

DPS PROJECT CHECKLIST



IMPORTANT: PLEASE READ AND FOLLOW THE INSTRUCTIONS FOR COMPLETING THE PROJECT CHECKLIST AND CONTACT THE APPROPRIATE UNIT MANAGER IF YOU HAVE ANY FURTHER QUESTIONS. ALL INFORMATION SHOULD BE COMPLETED, ATTACH ALL REQUIRED MATERIALS AND SUBMIT FOR HANDLING TO THE DEPARTMENT OF PROCUREMENT SERVICES, ROOM 403, CITY HALL, 121 N. LASALLE STREET, CHICAGO, ILLINOIS 60602.

GENERAL INFORMATION:

Date: 8/11/2006
 REQ No.: 29462
 Specification No.: 50042
 PO No.: (if known):
 Modification No.: (if known):
 Project Description: SCUBA Seat Kit

Contact Person: Karen Sanger
 Tel: 745-4196 Fax: 745-3700 E-mail: ksanger@cityofchicago.org
 Project Manager:
 Tel: Fax: E-mail:
 Previous PO No. (if known):

FUNDING:

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

LINE	FY	FUND	DEPT	ORGN	APPR	ACTV	OBJT	PROJECT	RPTG	\$ DOLLAR AMOUNT
001	006	0100	59	4122	0345	0200	0345			63,236.

Estimated Value \$

*IF GRANT FUNDED, A COPY OF THE APPROVED GRANT AND APPLICATION ARE REQUIRED and any other Terms and Conditions that may apply.

SCOPE STATEMENT:

Attached is a Detailed Scope of Services and/or Specification

IMPORTANT: THIS IS A CRITICAL PORTION OF YOUR SUBMITTAL. IN ORDER FOR DPS TO ACCEPT YOUR SUBMITTAL YOU MUST COMPLETE THE SPECIFIC SCOPE REQUIREMENTS AS SET FORTH IN THE SUPPLEMENTAL CHECKLIST FOR THAT UNIT.

The following is a general description of what should be included in a Scope of Services or Specification:
 A clear description of all anticipated services and products, including: time frame for completion, special qualifications of prospective vendors, special requirements or needs of the project, locations, anticipated participating user departments, citation of any applicable City ordinance or state/federal regulation or statute.

TYPE OF PROCUREMENT REQUESTED (check all that apply):

NEW REQUEST

- Blanket Agreement
- Standard Agreement
- Small Orders

MOD/AMENDMENT

- Time Extension
- Vendor Limit Increase
- Scope Change/Price Increase/Additional Line Item(s)
- Other (specify):

FORMS Requisition Special Approvals Non-Competitive Review Board (NCRB)

CONTRACT TERM: Requested Term (number of months):

PRE BID/SUBMITTAL REQUIREMENTS:

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

DPS PROJECT SUPPLEMENTAL CHECKLIST

ARCHITECTURAL/ENGINEERING SUPPLEMENTAL CHECKLIST

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

Risk Management

Will services be performed within 50 feet of CTA train or other railroad property? Yes No

Will services be performed on or near a waterway? Yes No

If applicable, Pre-Qualification Category No. Category Description:

For Pre-Qualification Program, attach list of suggested firms to be solicited

Other Agency Concurrence Required: None State Federal Other (fill in)

AVIATION CONSTRUCTION SUPPLEMENTAL CHECKLIST

DOA sign-off for final design documents: Yes No

Required Attachments:

Copy of Draft Contract Documents and Detailed Specifications.

Risk Management:

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

Will work be performed within 50 feet of CTA or ATS structure or property? Yes No

Will work be performed airside? Yes No

*NOTE: Any non-construction Aviation request, complete the applicable section.

COMMODITIES SUPPLEMENTAL CHECKLIST

Required Attachments: Detailed Specifications (Scope of Services) including detailed description of the product, delivery location, user department contact, price escalation considerations, Bidder's qualification, contract term and extension options, Contractor's qualifications, citation of any applicable City/State/Federal statutes or regulations, citation of any applicable technical standards and Price Lists/Catalogs, technical drawings and other exhibits and attachments as appropriate.

