



DEPARTMENT OF PROCUREMENT SERVICES NON-COMPETITIVE REVIEW BOARD (NCRB) APPLICATION

Complete this cover form and the **Non-Competitive Procurement Application Worksheet** in detail. Refer to the page entitled **"Instructions for Non-Competitive Procurement Application"** for completing this application in accordance with its policy regarding NCRB. Complete "other" subject area if additional information is needed. Subject areas must be fully completed and responses merely referencing attachments will not be accepted and will be immediately rejected.

Department	Originator Name	Telephone	Date	Signature of Application Author
Fire	Robert Anthony	312-735-2437	10/16/15	<i>Chief R Anthony</i>
Contract Liaison	Email Contract Liaison	Telephone		
Karen Sanger	karen.sanger@cityofchicago.org	745-3710		

List Name of NCRB Attendees/Department	
Karen Sanger Steve Swanson Robert Anthony	

Request NCRB review be conducted for the product(s) and/or service(s) described herein.

Company: **Air One Equipment**

Contact Person:	Phone:	Email:
Dave Frey	847-289-9000	d.frey@aoe.net

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

This is a request for: <input type="checkbox"/> New Contract <input type="checkbox"/> Amendment / Modification <u>Contract Type</u> <input type="checkbox"/> Blanket Agreement Term: ____ (# of mo) <input type="checkbox"/> Standard Agreement	<input checked="" type="checkbox"/> Amendment / Modification <u>Type of Modification</u> <input type="checkbox"/> Time Extension <input checked="" type="checkbox"/> Vendor Limit Increase <input checked="" type="checkbox"/> Scope Change Contract Number: <u>29133</u> Specification Number: <u>109642</u> Modification Number: _____
---	---

Department Request Approval <div style="text-align: center;"><i>Josel A Santiago</i></div> DEPARTMENT HEAD OR DESIGNEE <hr/> PRINT NAME <div style="text-align: right; margin-top: 10px;"> <i>10-21-15</i> DATE </div>	Recommended Approval <div style="text-align: center;"><i>Rich Butler</i></div> BOARD CHAIRPERSON <hr/> PRINT NAME <div style="text-align: right; margin-top: 10px;"> DEC 22 2015 DATE </div>
---	--

(FOR NCRB USE ONLY)
Recommend Approval/Date: <u>12/21/15</u>
Return to Department/Date: _____
Rejected/Date: _____

Sgt

12/21/15

Approved Rejected

Josell

 CHIEF PROCUREMENT OFFICER

12/22/15
 DATE



**DEPARTMENT OF PROCUREMENT SERVICES
NON-COMPETITIVE REVIEW BOARD (NCRB) APPLICATION
JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT WORKSHEET**

All applicable information on this worksheet must be addressed using each question found on the "Instructions for Non-Competitive Procurement Application" in this application.

Justification for Non-Competitive Procurement Worksheet

PROCUREMENT HISTORY

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

The Air Fill Station was originally ordered in August of 2012, under contract 26617, with Air One Equipment, Inc. The equipment was installed in September 2012. The contract award covered the new equipment, repair, accessories and supplies. Contract 26617 will expire on February 10, 2016. This Air Fill Station purchased under Contract 26617 is a MAKO Air Fill Station and must be maintained by a certified MAKO technician.

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

* This is a continuation for this product, under PO 26617, which expires on February 10, 2016, but is a request to add to an existing Non-Competitive Procurement contract (PO 29133) for this manufacturers Air Fill Sation equipment.

A copy of the current contracts approved Non-Competitive Procurement form is attached.

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

The MAKO Air Fill Station purchase was competitively bid and the subsequent contract 26617 was awarded to Air One Equipment for the MAKO Air Fill Station.

Air One Equipment, Inc. is the sole authorized Mako distributor for sales and service in northeast 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).

The Equipment Manufacturer (MAKO) was contacted to obtain a list of all manufacturer authorized maintenance and repair companies for this equipment, that are authorized to work in Chicago, Illinois. The manufacturer, MAKO, supplied a letter stating that Air One Equipment is the only company authorized to maintain MAKO equipment in Chicago, Illinois.

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

These services for maintenance and repairs will be required as long as the equipment is in service.

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

If the manufacturer authorizes multiple contractors to perform repair and maintenance on MAKO equipment in Chicago, the requirement will be competitively bid.

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 maintenance and repair service, beginning in February of 2016, will be \$4,000 annual, for a requested increase of \$12,000. for the remaining 3 years of PO 29133. Repairs, routine and emergency will be billed per hour. Parts will be discounted at 10% off list price.

The funding source is 0100-0592005-0162-220162

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

Estimated Cost per fiscal year



**DEPARTMENT OF PROCUREMENT SERVICES
NON-COMPETITIVE REVIEW BOARD (NCRB) APPLICATION
JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT WORKSHEET**

2016 \$4,000.
2017 \$4,000.
2018 \$4,000.

