

JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT

COMPLETE THIS SECTION IF NEW CONTRACT

For contract(s) in this request, answer applicable questions in each of the 4 major subject areas below in accordance with the Instructions for Preparation of Non-Competitive Procurement Form on the reverse side.

Request that negotiations be conducted only with Edwards Medical for the product and/or services described herein.
(Name of Person or Firm)

This is a request for ____ (One-Time Contractor Requisition # 26582, copy attached) or X Term Agreement or Delegate Agency
____ (Check one). If Delegate Agency, this request is for "blanket approval" of all contracts within the _____
(Attach List)

Pre-Assigned Specification No. (Program Name) _____
Pre-Assigned Contract No. _____

COMPLETE THIS SECTION 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 #: _____ Company or Agency Name: _____
Specification #: _____ Contract or Program Description: _____
Mod. #: _____ (Attach List, if multiple)

Bill Card _____ (312) 747-9785 Bill Card Health _____ 7/18/2006
Originator Name Telephone Signature Department Date

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

<input type="checkbox"/> PROCUREMENT HISTORY	SEE ATTACHED
<input type="checkbox"/> ESTIMATED COST	SEE ATTACHED
<input type="checkbox"/> SCHEDULE REQUIREMENTS	SEE ATTACHED
<input type="checkbox"/> EXCLUSIVE OR UNIQUE CAPABILITY	SEE ATTACHED
<input type="checkbox"/> OTHER	SEE ATTACHED

APPROVED BY: [Signature]
DEPARTMENT HEAD
OR DESIGNEE

7/18/06
DATE

BOARD CHAIRPERSON

DATE

Procurement History:

The Chicago Department of Public Health needs to have a set number of materials propositioned and packaged to respond to a range of events. The Department has elected to prepare kits containing the necessary elements to open and support emergency response dispensing or vaccination centers. The necessary elements are assembled according to their planned use in to five differently color coded kits. The kits would be dispatched within two hours of notification to possibly 200 locations within the City of Chicago, depending upon the scope of the emergency. These kits would allow Public Health department employees and participating departments to prepare a dispensing or vaccination center for operation within 12 hours.

This is a new requirement by the City of Chicago. We are developing an ability to respond and track such emergency supplies with the support of Homeland Security grant funds. Other municipalities are studying our processes; our warehousing procedure and data base tracking will be the standard used throughout Illinois.

Sixty of the necessary 200 kits have been prepared and are presently stored with Edwards Medical Supply. Edwards has had a range of contracts with the City as far back as 1993. The Fire Department and the Department of Public Health have been the User Departments. The ten contracts have been for specific purposes such as Peak Flow Meters to support the Department of Public Health's asthma initiative to life support equipment for the Fire Department. Edwards Medical has been the primary provider of general medical supplies to support the Department of Public Health's clinics through the City.

Edwards Medical Supply has always remained in compliance with MBE/WBE requirements.

Edwards has been a partner with the Department of Public Health's Public Health Emergency Preparedness and Response division. They are presently storing approximately 60 pallets of prepared materials that would be used in an emergency. Edwards was the key providing a substantial portion of the material as well as assembling per our instruction, color coding and racking.

Edwards has participated in scheduled drills by providing the color coded pallets at exercise locations and has participated in actual events - Chicago's Katrina Response - by providing the color coded pallets to Fosco Park and providing additional provisions during the course of the response without question, without purchase orders to permit CDPH's full attention to the response while they handle the details of supply necessary product.

Consistent with other Homeland Security infrastructure building measures, this service will continue into the future. In all likelihood, the scope of the service will be modified by the threats that Homeland Security deems reasonably precautions can be provided. Presently, there are no known vendors within the metropolitan area that have the capacity, interest or corporate depth to provide the scope of services demanded in this contract. At the conclusion of this sole source contract the Department would complete a similar environmental scan to identify new businesses that may be in a position to competitively bid on this procurement.

Estimated Cost:

Depends upon requirements (DUR). It is estimated that each pallet has approximately \$5000 in product value and assembly costs, based upon the experience of purchasing product and assembling sixty kits. Presently 60 pallets are being stored; product for an additional 140 have to be secured and the pallets assembled; replenishment of kits used in exercises or during the course of an event must be retrieved and replenished. Delivery of up to six is assured monthly at no additional cost; such delivery would be within the City of Chicago for purposes such as training exercises or training opportunities such as mass influenza vaccination clinics.

