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

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 <name of person or firm> for the product(s) and/or service(s) described herein.

This is a request for:

☐ One-Time Contractor Requisition #: <Req No>, copy attached or ☐ Term Agreement or ☐ Delegate Agency (Check one).

If Delegate Agency, this request is for “blanket approval” for all contracts within the <proj description/name> (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 #: 15106

Specification #: 54033

Modification #: __________

Company or Agency Name: ERLA Inc DBA EMSAR

Contract or Program Description: Maint/Repair Ferno Washington & Stryker Stretcher

Juan C. Hernandez

312-745-2441

Originator Name

Telephone

Signature

Department

Date

Fire

2/8/13013

PROCUREMENT HISTORY

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

Prior to 1996, the Chicago Fire Department performed its own maintenance and repairs of Ferno Equipment and was able to purchase all the necessary parts through a manufacturer’s equipment dealer. However, in early 1997, Ferno-Washington, Inc. the OEM (original equipment manufacturer) initiated a new venture which restricted the sale of Class 1 & 2 parts to their new service and repair dealerships operating under the name of Equipment Management, Service & Repair (EMSAR), a wholly owned subsidiary of Ferno-Washington, Inc.

In 2004/2005 the Chicago Fire Department began purchasing Stryker stretchers as part of a new ambulance purchase. As a result Stryker stretchers were integrated into our stock of stretchers, thus initiating the need for FDA mandated maintenance and repair. Currently, The Chicago Fire Department has over 760 pieces of conveyance equipment, which all require periodic preventative. EMSAR is the only organization authorized to service both Stryker and Ferno-Washington devices.

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

Since March 1, 1997, the Chicago Fire Department has been contracting with an EMSAR dealer that provides preventative maintenance and repair service for all Ferno and Stryker Equipment (**) owned or operated by the Chicago Fire Department.
The EMSAR dealer to be affected by this Sole Source contract request is:
"EMSAR Chicago"
115 E. Ellis Ave.
Liberty, IL 60048
(1-847-533-6728)

(**) Patient conveyance devices for use by Paramedics & Firefighters during the provision of "pre-hospital" emergency medical services and rescue
3. Explain attempts made to competitively bid the requirement. (Attach copy of notices and list of sources contacted)
See response to question 1
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).
See response to question 1
5. Explain future procurement objectives. Is this a onetime request or will future requests be made for doing business with the same source?
This is an ongoing requirement for repair and maintenance
6. Explain whether or not future competitive bidding is possible. If not, why not?
See response to question 1

☒ 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 contract increase cost is $103,400. The funding source will be 013-0100-059-4133-0162-0162-0300 for preventive maintenance and 013-0100-059-4133-0360-0360-0200 for Class III repair parts and materials for stretchers.
2. What is the estimated cost by fiscal year, if the job project or program covers multiple years?
Estimated cost for 4/1/13 through 12/31/13 is $84,600
Estimated cost for 1/14 through 2/28/14 is $18,800
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.)
Actual expenses were calculated, divided by the number of months the expenses were incurred in and multiplied by the number of months remaining in the contract period.
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 City has a substantial investment in the Ferno Washington and Stryker Stretchers that are are being repaired and maintained. We have a total of 760 pieces of conveyance equipment throughout both Fire Suppression and Rescue Engines, Trucks and Emergency Medical Services Ambulances.
   Ferno Washington Stretchers: 5
   Ferno Washington Scoop Stretchers: 92
   Ferno Washington Stairchairs, Model 107B4: 264
   Ferno Washington Auxiliary Litter: 101
   Ferno Washington/Stryker Fastening System: 87/89
   Stryker Stretcher MX Pro, Model 6082: 122
5. Explain what negotiation of price has occurred or will occur. Detail why the estimated cost is deemed reasonable.
Existing contract pricing was utilized.

☒ SCHEDULE REQUIREMENTS
1. Explain how the schedule was developed and at what point the specific dates were known.
Scheduling of preventive maintenance is developed based on the manufacturers recommendations and field use.
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.
There are no drawings or specifications that are related to the reason that this request cannot be competitively bid. This contract is for servicing our Ferno Washington and Stryker Stretchers that is the only authorized dealer to work on both Ferno Washington and Stryker conveyance devices.
3. Outline the required schedule by delivery or completion dates and explain the reasons why the schedule is critical.
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 contract does not provide for the above.