CONSTRUCTION SUPPLEMENTAL CHECKLIST

Required attachments:

Copy of Draft (80% Completion), Contract Documents and Detailed Specifications

Risk Management

Will services be performed within 50 feet of CTA train or other railroad property? Yes No

Will services be performed on or near a waterway? Yes No

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

PROFESSIONAL SERVICES SUPPLEMENTAL CHECKLIST

Detailed description of project listing obligations of each party.

The Schedule of Compensation

Deliverables

Request for individual contract services (if applicable)

The appropriate EPS form

ITSC (approved by BIS)

OBM (approved by Budget form/memo)

Grant document attached

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

DPS PROJECT SUPPLEMENTAL CHECKLIST

TELECOMMUNICATIONS AND UTILITIES SUPPLEMENTAL CHECKLIST

Required Attachments: Detailed Scope of Services/Specification which sets forth all of the anticipated services and products the user department wants provided, including time frame for completion, special qualifications of prospective vendors, special requirements or needs of the project, locations, anticipated participating user departments, citation of any applicable City ordinance or state/federal regulation or statute.

Has the project been reviewed by DGS? Yes No

Attach copy of DGS Recommendation; Reservation(s); or participate under current contract.

Does the project include software? Yes No

If yes, is signed ITSC form attached? Yes No

Does the location involve:

A public way? Yes No

Any concession in the City's facilities? Yes No

Is it anticipated City Council approval of the project or contract will be required? Yes No

WORK SERVICES/FACILITY MAINTENANCE SUPPLEMENTAL CHECKLIST

Required Attachments: Detailed Specifications (Scope of Services) including detailed description of the work, locations (with supporting detail), user department contacts, work hours/days, laborer/supervisor mix, compensation and price escalation considerations, Bidder's qualification, contract term and extension options, Contractor's qualifications, citation of any applicable City/State/Federal statutes or regulations, citation of any applicable technical standards and Price Lists/Catalogs, technical drawings and other exhibits and attachments as appropriate.

Risk Management:

Will services be performed within 50 feet (50') of CTA train or other railroad property? Yes No

Will services be performed on or near a waterway? Yes No

Will services require the handling of hazardous/bio-waste material? Yes No

Will services require the blocking of streets or sidewalks which may affect public safety? Yes No

If Modification of 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:



P.O. BOX 3689
 BRISTOL, TN 37625-3689
 PHONE 800.251.7094
 FAX 423.538.8469

CUSTOMER ORDER ACKNOWLEDGEMENT

Order Number: C48685AA
 Date: 7/14/2006
 Page: 1

Sold To
 CHICAGO FIRE DEPARTMENT
 3954 EAST FOREMAN DRIVE
 CHICAGO, IL 60617
 USA
 PHONE: 312-747-8652 FAX: 312-747-9418

Ship To
 CHICAGO FIRE DEPARTMENT
 3954 EAST FOREMAN DRIVE
 CHICAGO, IL 60617
 USA

CUSTOMER ID 44141	CUSTOMER P.O. WILL ADVISE	PAYMENT TERMS NET 30	FREIGHT TERMS Freight billed
SALES REPRESENTATIVE JENNIFER LUNCEFORD	SHIPPING METHOD R & L CARRIERS PPD & BILL	F.O.B. ORIGIN	SHIP DATE 10/16/2008
QUANTITY	DESCRIPTION	LIST PRICE	DISCOUNT %
ORD	SHP	EXTENDED PRICE	UNIT PRICE

2.00	0.00	0.00	B57-13018-01	SCUBA SEAT KIT		\$31,618	\$63,236.00
Work Order ID:				Product Code: <i>DOMINT</i>			

SUB TOTAL \$63,236.00
 TOTAL ORDER AMOUNT \$63,236.00

**** PRO-FORMA INVOICE ****

DELIVERY: 90 DAYS AFTER RECEIPT OF PURCHASE ORDER
 HOLD ORDER UNTIL FORMAL PURCHASE ORDER IS RECEIVED



AERONAUTICAL ACCESSORIES, INC.