Preparing the additional 140 pallets would be approximately \$700,000; replenishment over the five-year period of the contract is estimated at \$70,000; storage under similar terms is estimated at \$20,000. A projected five-year total would be approximately \$790,000. However it is important to remember that partnering with Edwards Medical provides us access to the full range of medical supplies, equipment and pharmaceuticals in the event there is a change in the types of agent or other disruptive product that might be used in an event - it is critical that we are partnered with a company that will creatively respond with the same promptness as the citizens of Chicago expect CDPH to respond to an event.

Edwards Medical has all the necessary product available to them during their normal course of operations. We have been assured that they can easily secure the remaining product at competitive rates (primarily office supply material, specialty vests, etc.). Edward Medical has the warehousing capacity for assembling and storing the kits. Edwards Medical has their own emergency plans for maintaining their facility and staff during an event as well as emergency procurement procedures during an event with their major manufacturers.

Schedule of Requirements:

It is expected that the successful contractor will acquire the necessary product to complete the assembly of the remaining 140 pallets, color code the pallets and have them on the racks within 120 days of contract award. Concurrently, the successful contractor will meet with the Department's representative to establish a rolling twelve-month schedule of onsite inspections by CDPH of the product and the schedule of exercises requiring delivery of product. Those inspections will periodically overlap the dates of product expiration on the pallets to permit the City observer to see demonstrated replenishment of the pallets.

EXCLUSIVE OR UNIQUE CAPABILITY

Edwards Medical has been the primary provider of medical services and supplies to CDPH since 1993 and understands our requirements, our clinical systems and our procedures for emergency preparedness and response.

Edwards Medical was the only bidder on the recent request (Req. # 27582) to provide miscellaneous medical equipment and supplies for CDPH.

Edwards Medical is the only known vendor in the metropolitan area with the access to the necessary supplies on a regular as well as emergency basis. The only known vendor with the established security systems to maintain the integrity of the product and a transportation network that assures delivery to the product to the necessary CDPH emergency locations within the required time frame.

Edwards Medical has demonstrated they have the personnel to respond in a timely fashion as required under this contract. Their personnel were contacted during a holiday weekend to provide delivery of

pallets for use in the City's Katrina Response. Edwards has provided similar responses in a very timely manner for the USPO as well as numerous Fortune 200 companies. Edwards has sufficient warehouse storage space for all product called for under this contract. Edwards is proficient at replenishment as demonstrated by their ability to secure and maintain Drug Regulatory licensing for legend drugs.

Competition is not precluded. At the conclusion of this sole source contract an assessment will be made of potential respondents in the metropolitan area to a new request modeled for the emergency preparations deemed necessary in five years.

OTHER

Edwards Medical has always been in compliance with MBE/WBE and has made a commitment to continue compliance.

**CITY OF CHICAGO
 PURCHASE REQUISITION**

Copy (Department)

DELIVER TO: 041-4395 ADMIN 50 W WASHINGTON Chicago, IL 60601	REQUISITION: 26582 PAGE: 4 DEPARTMENT: 41 - DEPARTMENT OF HEALTH PREPARER: Maribel E Valdez NEEDED: APPROVED: 3/28/2006
--	--

REQUISITION DESCRIPTION
 HEALTH PREPAREDNESS SUPPLIES
 SPECIFICATION NUMBER: 45594

COMMODITY INFORMATION

LINE	ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST
15	61599.10 MISCELLANEOUS OFFICE SUPPLY ITEMS	250,000.00	USD	0.00	0.00

SUGGESTED VENDOR:

REQUESTED BY: Maribel E Valdez

DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	Dist. Amt.
1	005	0847	0414395	0100	220140	0000	00000000	05BZ80	00000	0000	0.00
LINE TOTAL:											0.00

LINE	ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST
1	47599 MISCELLANEOUS MEDICAL EQUIPMENT AND SUPPLIES	500,000.00	USD	0.00	0.00

SUGGESTED VENDOR:

REQUESTED BY: Maribel E Valdez

DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	Dist. Amt.
1	005	0847	0414395	0100	220140	0000	00000000	05BZ80	00000	0000	0.00
LINE TOTAL:											0.00

LINE	ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST
17	99037.10 EMERGENCY MEDICAL SERVICES & SUPPLIES	500,000.00	USD	0.00	0.00

SUGGESTED VENDOR:

REQUESTED BY: Maribel E Valdez

DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	Dist. Amt.
1	005	0847	0414395	0100	220140	0000	00000000	05BZ80	00000	0000	0.00
LINE TOTAL:											0.00

REQUISITION TOTAL: 0.00

**CITY OF CHICAGO
 PURCHASE REQUISITION**

Copy (Department)

DELIVER TO: 041-4395 ADMIN 50 W WASHINGTON Chicago, IL 60601	REQUISITION: 26582 PAGE: 1 DEPARTMENT: 41 - DEPARTMENT OF HEALTH PREPARER: Maribel E Valdez NEEDED: APPROVED: 3/28/2006
--	--

REQUISITION DESCRIPTION
 HEALTH PREPAREDNESS SUPPLIES
 SPECIFICATION NUMBER: 45594

COMMODITY INFORMATION

LINE	ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST
3	9903710100	200,000.00	Each	0.00	0.00
EMERGENCY MEDICAL SERVICES & SUPPLIES - COMBO KITS ON BLUE PALLETS, 48 IN. X 48 IN. X 48 IN., 80 GAUGE, INCL. PICK-UP, STORAGE & DELIVERY					

SUGGESTED VENDOR:

REQUESTED BY: Maribel E Valdez

DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	Dist. Amt.
1	005	0847	0414395	0100	220140	0000	00000000	05BZ80	00000	0000	0.00
LINE TOTAL:											0.00

LINE	ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST
4	9903710105	200,000.00	Each	0.00	0.00
EMERGENCY MEDICAL SERVICES & SUPPLIES - COMBO KITS ON RED PALLETS, 48 IN. X 48 IN. X 48 IN., 80 GAUGE, INCL. PICK-UP, STORAGE & DELIVERY					

SUGGESTED VENDOR:

REQUESTED BY: Maribel E Valdez

DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	Dist. Amt.
1	005	0847	0414395	0100	220140	0000	00000000	05BZ80	00000	0000	0.00
LINE TOTAL:											0.00

LINE	ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST
5	9903710110	200,000.00	Each	0.00	0.00
EMERGENCY MEDICAL SERVICES & SUPPLIES - COMBO KITS ON YELLOW PALLETS, 48 IN. X 48 IN. X 48 IN., 80 GAUGE, INCL. PICK-UP, STORAGE & DELIVERY					

SUGGESTED VENDOR:

REQUESTED BY: Maribel E Valdez

DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	Dist. Amt.
1	005	0847	0414395	0100	220140	0000	00000000	05BZ80	00000	0000	0.00
LINE TOTAL:											0.00

LINE	ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST
6	9903710115	200,000.00	Each	0.00	0.00
EMERGENCY MEDICAL SERVICES & SUPPLIES - COMBO KITS ON GREEN PALLETS, 48 IN. X 48 IN. X 48 IN., 80 GAUGE, INCL. PICK-UP, STORAGE & DELIVERY					

SUGGESTED VENDOR:

REQUESTED BY: Maribel E Valdez

DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	Dist. Amt.
1	005	0847	0414395	0100	220140	0000	00000000	05BZ80	00000	0000	0.00
LINE TOTAL:											0.00

**CITY OF CHICAGO
 PURCHASE REQUISITION**

Copy (Department)

DELIVER TO: 041-4395 ADMIN 50 W WASHINGTON Chicago, IL 60601	REQUISITION: 26582 PAGE: 2 DEPARTMENT: 41 - DEPARTMENT OF HEALTH PREPARER: Maribel E Valdez NEEDED: APPROVED: 3/28/2006
--	--