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

The proposed firm is the sole provider for Ferno Washington and Stryker repair.

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?

EMSAR is the only organization authorized to service both Stryker and Ferno-Washington devices.

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?

Specialized facilities are not required, authorized parts from the manufacturer are required.

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?

Only authorized organization to perform Ferno Washington and Stryker conveyance device repair.

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 not for procuring products or equipment.

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

No it is not

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.

EMSAR is the only authorized organization to perform both Ferno Washington and Stryker conveyance device repair.

MBE/WBE COMPLIANCE PLAN

No State Goals requested for this increase request.

OTHER

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

CFD supporting documents will accompany this request.

APPROVED BY: Jose A Santiago

DATE: 3/13/13

BOARD CHAIRPERSON: Rich Butler

DATE: APR 01 2013

CHIEF PROCUREMENT OFFICER

DATE OF APPROVAL: APR 01 2013
DPS PROJECT CHECKLIST

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: 2/8/13  Need by (estimated date): 2/8/13
Requisition No.: 79226  Contact Person:  Project Manager:
Specification No.: (if known) 54033  Karen Sanger  Karen Sanger
PO No.: (if known) 15106  Telephone: 312745370  Telephone: 3127453710
Modification No.: (if known)  Fax: 745-3700  Fax: 745-3700
Previous PO No.: (if known)  Email: ksanger@cityofchicago.org  Email:

Project Description: Maint of Ferno Washington and Stryker Stretchers

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

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</table>

*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
□ Blanket/ Term/DUR/ Agreement
□ Master Agreement (Task Order)
□ Standard/ One-Time Purchase

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

Modification/Amendment
□ Time Extension**
□ Vendor Limit Increase
□ Scope Change/ Price Increase/ Additional Line Item(s)
□ Other (specify):

Contract Term: 7 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.
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:
Will services be performed within 50 feet of CTA train or other railroad property?
Will services be performed on or near a waterway?

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

AVIATION CONSTRUCTION SUPPLEMENTAL CHECKLIST

DOA sign-off for final design documents:

Required Attachments:
Copy of Draft Contract Documents and Detailed Specifications

Risk Management:
Current Insurance Requirements prepared/approved by Risk Management:
Will work be performed within 50 feet of CTA or ATS structure or property?
Will work be performed airside?

*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

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
Is this a Revenue Producing contract?

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:
  - Will services be performed within 50 feet of CTA train or other railroad property?
  - Will services be performed on or near a waterway?

Attach Recommendation of MBE/WBE/DBE Analysis Form

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)?
- Is this a Request for Qualifications (RFQ)?
- Is this a Request for Proposal (RFP)?
- If RFQ or RFP, did any outside Consultant provide advice or deliverables in developing the RFQ or RFP?
  - If yes, Company Name:
  - PO#:

Attach a narrative explaining the consulting services and deliverables provided.

Is this a Non-Competitive Procurement?
- 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?
- 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?

Does this request involve the purchase of Software?
- If yes, is City required to sign a software license?
- 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 hour/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: ERLA INC D/BA/ EMSAR
- Contractor’s Address: 270 Davids Dr.
  Wilmington, Oh 45177
- Contractor’s e-mail Address:
- Contractor’s Phone Number: 312-310-5074
- Contractor’s Contact Person: David Riggwood
# CITY OF CHICAGO
## PRE-APPROVED
### MODIFICATION / OVERRIDE REQUISITION

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**DELIVER TO:**

336  
FIRE DEPT - FINANCE  
3510 S. MICHIGAN AVE, 2ND FL  
CHICAGO, IL 60653

**REQUISITION:** 79226  
For PO Number: 15106

**PAGE:** 1  
**DEPARTMENT:** 59 - FIRE DEPARTMENT  
**PREPARER:** Karen L. Sanger  
**NEEDED:** PRE-APPROVED 2/8/2013

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**REQUISITION DESCRIPTION**

VLI - PO 15106 - ERLA/EMSAR  
SPECIFICATION NUMBER: 54033  
Mod Reason: DOLLAR AMOUNT CHANGE

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## COMMODITY INFORMATION

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Vendor Limit Increase From $685,000. to $788,400

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**SUGGESTED VENDOR:**

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**REQUESTED BY:** Karen L. Sanger