P.O. BOX 3689, BRISTOL, TENNESSEE 37625-3689 U.S.A.
TELEPHONE: 423-538-5151 or 800-251-7094 FAX: 423-538-8469

E-MAIL: sales@aero-access.com

WEB: www.aero-access.com

To: Chicago Fire Department
Attn: Harry Vergis
Date: August 1, 2006
Ref: Scuba Seats
Fax: 312-747-9418

Aeronautical Accessories, Inc. is the manufacturer and certification holder of P/N B57-13018-01. AAI should be considered as the sole source for these seats. STC copy to follow.

Regards,

Aeronautical Accessories, Inc.

Jennifer L. Lunceford
Sales Manager

Total Pages: 2

United States of America
Department of Transportation -- Federal Aviation Administration
Supplemental Type Certificate

Number SR09254RC

This certificate issued to Aeronautical Accessories, Inc.
441 Industrial Park Road
Piney Flats, TN 37686

certifies that the change in the type design for the following product with the limitations and conditions therefor as specified herein meets the airworthiness requirements of Part 29 of the Federal Aviation Regulations.

Original Product - Type Certificate Number: H4SW
Make: Bell
Model: 412/412EP

Description of Type Design Change:

Installation of Scuba Seats in accordance with Premier Aviation, Inc. Master Drawing List Number B00-13035, Revision B, dated August 17, 2000 or later FAA approved revision. Rotorcraft Flight Manual Supplement Drawing Number B09-63004, dated August 3, 2000, or later FAA approved revision.

Limitations and Conditions:

Compatibility of this design change with previously approved modifications must be determined by the installer. This Scuba Seat Installation is for two aft-facing seats with a side facing seat installed per STC SH8479SW. No other seating positions are approved for use with this installation. If the holder agrees to permit another person to use this certificate to alter the product, the holder shall give the other person written evidence of that permission.

This certificate and the supporting data which is the basis for approval shall remain in effect until surrendered, suspended, revoked or a termination date is otherwise established by the Administrator of the Federal Aviation Administration.

Date of application: September 15, 1999

Date reissued: January 17, 2002

Date of issuance: August 03, 2000

Date amended:



By direction of the Administrator

(Signature)
Carl F. Mittag, Manager

Rotorcraft Certification Office,
Southwest Region

(Title)

Any alteration of this certificate is punishable by a fine of not exceeding \$1,000, or imprisonment not exceeding 3 years, or both.

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

Two Fire Department rescue Scuba diver's were injured in an aircraft accident on June 30, 2006 while seated without the ability to be secured in the military style seating configuration with their equipment donned per department procedures. Based on FAA and NTSB requirements, We are seeking to purchase 2 seats which will accommodate personnel and their equipment that is approved for Installation by the FAA in this model aircraft.

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 first time requirement.

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

The design of these seats is proprietary, patented and the only design for which an Supplemental Type Certificate (STC) is issued for the Bell Helicopter Model 412 EP by the FAA.

4. If an RFP/RFQ or other application was issued, attach a) List of firms notified and list of Respondents; b) copy of RFP/RFQ and Newspaper Ads; c) List of Selection/Evaluation Criteria used; d) Evaluation Committee Members and e) Evaluation Summary which compares the proposals and explains the reason for the selection(s). For Delegate Agencies, attach list of all agencies to be funded, description of program goals and a narrative of the solicitation and evaluation process used to make the selection(s) including specific reasons for funding some agencies and not others.

- a. Aeronautical Accessories was contacted as the sole provider of this type of equipment (see attached quote).
- b. N/A
- c. One manufacturer builds the seat design which is compatible with our mission equipment.
- d. The Chief of Air Sea Rescue, the ASR Dive Coordinator, aircraft mechanic, Chief pilots and pilot and dive personnel.
- e. see #3.

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

Information pertaining to the applicability of this equipment has been obtained through researching several agencies including New York Police Dept. and through attendance of professional trade conferences such as Airborne Law Enforcement Association and Helicopter Association Int'l.

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

Future Department aircraft acquisition requirements will determine future procurement of this type of equipment.

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

No. These seats currently offered by only one manufacturer

Estimated Cost

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

\$63, 235.00. The funding source will be determined.