REQUISITION DESCRIPTION
 HEALTH PREPAREDNESS SUPPLIES
 SPECIFICATION NUMBER: 45594

COMMODITY INFORMATION

LINE	ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST						
7	9903710120	200,000.00	Each	0.00	0.00						
EMERGENCY MEDICAL SERVICES & SUPPLIES - COMBO KITS ON ORANGE PALLETS, 48 IN. X 48 IN. X 48 IN., 80 GAUGE, INCL. PICK-UP, STORAGE & DELIVERY											
SUGGESTED VENDOR:											
REQUESTED BY: Maribel E Valdez											
DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	Dist. Amt.
1	005	0847	0414395	0100	220140	0000	00000000	05BZ80	00000	0000	0.00
LINE TOTAL:											0.00

LINE	ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST						
8	9903710200	1,000,000.00	Each	0.00	0.00						
EMERGENCY MEDICAL SERVICES & SUPPLIES - BLUE PALLETS, 48 IN. X 48 IN. X 48 IN., INCL. PICK-UP, STORAGE & DELIVERY											
SUGGESTED VENDOR:											
REQUESTED BY: Maribel E Valdez											
DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	Dist. Amt.
1	005	0847	0414395	0100	220140	0000	00000000	05BZ80	00000	0000	0.00
LINE TOTAL:											0.00

LINE	ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST						
9	9903710205	1,000,000.00	Each	0.00	0.00						
EMERGENCY MEDICAL SERVICES & SUPPLIES - RED PALLETS, 48 IN. X 48 IN. X 48 IN., INCL. PICK-UP, STORAGE & DELIVERY											
SUGGESTED VENDOR:											
REQUESTED BY: Maribel E Valdez											
DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	Dist. Amt.
1	005	0847	0414395	0100	220140	0000	00000000	05BZ80	00000	0000	0.00
LINE TOTAL:											0.00

LINE	ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST						
10	9903710210	1,000,000.00	Each	0.00	0.00						
EMERGENCY MEDICAL SERVICES & SUPPLIES - YELLOW PALLETS, 48 IN. X 48 IN. X 48 IN., INCL. PICK-UP, STORAGE & DELIVERY											
SUGGESTED VENDOR:											
REQUESTED BY: Maribel E Valdez											
DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	Dist. Amt.
1	005	0847	0414395	0100	220140	0000	00000000	05BZ80	00000	0000	0.00
LINE TOTAL:											0.00

**CITY OF CHICAGO
 PURCHASE REQUISITION**

Copy (Department)

DELIVER TO: 041-4395 ADMIN 50 W WASHINGTON Chicago, IL 60601	REQUISITION: 26582 PAGE: 3 DEPARTMENT: 41 - DEPARTMENT OF HEALTH PREPARER: Maribel E Valdez NEEDED: APPROVED: 3/28/2006
--	--

REQUISITION DESCRIPTION
 HEALTH PREPAREDNESS SUPPLIES
 SPECIFICATION NUMBER: 45594

COMMODITY INFORMATION

LINE	ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST						
11	9903710215	1,000,000.00	Each	0.00	0.00						
EMERGENCY MEDICAL SERVICES & SUPPLIES - GREEN PALLETS, 48 IN. X 48 IN. X 48 IN., INCL. PICK-UP, STORAGE & DELIVERY											
SUGGESTED VENDOR:											
REQUESTED BY: Maribel E Valdez											
DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	Dist. Amt.
1	005	0847	0414395	0100	220140	0000	00000000	05BZ80	00000	0000	0.00
LINE TOTAL:											0.00

LINE	ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST						
12	9903710220	1,000,000.00	Each	0.00	0.00						
EMERGENCY MEDICAL SERVICES & SUPPLIES - ORANGE PALLETS, 48 IN. X 48 IN. X 48 IN., INCL. PICK-UP, STORAGE & DELIVERY											
SUGGESTED VENDOR:											
REQUESTED BY: Maribel E Valdez											
DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	Dist. Amt.
1	005	0847	0414395	0100	220140	0000	00000000	05BZ80	00000	0000	0.00
LINE TOTAL:											0.00

LINE	ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST						
13	9903710600	1,000,000.00	Each	0.00	0.00						
EMERGENCY MEDICAL SERVICES & SUPPLIES - REPLENISHING KITS INCLUDING PICK-UP, STORAGE & DELIVERY											
SUGGESTED VENDOR:											
REQUESTED BY: Maribel E Valdez											
DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	Dist. Amt.
1	005	0847	0414395	0100	220140	0000	00000000	05BZ80	00000	0000	0.00
LINE TOTAL:											0.00