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**LINE TOTAL:** 0.00

**REQUISITION TOTAL:** 0.00

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*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.*
# Section I: General Contract Information

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<tr>
<th>Department Name</th>
<th>Chicago Fire Department</th>
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<tr>
<td>Department Contact Name</td>
<td>Steve Swanson</td>
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<tr>
<td></td>
<td>Karen Sanger</td>
</tr>
<tr>
<td>Department Contact Number</td>
<td>745-4199</td>
</tr>
<tr>
<td></td>
<td>745-3710</td>
</tr>
<tr>
<td>Department Contact Email</td>
<td><a href="mailto:Steven.swanson@cityofchicago.org">Steven.swanson@cityofchicago.org</a>, <a href="mailto:Ksanger@cityofchicago.org">Ksanger@cityofchicago.org</a></td>
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<td>Contract Number</td>
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<td>Contract Subject Name</td>
<td>Maintenance of Ferno Washington and Stryker Stretchers</td>
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<td>Contract Initiation Date</td>
<td>March 1, 2007</td>
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<td>Original Contract Amount</td>
<td>$210,000 - Current Limit $685,000</td>
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<td>Original Contract Expiration Date</td>
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<td>Budgeted amount for current year</td>
<td>$94,000 and $36,000</td>
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<td>013-0100-0592005-0360-220360 $36,660</td>
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<td>If contract modification or task request is approved, will department have enough funds to cover new expenditure?</td>
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<td>If no, what is the plan to address the short fall?</td>
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# Section II: Contract Modifications

Complete this section if you are modifying the value of an existing contract.

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<td>New total contract amount</td>
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<td>New contract expiration date</td>
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<td>Goods/services provided by this contract</td>
<td>Maintenance of Ferno Washington and Stryker Stretchers</td>
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<tr>
<td>-----------------------------------------</td>
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<td>Justification of need to modify this contract</td>
<td>To have the ability to pay for continued maintenance and repair of owned equipment</td>
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<td>Impact of denial</td>
<td>Critical day to day operations allowing this department to service the public in emergency situations could be hampered.</td>
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**Section III. Issue a Request for Services to a Master Consulting Agreement**

Complete this section if you want to issue a request for services to a Master Consulting Agreement

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**Section IV: Assessment of Office of Budget and Management Analyst**

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<td>OBM Analyst Initials</td>
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<td>OBM Analyst Name/number</td>
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The Fire Department is requesting the above mentioned contract limit be increased from $685,000 to $788,400. The increase request of $103,400 is required to cover anticipated expenses for the remaining eleven (11) months of the contract, which expire on 2/28/14. This figure was determined by averaging the current monthly expenses and multiplying the average by the number of remaining months.

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
February 5, 2013

Karen L. Sanger
Contracts Coordinator
Chicago Fire Department
3510 S. Michigan – 2nd Floor
Chicago, IL 60653

RE: Contract 15106 for service and repair of Ferno Washington and Stryker emergency medical equipment.

Dear Ms. Sanger,

I am writing to request Non-Stated-Goals for MBE/WBE on behalf of ERLA, Inc. ERLA Inc., dba EMSAR Chicago is a franchisee of EMSAR, Inc. EMSAR, Inc. is the only service entity authorized by both Ferno Washington, Inc. and Stryker, Inc. to provide service and repair on their emergency medical equipment.

EMSAR Chicago employs two remote based technicians in the Chicago area. Service and repair work carried out for the Chicago Fire Department is performed on-site at Support and Logistics Division.

As a franchisee of EMSAR, EMSAR Chicago must comply with all requirements of the contracts between EMSAR, Inc. and both Ferno Washington, Inc. and Stryker, Inc. Each of those contracts requires that only trained and certified technicians of EMSAR perform all service work. The contracts also require that only original factory replacement parts be used for repair and service work. EMSAR Chicago is required to obtain said parts from EMSAR, Inc. In addition, all supplies, tools and other equipment used by EMSAR Chicago to provide service are supplied by EMSAR, Inc.