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.)

Currently under PO 26617, which expires 2/10/16, approximately \$7,000. has been expended in 3 years on maintenance and repairs. As this equipment ages it is anticipated that the cost to maintain and repair this equipment will increase, due to normal wear and tear on the compressor. for this reason we are anticipating annual maintenance and repair expenses to be approximately \$12,000 over the next 3 years.

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.

This is a request to include maintenance and repair of a MAKO Air Compressor to an existing Non-Competitively Procured Contract (PO 29133), for equipment that was purchased under Purchase Order 26617 for \$49,5000. in 2012. Air One is the only certified dealer/distributor/maintenance/repair vendor for the City of Chicago (per attached manufacturers letter).

5. Explain what negotiation of price has occurred or will occur. Detail why the estimated cost is deemed reasonable.
The pricing for the maintenance and repair of this equipment will remain the same as the cost in the original contract (PO 26617).

SCHEDULE REQUIREMENTS

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

The proposed pricing in the proposed contract (29133) is the same as the cost in the current contract, for these service (PO 26617), which is expiring on February 10, 2016.

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

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

This is an on going repair and maintenance of equipment currently in use.

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

As Air One Equipment is the sole authorized dealer/distributor/repair company, this does not apply.

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 Service

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



**DEPARTMENT OF PROCUREMENT SERVICES
NON-COMPETITIVE REVIEW BOARD (NCRB) APPLICATION
JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT WORKSHEET**

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. has personnel that have are authorized by the manufacturer to work on MAKO 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?

As stated above, Air One Equipment is the sole authorized dealer/distributor/repare company for MAKO equipment, per the attached letter.

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 is for the maintenance of existing 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.

Competition is precluded due to the fact that the manufacturer will not stand behind any equipment not maintained by authorized repair facilities and technicians. This will leave the City open to a variety of legal actions. The systems being maintained compress air and fills breathing air cylinders used by members of the Chicago Fire Department.

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.

There is no other source authorized to work on the MAKO equipment, in the City of Chicago.

OTHER

1. Explain other related considerations and attach all applicable supporting documents, i.e., an approved "ITGB form" or "Request for Individual Hire Form".

Attached is a copy of the current contract with Air One Equipment (PO 29133), which we are requesting to modify to include similar MAKO Breating Air Station equipment. This is a Non-Competitive Procurment contract for the Maintenance and Repair of MAKO Breathing Air Stations.



DEPARTMENT OF PROCUREMENT SERVICES NON-COMPETITIVE REVIEW BOARD (NCRB) APPLICATION INSTRUCTIONS FOR NON-COMPETITIVE PROCUREMENT APPLICATION

INSTRUCTIONS FOR PREPARATION OF NON-COMPETITIVE PROCUREMENT APPLICATION

If a City Department has determined that the purchase of supplies, equipment, work and/or services cannot be done on a competitive basis, a justification must be prepared on this "Justification for Non-Competitive Procurement Application" in which procurement is requested on a or non-competitive basis in accordance with 65 ILCS 5/8-10-4 of the Illinois Compiled Statutes. Using this instruction sheet, all applicable information must be addressed on the worksheet. 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. For Amendments, Modifications, 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.

Attach a DPS Checklist and any other required documentation; the Board will not consider justification with incomplete information documentation or omissions.

PROCUREMENT HISTORY

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 sources contacted).
4. Describe in detail all research done to find other sources; list other cities, companies in the industry, professional organizations contacted. List periodicals and other publications used as references.
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, explain in detail.

ESTIMATED COST

1. What is the estimated cost for this requirement or for each contract, if multiple awards are contemplated? What is the funding source?
2. What is the estimated cost by fiscal year?
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.)
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, 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.
2. Does the proposed firm have personnel considered unquestionably predominant in the particular field?
3. What prior experiences of a highly specialized nature does the person or firm exclusively possess that is vital to the job, project or 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 no other brands or models possess. Is compatibility with existing equipment critical from an operational standpoint? If so, provide detailed explanation?
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 letter from manufacturer on company letterhead.

MBE/WBE COMPLIANCE PLAN

- * All submissions must contain detailed information about how the proposed firm will comply with the requirements of the City's Minority and Women Owned Business program. All submissions must include a completed C-1 and D-1 form, which is available on the Procurement Services page on the City's intranet site. The City Department must submit a Compliance Plan, including details about direct and indirect compliance.

OTHER

1. Explain other related considerations and attach all applicable supporting documents, i.e., an approved "ITGB Form" or "Request For Individual Hire Form".