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

N/A

3. **Explain the basis for estimating the cost and what assumptions were made and/or data used (ie. budgeted amount, previous contract price, current catalog or cost proposal from firms solicited, engineering or in-house estimate, etc.)**

The cost basis is a quote provided by the sole distributor of this equipment.

4. **Explain whether the proposed Contractor or the City has a substantial dollar investment in original design, tooling or other factors which would be duplicated at City expense if another source was considered. Describe cost savings or other measurable benefits to the City which may be achieved.**

The contractor has a substantial dollar investment in product development, patent rights, and in the STC approval process by the FAA.

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

A 10% discount has been included from the retail price from the distributor.

Schedule Requirements

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

A 90 day delivery was established at the time of the quote due to production time requirements.

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.**

N/A.

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

Purchase approval is anticipated in order to minimize delivery time.

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

N/A

Exclusive or Unique Capability

1. **If contemplating hiring a person or firm as a Professional Service Consultant, explain in detail what professional skills, expertise, qualifications or other factors make this person or firm exclusively or uniquely qualified for the project. Attach copy of cost proposal and scope or services.**

N/A

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

Yes.

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?**

The manufacturer is an exclusive distributor, Customer Support Facility and a completion center for Bell Helicopter Textron, possesses a station licence for the repair and engineering of aviation products issued by the FAA.

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?**

See # 3.

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?**

See # 3.

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.**

See # 3.

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

Yes.

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.**

Yes.

Other

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

See attached quote.


2. Explain what opportunities of direct/indirect involvement of Minority or Women Business Enterprises have been discussed and/or are available on this contract. Contact Michael Palumbo (744-0530) prior to responding to this question.

Due to the situation surrounding this procurement, and given this Tennessee based vendor will have no opportunity for direct or indirect MBE/WBE participation, we respectfully request "Non-Stated Goal" be utilized.

Review and Approval

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

NOTE: *Upon the determination of the Purchasing Department this request may be forwarded to the Sole Source Review Board. If forwarded the Originator must attend a minimum of two (2) sole source review board meetings to clarify this request. The Originator will be contacted by the Finance Division in this event.*

Originators Signature  Date 8/10/00

Bureau Commanders Signature _____ Date _____



Paragonics Resources, Inc.
2005 Product Catalog
start by searching below.



Bell 212/412/412EP Scuba Seating



The Scuba Seat is similar to a regular utility seat and incorporates an extended seat back in which to store an air tank. A tank retention strap keeps the tank in place and ready for use while a hinged head rest moves out of the way once the tank has been strapped to the driver. The seat features a four point harness and a fold down seat back.

Scuba Seating


Part Number	Application
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057-23032-01	
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Chicago Fire Department

AIR SEA RESCUE

95th Street Heliport
3954 E. Foreman Dr.
Chicago, IL 60617



CUSTOMER ORDER ACKNOWLEDGEMENT



P.O. BOX 3689
 BRISTOL, TN 37625-3689
 PHONE 800.251.7094
 FAX 423.538.8469

Order Number: C48685AA
 Date: 7/14/2006
 Page: 1

Sold To
 CHICAGO FIRE DEPARTMENT
 3954 EAST FOREMAN DRIVE
 CHICAGO, IL 60617
 USA
 PHONE: 312-747-8652 FAX: 312-747-9418

Ship To
 CHICAGO FIRE DEPARTMENT
 3954 EAST FOREMAN DRIVE
 CHICAGO, IL 60617
 USA

CUSTOMER ID	CUSTOMER P.O.	PAYMENT TERMS	FREIGHT TERMS
44141	WILL ADVISE	NET 30	Freight billed
SALES REPRESENTATIVE	SHIPPING METHOD	F.O.B.	SHIP DATE
JENNIFER LUNCEFORD	R & L CARRIERS PPD & BILL	ORIGIN	10/16/2006
QUANTITY	DESCRIPTION	LIST PRICE	DISCOUNT %
ORD	SHP	BCK	PART ID