LINE	ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST						
14	6159910100	1,000,000.00	Each	0.00	0.00						
MISC. OFFICE SUPPLY ITEMS - REPLENISHING KITS INCLUDING PICK-UP, STORAGE AND DELIVERY											
SUGGESTED VENDOR:											
REQUESTED BY: Maribel E Valdez											
DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	Dist. Amt.
1	005	0847	0414395	0100	220140	0000	00000000	05BZ80	00000	0000	0.00
LINE TOTAL:											0.00

Supplies for Creating Pallets

1. There are five types of pallets to be created. The pallets are composed of various office and medical supplies; inventory lists for each color-coded pallet are attached. There will be an additional five kits of pre-printed educational material and medical forms; this material will be supplied to the vendor for palletizing into kits.
2. Office supply products and medical supply products are identified on the attached spreadsheet. Sufficient quantities of all products must be made available to create up to 10 replacement kits of each color upon award of this contract. Vendor must be in a position to supply the amount of supplies necessary to resupply all kits used following an exercise or field use, as well as providing and delivering those supplies to the Chicago field locations in a field exercise and actual event and throughout the course of an event when replenishment is required. The amount of replenishment will vary with the type of field exercise or emergency and the duration of the action.
3. The vendor is to provide access to and delivery of a complete array of medical supplies in order to best position the City of Chicago for unexpected events that exceed the scope of known supplies in the prepared kits and allows the City to secure additional medical supplies in an emergency for which one could not anticipate.

Creating Pallets

1. Provide the Pallets (approx. 48"x48"x48"), color tinted stretch wrap (blue, red, yellow, green and orange; 80 gauge), Labeling and Boxes in assembling five varieties of pallets. Contents are to be packed on pallets in consistent manner and then wrapped by color-coded tinted stretch wrap.
2. Provide Contents Labels (in at least 14 point font for legibility) on each pallet; such labeling shall also identify the position for any product on the pallet with expiration dates; location on the pallet will be such that easy replacement of the product can be made prior to expiration.
3. Provide boxes in which to store small items on the pallet (scissors, markers, plug adaptors, etc.). All boxes on the pallet must identify the contents of the box; some boxes are original supply boxes and correctly labeled; others boxes are a collection of various items – those items must be clearly identified on the exterior of the respective box.
4. Provide for the replacement of products prior to expiration dates, including but not limited to diphenhydramine 50 mg IM syringe/needle, ammonia (smelling) salts, and epinephrine auto-injector 0.3/0.15 mg.

5. Assemble each color-coded pallet according to the attached guide. Material should be stored in the same relative position on similarly color-coded pallets.
6. Following an exercise or event arrange for replenishment of consumed inventory in kits. Replace or restock, whichever is more efficient, those kits to their original condition following exercise or event.
7. During the course of this agreement it may be necessary to modify the contents of the assembled kits. This will require breaking the kits down, removing/adding/replacing specific supplies (this excludes routine monitoring/replacement of items with expiration dates) and re-skidding the kit.
8. There are approximately 35 skids that are colored coded for their respective skid; these office supplies on skids are located at the Chicago Department of Public Health warehouse, 1820 N. Besly, Chicago, Illinois. These are to be picked up upon execution of the contract and the supplies incorporated into existing kits.

Storage:

The contractor will provide adequate storage areas(s) for the storage of approximately 200 4' X 4' pallets that contain various types of items the City would use in an emergency.

The storage facility(s) must be situated in conjunction with transportation support to provide delivery within the city of Chicago to 60 points throughout the city within 2 hours of notification. Storage facilities may be subject to inspection by any of the various authorized Using Departments to insure contract compliance prior to the award of the contract and during the term of the contract.

The contractor must provide twenty-four (24) hours security by either staff and/or electronic monitoring equipment at the location(s) in which the City pallets are stored.

The storage facility must provide a stable, constant environment that meets, but is not limited to, the following criteria: must be climate controlled; must be well ventilated; must have an air temperature between 65 and 70 degrees F. at all times; must have humidity maintained at 45% - 55% at all times.

The contractor's storage facility must be equipped with, but not limited to, the following fire detection equipment: smoke detectors, sprinklers and fire extinguishers.