REVIEW AND APPROVAL

This application must be signed by both Originator of the request and signed by the Department Head. After review and final disposition from the Board, this application will be signed by the Board Chairman. After review and final disposition from the Board, this form will be presented to the Chief Procurement Officer recommending approval.

Project Checklist

Attach required forms for each procurement type and detailed scope of services and/or specifications and forward original documents to the Chief Procurement Officer; City Hall, Room 806.

Date: 8/17/2015	For blanket agreements, original or lead department must consult with other potential departments who may want to participate on the blanket agreement. If grant funded, attach copy of the approved grant application and other terms and conditions of the funding source. Note: 1) <u>Funding</u> : Attach information if multiple funding lines; 2) <u>Individual Contract Services</u> : Include approval form signed by Department Head and OBM; 3) <u>ITGB</u> : IT project valued at \$100,000.00 or more, attach approval transmittal sheet.																																
Department Name: Fire																																	
Requisition No: 101933	Specification No: 109642	*Contract Liaison Signature 																															
PO No: 29133	Modification No:	*By signing this form, I attest that all information provided is true and accurate.																															
Contract Liaison: Karen Sanger		Project Title: Maintenance and Repair of MAKO Air Station																															
Telephone: 312-745-3710		Project Description: Maintenance and Repair of MAKO Air Station																															
Email: karen.sanger@cityofchicago.org		Funding: <input checked="" type="checkbox"/> Corporate <input type="checkbox"/> Bond <input type="checkbox"/> Enterprise <input type="checkbox"/> Grant <input checked="" type="checkbox"/> Other: State Fire Marshal Reimbursement funds <input type="checkbox"/> IDOT/Transit <input type="checkbox"/> IDOT/Highway <input type="checkbox"/> FHWA <input type="checkbox"/> FTA <input type="checkbox"/> FAA																															
Project / Program Manager: Karen Sanger																																	
Telephone: 312-745-3710		<table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>LINE</th> <th>FY</th> <th>FUND</th> <th>DEPT</th> <th>ORGN</th> <th>APPR</th> <th>ACTV</th> <th>PROJECT</th> <th>RPTG</th> <th>ESTDOLLAR AMOUNT</th> </tr> </thead> <tbody> <tr> <td>increase</td> <td>014</td> <td>0142</td> <td>59</td> <td>2005</td> <td>9000</td> <td>0162</td> <td></td> <td></td> <td>12,000</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		LINE	FY	FUND	DEPT	ORGN	APPR	ACTV	PROJECT	RPTG	ESTDOLLAR AMOUNT	increase	014	0142	59	2005	9000	0162			12,000										
LINE	FY			FUND	DEPT	ORGN	APPR	ACTV	PROJECT	RPTG	ESTDOLLAR AMOUNT																						
increase	014	0142	59	2005	9000	0162			12,000																								
Email: karen.sanger@cityofchicago.org		<table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width:15%;"> Check One: <input type="checkbox"/> New Contract Request </td> <td colspan="3"> *By signing below, I attest the estimates provided for this contract are true and accurate. </td> </tr> <tr> <td> *Project / Program Manager Signature </td> <td colspan="3"> *Commissioner Authorized Designee Signature </td> </tr> </table>		Check One: <input type="checkbox"/> New Contract Request	*By signing below, I attest the estimates provided for this contract are true and accurate.			*Project / Program Manager Signature 	*Commissioner Authorized Designee Signature 																								
Check One: <input type="checkbox"/> New Contract Request	*By signing below, I attest the estimates provided for this contract are true and accurate.																																
*Project / Program Manager Signature 	*Commissioner Authorized Designee Signature 																																
Purchase Order Information: Contract Term (No. of Months): 60 Extension Options (Rate of Recurrence): -0- Estimated Spend/Value: \$ 12,000.00 Grant Commitment / Expiration Date: Pre-Bid/Submittal Conference: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Mandatory <input type="checkbox"/> Site Visit		Purchase Order Type: <input checked="" type="checkbox"/> Blanket/Purchase Order (DUR) <input type="checkbox"/> Master Consultant Agreement (Task Order) <input type="checkbox"/> Standard/One-Time Purchase Procurement Method: <input type="checkbox"/> Bid <input type="checkbox"/> RFP <input type="checkbox"/> RFQ <input type="checkbox"/> RFI <input type="checkbox"/> Small Order																															
<input checked="" type="checkbox"/> Modification or Amendment Modification Information: PO Start Date: 12/12/2013 PO End Date: 12/11/2018 Amount (Increase/Reduction): Increase \$12,000. MBE/WBE/DBE Analysis: (Attach MBE/WBE/DBE Goal Setting Memo) <input type="checkbox"/> Full Compliance <input checked="" type="checkbox"/> Contract Specific Goals <input type="checkbox"/> No Stated Goals <input type="checkbox"/> Waiver Request		Special Approvals Required: <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Non-Competitive Review Board (NCRB) <input type="checkbox"/> Request for Individual Contract Services <input type="checkbox"/> Information Technology Governance Board (ITGB)																															
Risk Management / EDS Insurance Requirements (included) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No EDS Certification of Filing (included) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Contract Type: <input type="checkbox"/> Architect Engineering <input type="checkbox"/> Commodity <input type="checkbox"/> Construction <input type="checkbox"/> JOC <input type="checkbox"/> SBI <input type="checkbox"/> Professional Services <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Vehicle & Heavy Equipment <input checked="" type="checkbox"/> Work Service <input type="checkbox"/> Joint Procurement <input type="checkbox"/> Reference Contract																															
		Modification/Amendment Type: <input type="checkbox"/> Time Extension <input checked="" type="checkbox"/> Scope Change/Price Increase /Additional Line Item(s) <input checked="" type="checkbox"/> Vendor Limit Increase <input type="checkbox"/> Requisition Encumbrance Adjustment <input type="checkbox"/> Other (specify):																															
		Vendor Info: Name: Air One Equipment, Inc Contact: Sandy Frey Address: 360 Production Drive, South Elgin, IL 60177-2637 E-mail: sfrey@aoe.net Phone: 847-289-9000																															