ORD	SHP	BCK	PART ID	DESCRIPTION	LIST PRICE	DISCOUNT %	UNIT PRICE	EXTENDED PRICE
2.00	0.00	0.00	B57-13018-01	SCUBA SEAT KIT Product Code: DOMINT Deliver by 10/16/2006	\$34,950.00	10.0 %	\$31,455.00	\$62,910.00
Work Order ID:								
1.00	0.00	0.00		R & L FREIGHT CHARGE Product Code: DOMMSC Deliver by 10/16/2006 FREIGHT PRICE DOES INCLUDE FREIGHT INSURANCE.			\$325.00	\$325.00
Work Order ID:								

SUB TOTAL \$63,235.00
 TOTAL ORDER AMOUNT \$63,235.00

****PRO-FORMA INVOICE****

DELIVERY: 90 DAYS AFTER RECEIPT OF PURCHASE ORDER.
 HOLD ORDER UNTIL FORMAL PURCHASE ORDER IS RECEIVED.
 ATTN: CHIEF HARRY VERGIS

Scuba

JUSTIFICATION OF NON-COMPETITIVE PROCUREMENT

Procurement History

1. **Describe the requirement and how it evolved from initial planning to its present status.**
Two Fire Department rescue Scuba diver's were injured in an aircraft accident on June 30, 2006 while seated without the ability to be secured in the military style seating configuration with their equipment donned per department procedures. Based on FAA and NTSB requirements, We are seeking to purchase 2 seats which will accommodate personnel and their equipment that is approved for Installation by the FAA in this model aircraft.
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 first time requirement.
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 - a. Aeronautical Accessories was contacted as the sole provider of this type of equipment (see attached quote).
 - b. N/A
 - c. One manufacturer builds the seat design which is compatible with our mission equipment.
 - d. The Chief of Air Sea Rescue, the ASR Dive Coordinator, aircraft mechanic, Chief pilots and pilot and dive personnel.
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5. **Describe any research done to find other sources (List other cities contacted, companies in the industry contacted, professional organizations, periodicals and other publications used).**

Information pertaining to the applicability of this equipment has been obtained through researching several agencies including New York Police Dept. and through attendance of professional trade conferences such as Airborne Law Enforcement Association and Helicopter Association Int'l.
6. **Explain future procurement objectives. Is this a one-time request or will future requests be made for doing business with the same source?**

Future Department aircraft acquisition requirements will determine future procurement of this type of equipment.
7. **Explain whether or not future competitive bidding is possible. If not, why not?**

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4122-0345-0200 -
11001-0117-9900 -

Estimated Cost

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

\$63, 235.00. The funding source will be determined.

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

N/A

3. **Explain the basis for estimating the cost and what assumptions were made and/or data used (ie. budgeted amount, previous contract price, current catalog or cost proposal from firms solicited, engineering or in-house estimate, etc.)**

The cost basis is a quote provided by the sole distributor of this equipment.

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.**

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

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

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

See attached quote.

- 2. Explain what opportunities of direct/indirect involvement of Minority or Women Business Enterprises have been discussed and/or are available on this contract. Contact Michael Palumbo (744-0530) prior to responding to this question.

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Review and Approval

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NOTE: *Upon the determination of the Purchasing Department this request may be forwarded to the Sole Source Review Board. If forwarded the Originator must attend a minimum of two (2) sole source review board meetings to clarify this request. The Originator will be contacted by the Finance Division in this event.*

Originators Signature Harry E. Vergis Date July 19, 2006

Bureau Commanders Signature _____ Date _____

CHICAGO FIRE DEPARTMENT
EXPENDITURE REPORT
FUND 100: NON-PERSONNEL SERVICES BY ACCT

BUDGET YEAR 2006

STATUS AS OF: 8/11/2006

Prog	Acct Name	Check #	Check Date	Vendor
0345	APPARATUS AND INSTRUMENTS			

FY 2006	FY	FY	FY	FY	FY
ALLOTMENT	2006POSTE	2006PRE	2006ENCUMBE	2006EXPENDE	2006AVAILABL

4122	SPECIAL OPERATIONS	\$130,475.50	\$8,282.86	\$0.00	\$0.00	\$54,185.40	\$55,739.45	\$112,904.15
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0200	Scuba Suits	\$74,144.30	\$0.00	\$0.00	\$0.00	\$0.00	\$9,563.60	\$64,580.70
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10050-1301	CK# 40756380	7/5/2006	LAKE COUNTY DIVERS SUPPLY	\$0.00	\$0.00	\$0.00	\$2,013.60	
10050-1401	CK# 40743960	6/8/2006	LAKE COUNTY DIVERS SUPPLY	\$0.00	\$0.00	\$0.00	\$7,550.00	