Any breach of security affecting city pallets must be reported to the commissioner of the Department of Health no later than 2 hours after discovery.

The contractor must provide adequate Pest Control of the storage area(s) where City pallets are kept. Pest Control shall consist of the prevention and/or elimination of any pest infiltration at the storage facility and the damage and/or destruction of the integrity of any of the pallets.

Any pallet or contents damaged and/or destroyed due to the infiltration of pests must be reported to the Commissioner of the Department of Health immediately. The contractor will be responsible for any damage to said pallets and any costs incurred, by the City, in their replacement.

At the conclusion of this contract including any extensions or renewals, all City pallets in storage will be conveniently located on the loading docks of the respective storage facilities for the City's retrieval.

Risk Management:

Close out, termination: "pedestal contract"

Law: language for liquidated damages.

Pick-up and Deliver:

1. In the event of a planned exercise, with two days notification, deliver selected pallets to locations to-be-determined. Following an exercise or event, arrange for the pick up of the remaining supplies at the event exercise/location(s) and return to the warehouse for replenishment. Pricing for kits and storage should include up to two deliveries per month of six pallets total.
2. In the event of an emergency, provide delivery of up to 120 pallets (2 per site) on demand within 2 hours of notice to specific Chicago addresses that will be determined at the time of the emergency. A lift gate truck is required in the absence of a loading dock at the destinations. Subsequent pallet deliveries may be necessary to the same addresses within 6-10 hours.

PALLETS FOR HEALTH PREPARENESS

The contractor shall furnish and deliver the following medical supplies and office supplies for creating pallets (approx. 48" x 48" x 48"), color tinted stretch wrap (blue, red, yellow, green and orange; 80 gauge, labeling and boxes in assembling five varieties of pallets. Contents are to be packed on pallets in consistent manner and then wrapped by color-coded tinted stretch wrap. Contractor must also provide the replacement of products prior to expiration dates, this includes unwrapping the kits and replenishing the expired products, including but not limited to diphenhydramine 50 mg IM syringe/needle, ammonia (smelling), salts, and dipinephrine auto-injector 0.3/0.15 mg. Please see attached table for the list of items, and see the attached detailed scope of services for more details.

ATC, DVC, RSS Kit List

Line Description draft	ITEM#	Vendor	UNIT	UNITS PER KIT	KIT COLOR:
3 hole punch		Perk		2	55 blue kits; 5 red kits; 3 yellow.
3 prong electrical adaptor	TBD	Perk	each	10	DVC Blue
ammonia (smelling) salts	TBD	Edwards	box	1	DVC Blue
antibacterial cleaning solution, gallon; existing product, to be replaced with hand sanitizer	TBD	Edwards	each	1	DVC Blue
bag, brown, paper, #4	TBD	Perk	case	1	DVC Blue
barricade caution tape, 3" x 1000'	TCO 10700	Magnetic	roll	6	DVC Blue
battery, C type	Deleted				DVC Blue
binder clip, large, 2" width	TBD	Perk	box	12	DVC Blue
blood pressure cuff & bulb, adult	23981	Edwards	each	1	DVC Blue
blood pressure cuff & bulb, pediatric	TBD	Edwards	each	1	DVC Blue
blood pressure cuff, XL	TBD	Edwards	each	1	DVC Blue
box cutter, 12/box			each	1	DVC Blue
bullhorn, Mighty Mike:existing inventory only; no new purchases					
clipboards - standard size	TBA	Perk	each	1	DVC Blue
diphenhydramine 50mg IM syringe/needle			each	288	DVC Blue
envelope, inter-departmental, 10" x 13"	21642	Edwards	box	1	DVC Blue
epinephrine 0.1mg autoinjector - 2 pens	CEB03329	Magnetic	box	3	DVC Blue
epinephrine 0.3mg autoinjector - 4 pens		Edwards	pen	2	DVC Blue
examination glove, non-latex, PF, large		Edwards	pen	4	DVC Blue
examination glove, non-latex, PF, medium	20554	Edwards	box	5	DVC Blue
extension cord, heavy duty, 50ft.	20555	Edwards	box	5	DVC Blue
fold up easels		Perk	each	2	DVC Blue
		Perk	each	6	DVC Blue
germicidal spray 12 16.5 oz cans		Inter-City Supply Co	case	1	DVC Blue
hanging file folders - standard size 25 to a box		Perk	box	1	DVC Blue
Laerdal 1 way valve & filter pack	15591	Edwards	each	1	DVC Blue
Laerdal pocket mask w/ O2 inlet	15644	Edwards	each	1	DVC Blue
laser printer paper, white, 8 1/2" x 11":existing stock, no new purchases	DPS08511	Magnetic	pak	10	DVC Blue