It has always been the intent of EMSAR Chicago to comply with all aspects of the contract with the city. In this case, due to the structure of EMSAR Chicago and our contractual obligations to EMSAR, Inc. and the manufactures Ferno Washington, Inc. and Stryker, Inc. it is not possible to comply with the MBE/WBE goals. If we can comply in any case we will. I am requesting however, that we have Non-Stated-Goals. Should you require additional information or further clarification, please contact me at 1-800-235-8156 or via email at jwhalen@emsar.com

Sincerely,

Joseph Whalen
ERLA, Inc. General Manager
# Certificate of Liability Insurance

**Date:** 2/1/2013

**Producer:** Cailor Fleming Insurance  
4610 Market St.  
P.O. Box 3989  
Youngstown, OH 44513

**Contact:** Christine L. Peterson  
PHONE: (330) 782-8068  
FAX: (330) 782-0874  
E-MAIL: cpeterson@cailorfleming.com

**Insurers:**  
- Western Heritage Insurance Co.  
- American Economy Insurance Co.

**ERLA, Inc.:**  
270 Davids Dr.  
Wilmington, OH 45177

**Certificate Number:** 4/1/12-13  
**ERLA**

**Revision Number:**

**Coverage:**  
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.

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<th>TYPE OF INSURANCE</th>
<th>ADDL SUB INSURER</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF (MM/DD/YYYY)</th>
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**Workers Compensation and Employers' Liability:**  
Any proprietor/partner/executive officer/member excluded? (Mandatory in NH)  
Yes/No: N/A  
If yes, describe under description of operations below

**Description of Operations/Locations/Vehicles (Attach ACORD 101, Additional Remarks Schedule, if more space is required):**  
City of Chicago Fire Department is named as an Additional Insured on the General Liability coverage, when required by written contract, with respect to work performed for them by the Named Insured, as their interest may appear.

**Certificate Holder:**  
City of Chicago Fire Department  
ATTN: Finance Division  
3510 S. Michigan Avenue  
Chicago, IL 60653

**Cancellation:**  
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:**  
J Michalenok/NORMA

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The ACORD name and logo are registered marks of ACORD.
Date: January 1, 2013

To Whom It May Concern:

We are pleased to announce that service and repair on Ferno emergency, ambulance, and mortuary equipment is now available to you locally. Equipment Management, Service and Repair, or EMSAR® has been appointed as the only service and repair agent authorized by Ferno Washington.

The EMSAR agent for your area is ERLA Inc, d.b.a. EMSAR® Chicago. They can be reached toll free at (800) 291-9188.

Ferno has contracted with EMSAR® to provide comprehensive service and support for the complete Ferno product line. EMSAR® is the only authorized service agent of Ferno. EMSAR® technicians are factory trained and have readily available access to Ferno factory original parts. As a result, EMSAR® technicians are able to provide on-site minor repairs, quick turnaround of major repairs, and a preventive maintenance program designed to extend the life of the equipment.

The EMSAR Service Technicians servicing your area are Dave Rigwood, 847-533-6728 and John Kujawa, 847-533-6727.

We know that you will be pleased with the professionalism and consistently high quality of service EMSAR® will provide. Be proactive and call EMSAR® now to have your cot inspected and/or repaired by the only authorized Ferno service agent, EMSAR®.

Sincerely,

J Bourgraf

Joe Bourgraf,
President
MEMO

TO: EMSAR EMS Customers
CC: Renee LaPine – President, EMSAR, Inc.
From: Steve Trail
       Vice President of Customer Care
Date: August 20, 2012
RE: EMSAR is a factory authorized repair vendor for Stryker EMS products

EMSAR franchises have been factory trained and authorized to service and repair the Stryker EMS product line within the 50 United States. EMSAR is authorized to provide warranty repair, preventative maintenance and service contracts (except where contractually prohibited, i.e. with existing Stryker customers).

Should you have any questions please feel free to contact me at 1-800-327-0770 ext. 6717.

Sincerely,

[Signature]

Steve Trail
Vice President of Customer Care
Stryker Medical
CERTIFICATE OF FILING FOR

CITY OF CHICAGO ECONOMIC DISCLOSURE STATEMENT

EDS Number: 41008
Certificate Printed on: 02/04/2013
Disclosing Party: ERLA Inc
Filed by: Joseph Whalen III

Date of This Filing: 02/04/2013 02:16 PM
Original Filing Date: 02/04/2013 02:16 PM
Title: General Manager

Matter: Preventive Maintenance, Repair and replacement parts for Ferno Washington and Stryker stretchers
Applicant: ERLA Inc
Specification #: 54033
Contract #: 15106

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.