2200	Tools and equipment for Confined Space/Trench Rescue Program	\$13,822.50	\$4,015.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,807.50
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10677-2	10677		AIR ONE EQUIPMENT INC	\$4,015.00	\$0.00	\$0.00	\$0.00	\$0.00
Modify	06-02	\$13,822.50	To right division					

3000	High Rise/Deep Tunnel Hardware Communication Equipment	\$13,822.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,822.50
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Modify	06-03	\$13,822.50	To right division					
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3200	Tools and Equipment for Building Collapse Program	\$18,430.00	\$2,553.49	\$0.00	\$0.00	\$0.00	\$0.00	\$15,876.51
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10074-327	10074		ROOT BROS	\$2,295.49	\$0.00	\$0.00	\$0.00	\$0.00
10074-337	10074		ROOT BROS	\$258.00	\$0.00	\$0.00	\$0.00	\$0.00
Modify	06-04	\$18,430.00	To right division					

3300	Flight Suits, Helmets & Related Equipment	\$10,256.20	\$1,714.37	\$0.00	\$0.00	\$0.00	\$724.89	\$7,816.94
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065900291	CK# 40718845	4/20/2006	INTERACTIVE SAFETY PRODUCTS	\$0.00	\$0.00	\$0.00	\$561.74	
065900303	CK# 40717029	4/17/2006	INTERACTIVE SAFETY PRODUCTS	\$0.00	\$0.00	\$0.00	\$163.15	
065900845	065900845		SKY-HOOK RESCUE SYSTEM INC	\$1,714.37	\$0.00	\$0.00	\$0.00	\$0.00



City of Chicago
Richard M. Daley, Mayor

Chicago Fire Department

Raymond Orozco
Commissioner

14th Floor
10 West 35th Street
Chicago, Illinois 60616-3799
(312) 745-3705

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

Office of the Fire Commissioner

To: Barbara Lumpkin
Chief Procurement Officer
Department of Procurement
City Hall – Room 400

From: Raymond Orozco
Raymond Orozco
Fire Commissioner

Re: Specification #50042
Requisition #29462
Aeronautical Accessories, Inc
Request for Non-Stated Goals

Date: August 11, 2006

The Fire Department requests that the vendor's request for Non-
Stated goals be granted, as this company is located in Bristol,
Tennessee.

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





City of Chicago
Richard M. Daley, Mayor

Chicago Fire Department

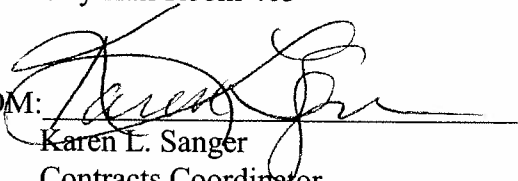
Raymond Orozco
Commissioner

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Finance / Payroll

TO: Barbara Lumpkin
Chief Procurement Officer
Department of Procurement Services
City Hall Room 403

FROM: 
Karen L. Sanger
Contracts Coordinator
Chicago Fire Department

RE: Specification: 50042
Sole Source Requisition: 29462
Vendor: Aeronautical accessories, Inc
SCUBA Seat Kit

DATE: August 11, 2006

I am submitting the above mentioned Sole Source request for processing. The following documents are included in the package;

1. Purchase Requisition 29462 (to follow)
2. A quotation from the vendor
3. Our Sole Source request
4. A letter from the vendor state they are the sole manufacturer and distributor
5. Documentation on the items requested

I have also sent a letter to the vendor requesting they be granted Non-Statd Goals and have sent them a PDF of our Economic Disclosure forms.

Your assistance in approving and processing this request is appreciated. If you have any questions or require any further information please contact me on (312) 745-4196.