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

August 18, 2015

There will be no change in cost of repair. The pricing from the current contract PO 26617, which was included in the purchase and initial maintenance contract 26617 (which is expiring in February 2016), is identical to PO 29133.

Qty	29113 Line	Part Number	Description	Unit of Measure	Quote Price	PO 26617 Pricing	PO 29113 Pricing	Difference
1	2	9360817100	REPAIR SERVICE 8am - 4pm NORMAL	Hour	\$100.00	\$100.00	\$100.00	-0-
1	3	9360817110	REPAIR SERVICE 4pm - 8am AND SATURDAY	Hour	\$150.00	\$150.00	\$150.00	-0-
1	4	9360817120	EMERGENCY REPAIR SERVICE 8am - 4pm	Hour	\$100.00	\$100.00	\$100.00	-0-
1	5	9360817130	EMERGENCY REPAIR SERVICE 4pm - 8am AND SATURDAY	HOUR	\$150.00	\$150.00	\$150.00	-0-
1	6	93608	PARTS, 10% DISCOUNT OFF CURRENT MAKO PRICE LIST	DISC. LIST	-10%	-10%	-10%	-0-


 Sandra M. Frey
 President



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

June 17, 2015

Hugo Zapata-Martinez, Senior Procurement Specialist
City of Chicago Department of Procurement Services
121 North LaSalle Street, Room 806
Chicago, IL 60602

RE: Contract 29133 MAKO Breathing Air Stations and Related Equipment--
Addition of Air Fill Station, Repair, Accessories and Supplies from Contract 26617
expiring February 10, 2016

Dear Hugo,

This is to verify that we agree to the addition of the air fill station, repairs, accessories and supplies currently covered by Contract 26617 to Contract 29133. All terms and conditions from Contract 29133 will apply to the addition of this air fill station (MAKO Four Stage 6000 PSI Water Cooled Breathing Air Compressor, 75 Horse Power Motor and Purification System). The repair labor rates for normal hours and emergency normal hours will remain at \$100.00 per hour and the labor rates for other than normal hours and emergency other than normal hours will remain at \$150.00 per hour. The parts discount from the current MAKO price list will remain at a discount of 10% off of list price.

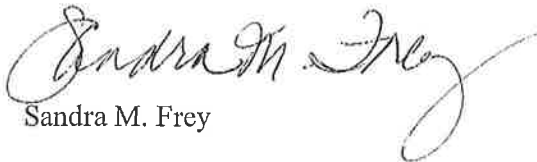
This will not necessitate any additional lines be added to the contract as Contract 29133, Lines 2, 3, 4, 5 and 6 are the same price and description as Contract 26617, Lines 2, 3, 4, 5 and 6 (the current contract that covers these services, which expires on February 10, 2016).

A contract limit increase of \$12,000.00 will be requested to cover the anticipated services on the equipment being added to Purchase Order 29133.

Air One Equipment, Inc. is the sole authorized distributor for MAKO products for sales and service in Northeast Illinois (Chicago Metropolitan area) per the enclosed reference documents.

Please contact us if you have any questions or need any further information. We will be glad to provide any additional documentation.

