIN	Amount	Mat
14998	AIR ONE EQUIPMEN	30-APR-2013	Approved	.55183		535,715.00	15,375.00	
14998	AIR ONE EQUIPMEN	30-APR-2013	Approved	.55183		535,715.00	41,695.00	
14998	AIR ONE EQUIPMEN	30-APR-2013	Approved	.55183		535,715.00	2,500.00	
14998	AIR ONE EQUIPMEN	30-APR-2013	Approved	.55183		535,715.00	785.02	
14998	AIR ONE EQUIPMEN	30-APR-2013	Approved	.55183		535,715.00	15,375.00	
14998	AIR ONE EQUIPMEN	30-APR-2013	Approved	.55183		535,715.00	79.00	
14998	AIR ONE EQUIPMEN	30-APR-2013	Approved	.55183		535,715.00	859.45	
14998	AIR ONE EQUIPMEN	30-APR-2013	Approved	.55183		535,715.00	15,375.00	
14998	AIR ONE EQUIPMEN	30-APR-2013	Approved	.55183		535,715.00	120.00	
14998	AIR ONE EQUIPMEN	30-APR-2013	Pre-Approve	.55183	20-DEC-2	535,715.00	2,424.26	

Shipment New Release New EO Open

535,715
 41,695

 577,410

301288-0 11/11/12



CHICAGO FIRE DEPARTMENT
CITY OF CHICAGO

To: Jamie L Rhee
Chief Procurement Officer
Department of Procurement Services
City Hall Room 403

FEB 11 2013 *(initials)*

JB

From:

Jose A Santiago
Jose A Santiago
Fire Commissioner

HZM 2/15/13

Re: Specification: 55183
Requisition: 79146
PO: 14998
Vendor: Air One Equipment
PARTS, RELATED ACCESSORIES, MAINTENANCE, REPAIR AND TESTING
SERVICES FOR MAKO BREATHING AIR STATIONS AND RELATED
EQUIPMENT – Work Services
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DATE: February 6, 2013

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Your assistance in this matter is appreciated. If you have any questions or require any further information please contact Karen Sanger on 745-3710.



360 Production Drive
South Elgin, IL 60177-2637
Telephone: 847-289-9000
Fax: 847-289-9001
E-mail: airone@aoe.net

February 6, 2013

Ms. Karen L. Sanger,
Contracts Coordinator
City of Chicago
3510 S Michigan Ave - 2nd Floor
Chicago, IL 60653

RE: Contract 14998—Parts, Related Accessories, Maintenance, Repair and Testing Services
for MAKO Breathing Air Stations and Related Equipment

Dear Karen,

We are submitting a request for “no stated goals” on the addition of the value of \$41695.00 on this contract for the compressor purchased by the Chicago Police Department. This request is based on the following factors.

- As we are the only authorized sales distributor and service center in the area for MAKO breathing air compressors, we are unable to locate any certified entity to participate directly in this contract.
- This contract extension is scheduled to expire 04/30/2013, which is 3 months away. Since all of the initial participation on this contract is on an indirect basis, we are unable to commit to additional indirect participation for such a short period of time.
- Currently, we have other contracts with the City on which indirect participation is utilized. Based on those indirect commitments, our budget does not allow us to add additional participation for the compressor purchase by the Chicago Police Department.

Please contact me if you have any questions or need further documentation. Thank you for your understanding of this request.

Sincerely,

A handwritten signature in cursive script that reads 'Sandra M. Frey'. The signature is written in black ink and is positioned above the printed name.

Sandra M. Frey, President