Sincerely,



Sandra M. Frey

Reference Documents:

1. Letter from Air One Equipment Dated August 18, 2015
2. Letter from MAKO Dated August 18, 2015



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

September 9, 2015

Hugo Zapata-Martinez, Senior Procurement Specialist
City of Chicago Department of Procurement Services
121 North LaSalle Street, Room 806
Chicago, IL 60602

RE: Contract 29133 MAKO Breathing Air Stations and Related Equipment--
Addition of Air Fill Station, Repair, Accessories and Supplies from Contract 26617
expiring February 10, 2016

Dear Hugo,

As requested, Air One Equipment, Inc. agrees to include the value of \$12000.00 for the addition of the air fill station in its compliance goals for the referenced contract. This will increase the contract limit by \$12000.00 causing an increase in the anticipated compliance amounts as follows:

Contract Limit Increase		<u>\$12000.00</u>
Silk Screen Express	\$ 110.40	0.92%
The Travel Gallery	\$ 180.00	1.50%
Meadows Office Supply	\$ 108.00	0.90%
AlphaGraphics	<u>\$1497.60</u>	12.48%
Estimated Total Compliance Increase	<u>\$1896.00</u>	

Let us know if you have any questions.

Sincerely,

Sandra M. Frey



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

August 18, 2015

Hugo Zapata-Martinez, Senior Procurement Specialist
City of Chicago Department of Procurement Services
121 North LaSalle Street, Room 806
Chicago, IL 60602

RE: Contract 29133 MAKO Breathing Air Stations and Related Equipment--
Addition of Air Fill Station, Repair, Accessories and Supplies from Contract 26617
expiring February 10, 2016

Dear Hugo,

As indicated on the letter from MAKO compressors, Air One Equipment, Inc. is the sole authorized distributor for MAKO products for sales and service in Northeast Illinois (Chicago Metropolitan area).

Please contact us if you need any additional information.

Sincerely,

Sandra M. Frey



MAKO Compressors
(a division of Gardner Denver Inc.)

1301 North Euclid Ave.
Princeton, IL 61356
United States of America

Telephone (217) 222-5400
Facsimile (217) 224-7814

www.makocompressors.com

August 18, 2015

Air One Equipment, Inc.
360 Production Drive
South Elgin, IL 60177

Subject: Authorized Distributor Information Request

To Whom It May Concern:

This letter is to officially confirm Air One Equipment, Inc. as our sole authorized distributor for MAKO products for sales and service in Northeast Illinois (Chicago Metropolitan area).

Sincerely,


A handwritten signature in black ink, appearing to read "Tyson L. Mulvaney".

Tyson L. Mulvaney
Product Manager – MAKO Compressors



CHICAGO FIRE DEPARTMENT
CITY OF CHICAGO

To: Jamie Rhee
Chief Procurement Officer
Department of Procurement Services
City Hall Room 806

From: 
José A. Santiago
Fire Commissioner
Chicago Fire Department

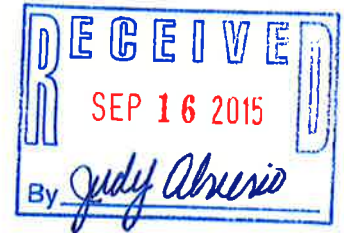
Re: Contract: 29133
Specification: 109642
Requisition: 101268
Vendor: Air One Equipment (Work Services)
PARTS, RELATED ACCESSORIES, MAINTENANCE, REPAIR AND TESTING
SERVICES FOR MAKO BREATHING AIR STATIONS AND RELATED
EQUIPMENT – Work Services
Non-Competitive Procurement Request
Scope Change and VLI request
Compliance Goals Request recommendation

DATE: September 9, 2015

The Fire Department has reviewed and would like to recommend the acceptance of the request from Air One Equipment, Inc. requesting no change in the original compliance goals, from the original goals agreed upon at the award of PO 29133. These goals will also cover the requested \$12,000 limit increase for this contract, which will cover the addition of maintenance and repair for a third MAKO Air Station.

If you have any questions or require any further information please contact Karen Sanger on 745-3710.

ss/ks



**CHICAGO FIRE DEPARTMENT
CITY OF CHICAGO**

To: Jamie L Rhee
Chief Procurement Officer
Department of Procurement Services
City Hall Room 806

SEP 18 2015

From: 
Jose A Santiago
Fire Commissioner

JOB

Re: Contract: 29133
Specification: 109642
Requisition: 101933
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
Contract Scope Change and Vendor Limit Increase request

DATE: September 9, 2015

The Fire Department is requesting a Scope Change and Vendor Limit Increase to Purchase Order 29133, which is a Non-Competitive Procurement contract that was originally awarded in December of 2013.

The Scope Change, which is covered in the first page of Exhibit 1 under the Equipment section, will include maintenance and repair of similar MAKO Air Station equipment that was purchased and maintained under a competitively bid contract (Purchase Order 26617), which expires February of 2016.

The Vendor Limit increase of \$12,000 will allow for any required maintenance and/or repair of the Air Station during the remainder of the contract (December 2018). The original/current contract limit is \$450,000, with this increase the contract limit will increase to \$462,000.

As the original purchase, maintenance and repair request (Specification 101219) was competitively bid, the future maintenance can only be performed by the manufacturer's authorized company. The attached documentation will demonstrate that Air One Equipment is the only manufacturer's authorized company for this requirement.

Handwritten mark

These services are required to maintain the air compressor system that is installed in our Training facility located at 558 W DeKoven St. This system refills various air cylinders used by our members when responding to various emergency response incidents.

Attached please find:

- 1) One DPS Checklist.
- 2) Justification for Non-Competitive Procurement.
- 3) A quote from Air One indicating they will perform the required service at the same pricing proved in the current contract (26617) and the contract we are requesting the services be added to (29133), which will be covered by lines 2 through 6 of Purchase Order 29133.
- 4) A letter from MAKO indicating that Air One Equipment is the sole authorized dealer / repair company.
- 5) A letter from Air One Equipment indicating that they are the sole authorized dealer / repair company for the required service.
- 6) A letter from Air One Equipment indicating they will maintain the same compliance goals (12.48% MBE and 3.32% WBE) as agreed upon in the award of Purchase Order 29133.
- 7) A letter from the Fire Department recommending the request from Air One Equipment, which is requesting to maintain the 12.48% MBE and 3.32% WBE compliance goals, agreed to at the award of Purchase Order 29133, for the \$12,000 increase request.
- 8) Requisition 101933 FMPS screen print
- 9) Back-up documents

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

Contract: 29133

Specification: 109642

Requisition: 101268

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

Scope Change and VLI Contract request

Non-Competitive Review Board Attendees

Karen Sanger – CFD Contracts

Steve Swanson – CFD Finance

Robert Anthony – CFD Air Mask

Requisitions - [New]

Operating Unit: CITY OF CHICAGO - G

Number: 101933 Type: Purchase Requi Preparer: SANGER, KAREN L

Description: Scope Change and Status: Incomplete Total: USD 0.00

[.10]

Lines Source Details Details Currency

Num	Rev	Category	Description	UOM	Quantity	Price	[]
1		93608.	Scope Change to include	Each	1	0	
2		93608.	VLI - from \$450,000 to \$	USD	12000	0	

Destination Type: Expense Source: Supplier

Requester: SANGER, KAREN L Supplier:

Organization: CITY OF CHICAGO-INVENTOR Site:

Location: 336 Contact:

Subinventory: Phone:

Buttons: Catalog... Distributions Approve...



SOI9364

CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
6/3/2015

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 Commercial Lines Wells Fargo Insurance Services USA, Inc. 6100 Fairview Road Charlotte, NC 28210	CONTACT NAME: PHONE (A/C, No, Ext): 888-572-2412 E-MAIL ADDRESS: certs@trinet.com	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED Strategic Outsourcing Inc. PO Box 241148 Charlotte, NC 28224	INSURER A: Indemnity Insurance Company of North America	NAIC # 43575
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** 9195910 **REVISION NUMBER:** See below


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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WLRC48560544	05/24/2015	03/01/2016	X PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Workers' Compensation coverage is limited to employees leased to Air One Equipment Inc. by Strategic Outsourcing, Inc.

CERTIFICATE HOLDER**CANCELLATION**

Air One Equipment 360 Production Dr. South Elgin, IL 60177	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 
--	--

The ACORD name and logo are registered marks of ACORD

© 1988-2014 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

AIRONEE-01 RTOURVILLE

DATE (MM/DD/YYYY)

9/29/2015

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 N Broadway, Ste 900 Saint Louis, MO 63102		CONTACT NAME: PHONE (A/C, No, Ext): (314) 241-8700 FAX (A/C, No): (314) 444-4970 E-MAIL: ADDRESS:																						
INSURED Air One Equipment, Inc. Police One Equipment, Inc. BMK Partners, LLC Ms. Sandy Frey 360 Production Drive South Elgin, IL 60177-2637		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Charter Oak Fire Insurance Co.</td> <td>25615</td> </tr> <tr> <td>INSURER B:</td> <td>Travelers Indemnity of America</td> <td>25666</td> </tr> <tr> <td>INSURER C:</td> <td>Travelers Prop Cas Co of Amer</td> <td>25674</td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Charter Oak Fire Insurance Co.	25615	INSURER B:	Travelers Indemnity of America	25666	INSURER C:	Travelers Prop Cas Co of Amer	25674	INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																						
INSURER A:	Charter Oak Fire Insurance Co.	25615																						
INSURER B:	Travelers Indemnity of America	25666																						
INSURER C:	Travelers Prop Cas Co of Amer	25674																						
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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		Y660282D7109COF15	10/01/2015	10/01/2016	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 - COM/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <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		BA282D710915CAG	10/01/2015	10/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			YSMCUP282D7109TIL15	10/01/2015	10/01/2016	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached 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**

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



CERTIFICATE OF FILING FOR
CITY OF CHICAGO ECONOMIC DISCLOSURE STATEMENT

EDS Number: 74368

Certificate Printed on: 09/17/2015

Date of This Filing: 09/17/2015 10:55 AM

Original Filing Date: 09/17/2015 10:55 AM

Disclosing Party: Air One Equipment, Inc.

Filed by: Sandra Frey

Title: Owner

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

Applicant: Air One Equipment, Inc.

Specification #: 109642

Contract #: 29133

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://webapps1.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.

EXHIBIT 1: DETAILED SPECIFICATION – Amendment

SCOPE

The Contractor shall provide Parts, Related Accessories, Maintenance, Repair Service and Testing for MAKO Breathing Air Stations and Related Equipment, to City of Chicago, Fire Department. In addition, the Contractor shall furnish and deliver, to the City of Chicago, *Parts and/or Related Accessories* whether separately *or* in conjunction with Maintenance and/or Repair Service, all in accordance with the terms and conditions of this Specification and the Contractor Proposal (EXHIBIT 2).

EQUIPMENT

The Contractor shall provide Parts, Related Accessories, Maintenance, Repair Service and Testing for equipment located the Breathing Apparatus Service, 1044 North Orleans Street, Chicago, IL 60610 (**insert**) **“and 558 W. De Koven Street, Chicago, IL 60607”**. The equipment list is as follows:

<u>Quantity</u>	<u>Description</u>	<u>Model No.</u>
Two (2)	MAKO 50 HP High Pressure, Water Cooled, Electrically Powered Breathing Air Compressor	543 HBA50E3
Two (2)	MAKO Purification System	MK420 C
Insert:		
	“One (1) MAKO 3 Position Containment Fill Station	SSCFS3-4HP
	One (1) Breathing Air Module Air Compressor	BAM07H”

The City reserves the right to add new locations and/or equipment or delete previous listed locations and/or equipment as required during the contract period.

SERVICE HOURS

All work performed under this Contract shall be performed during the following hours:

Regular Service Hours	8:00am to 4:00pm, Monday through Friday, excluding Saturday, Sunday and any legal holidays.
Overtime Service Hours	4:00pm. to 8:00am, Monday through Friday, including Saturday, Sunday and any legal holidays.

However, the Contractor shall be available seven (7) days a week, twenty-four (24) hours per day and shall be prepared to respond to Emergency Repair Service calls in the event an breathing air station is damaged, malfunctions and/or becomes inoperable.

SERVICE REQUIREMENTS

Exhibits

Notification

The Department will contact the Contractor by phone or by release, for any parts, related accessories, maintenance, repair service and/or testing required. The Department will furnish the Contractor with the location and description of the type of parts, related accessories, maintenance, repair service and/or testing required. The name and phone number of a contact person will be provided at the time of notification.

Maintenance Service

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

The cost of Maintenance Service is to include weekly, monthly, bi-annual and annual maintenance, inspections, labor, materials and testing, as specified herein and as quoted in the Contractor's Proposal. The Contractor shall bill Maintenance Service monthly, for work completed the prior month, during the term of the contract (**See Section on Price Breakdowns**).

Repair Service

The Contractor shall provide repair service to cover the equipment currently in use. The Contractor shall submit a repair proposal for any repairs required for the equipment. The Contractor, upon receipt of approval, in the form of a suborder, from an authorized representative of the Using Department, can proceed with repairs (**See Section on Repair Proposals**).

Repair Service will be billed as follows:

- hours of labor to repair the equipment
- cost of parts to repair the equipment

The cost of Repair Service is to be billed at the Repair Service Labor rate as quoted in the Contractor's Proposal (See Section on Proposal Page Pricing).

Emergency Repair Service

The Contractor shall respond to an Emergency Repair Service call within twenty-four (24) hours of receipt of call, unless otherwise directed by the Commissioner.

The cost of Emergency Repair Service will be billed as follows:

- hours of labor to repair the equipment
- cost of parts to repair the equipment

The cost of Emergency Repair Service is to be billed at the Repair Service Labor rate as quoted on the Contractor's Proposal (**See Section on Price Breakdowns**).

Irreparable Equipment

In the event the equipment is irreparable, the Contractor shall provide a written explanation of the problems to the Department and the Department will take necessary action with regard to the disposition of the equipment.

REPAIR PROPOSALS

The Contractor shall inspect the equipment .

The Contractor, upon receipt of approval from an authorized representative of the Using Department, can proceed with repairs. Using Division shall sign upon completion of service.

In the event any piece of equipment cannot be repaired, due to replacement parts no longer being manufactured or other specific reasons, the Contractor shall prepare a written explanation of the condition of the equipment and a recommended method of corrective action to be taken.

The City reserves the right to add and/or delete equipment as required during the Contract period.

PRICE BREAKDOWNS

Maintenance Service

All maintenance service will be billed in monthly increments for all equipment listed herein, as quoted on the Contractor's Proposal. Maintenance Service shall include all work and materials delineated in the Service Requirements section of the specification and any and all peripheral costs.

Unit pricing for monthly maintenance is as follows:

- cost per month.....\$5,125.

Labor Repair Service

All labor performed during normal working hours will be billed at a straight time, hourly rate, Monday through Friday 8:00 am to 4:00 pm, as quoted on the Proposal Page(s).

Unit pricing for labor during normal working hours is as follows:

- cost per man hour.....\$ 100.

All labor performed on other than normal working hours will be billed at an overtime, hourly rate, Monday through Friday 4:00 pm - to 8:00 am and all day Saturday, as quoted in the Contractor's Proposal.

Unit pricing for labor on other than normal working hours is as follows:

- cost per man hour.....\$ 150.

All costs associated with labor for Repair Service are to be included in the hourly rate as quoted in the Contractor's Proposal. The labor rate shall include any and all peripheral costs.

Labor - Emergency Repair Service

All labor performed during normal working hours will be billed at a straight time, hourly rate, Monday through Friday 8:00am. to 4:00p.m., as quoted on the Contractor's Proposal.

Unit pricing for emergency Repair Service for labor during normal working hours is as follows:

- cost per man hour.....\$ 100.

All labor performed on other than normal working hours will be billed at an overtime, hourly

rate, Monday through Friday 4:00 pm - to 8:00 am and all day Saturday, as quoted on the Contractor's Proposal.

Unit pricing for emergency Repair Service for labor on other than normal working hours is as follows:

- cost per man hour.....\$ 150.

- All costs associated with labor for Emergency Repair Service are to be included in the hourly rate as quoted on the Contractor's Proposal. The labor rate shall include any and all peripheral costs.

- **Parts**

- Pricing for any parts purchased separately or in conjunction with repair service will be based on discount off the Manufacturer's Retail Price list, as quoted on the Contractor's Proposal. The Contractor must furnish the manufacturer's retail price list, the manufacturer's invoice or print of manufacturer's list price from the manufacturer's Internet Website for any parts used. The manufacturers listed herein are not all inclusive and the City reserves the right to add and/or delete manufacturers and/or equipment at any time.

- Unit pricing for any parts are as follows:

- Current list price less percentage of.....10%

- **GUARANTEE**

- The Contractor shall furnish a guarantee for the items and service provided under this Contract in accordance with the standard guarantee regularly supplied. Exceptions to this guarantee shall be damage or loss due to theft, vandalism, accidental occurrences outside the Contractor's control.

- **QUALITY OF REPAIR SERVICE**

- All maintenance, repair services and testing performed under this contract shall be performed by competent personnel, thoroughly trained and certified by a nationally recognized institution or organization. Maintenance, repair services and testing shall be performed in a workmanlike manner, using industry accepted practices and established manufacturer procedures. All unsatisfactory repairs shall be corrected by the Contractor at no expense to the City.

- **WORK PERFORMED AT CITY FACILITY**

- **Employees**

- The Contractor's personnel will exercise safe and sound business practices with the skill, care, and diligence normally shown by professional technicians employed in the type of work required under this contract.

• Technical Training

- The Contractor and his/her employees must have factory certification in the repair of the equipment specified herein and have all other applicable licenses and certification requirements, where applicable.

• Character of Workers

- The Contractor shall employ only competent and efficient employees, and whenever, in the opinion of the Commissioner, any employee is careless, incompetent, obstructs the progress of the work, acts contrary to instructions or conducts themselves improperly, the Contractor shall, upon the request of the Commissioner, remove the employee from the work and shall not employ such employee again for the work under this Contract, except with the written consent of the Commissioner. The Contractor shall not permit any person to enter any part of a City facility or property while under the influence of intoxicating liquors or controlled substances. The Contractor shall not permit obnoxious behavior, or possession or consumption of alcoholic beverages or drugs anywhere on the site of any work to be performed under this Contract.

The Commissioner has authority to request the Contractor to remove any worker who proves to be incompetent or negligent in his/her duties.

WORK IN PROGRESS

Work in progress at the termination date of the contract will be completed by the Contractor in the most expedient method available. In no event will the Contractor vacate his/her obligations under this agreement until all work issued to him/her prior to the expiration of the Contract has been completed and accepted by the Chicago Fire Department.

Prepared and Approved by:



Robert Anthony

Air Mask Division

Date:

08/14/15