ATC, DVC, RSS Kit List

manila file folders - 1/3 cut tab, standard size		Perk	box	1	DVC Blue
paper clips, jumbo, 100/box			box	5	DVC Blue
pen, black, ball point	CEB51225	Magnetic	box	58	DVC Blue
penlight	9200	Edwards	pak	1	DVC Blue
perforated paper towel, 15/Case		Perk	case	1	DVC Blue
plastic bag, ziplock type, 8" x 10"	TBD	TBD	case	4	DVC Blue
shts/pak					
Post-It Notes, 3" x 3"	RIV 04227	Magnetic	pak	1	DVC Blue
power strip, 6 outlet, 6 ft.	MMM 6545CL	Magnetic	pak	1	DVC Blue
Pre-printed direction/station signs: City provides	CEB93999	Magnetic	each	3	DVC Blue
safety vest, blue, one size fits all		Xerox	pak	0	DVC Blue
safety vest, lime green, one size fits all	TBD	Perk	each	10	DVC Blue
safety vest, orange, one size fits all	TBD	Perk	each	18	DVC Blue
scissors, 7" straight	TBD	Perk	each	128	DVC Blue
signware pedestal sign: stands for direction/station signs	EXO10646	Magnetic	each	2	DVC Blue
stapler, desktop		Perk		20	DVC Blue
staples, standard	CEB61009	Magnetic	each	5	DVC Blue
stethoscope	DPS90007	Magnetic	box	2	DVC Blue
surgical mask	21131	Edwards	each	1	DVC Blue
tab dividers: one set alpha, one set numeric	TBD	Edwards	each	8	DVC Blue
tape, clear, 1/2" ; in dispenser		Perk	set	1	DVC Blue
tape, duct, gray	MMM 119	Magnetic	roll	5	DVC Blue
tape, masking, 1" x 60Yds.		Perk		2	DVC Blue
thermometer, oral, disposable - 600	MMM2341	Magnetic	roll	8	DVC Blue
tongue depressor	25950	Edwards	box	1	DVC Blue
twine roll, brown, sisal, 1500', 2 ply	61150	Edwards	box	1	DVC Blue
		Perk		2	DVC Blue

ATC, DVC, RSS Kit List

<p>Vests: Constructed of extra strong vinyl coated nylon mesh, edges bound and stitched with binding. Adjustable on each side with side release nylon buckles. 4" x 18" Velcro panels are added front and back to receive reflective interchangeable panels. Vest includes vertical reflective stripes for increased visibility. Wt. 8 oz. Vest Size: 27" Long by 20" wide with 18" straps expands 42" to 72". Vests are to be available in blue, green and orange colors with the velcro panel to receive emergency titles.</p>				<p>up to 30 vests in various colors</p>	<p>DVC Blue</p>
<p>Vest - interchangeable velcro panels with emergency position titles for above safety vests. Will require all HEICSA standard titles and may require special order titles</p>				<p>various titles on velcro panels for above safety vests</p>	<p>DVC Blue</p>
<p>water, drinking, 0.5L</p>	<p>NSC100933</p>	<p>Magnetic</p>	<p>case</p>	<p>24</p>	<p>DVC Blue</p>
<p>writing pad, ruled, 50 sheet, 8 1/2" x 11", 12/pk</p>	<p>TOP63140</p>	<p>Magnetic</p>	<p>case</p>	<p>1</p>	<p>DVC Blue</p>
<p>alcohol swab, 70%</p>	<p>TBD</p>	<p>Edwards</p>	<p>case</p>	<p>7</p>	<p>DVC Red</p>
<p>bandaid strip, woven, 1"</p>	<p>19769</p>	<p>Edwards</p>	<p>case</p>	<p>25</p>	<p>DVC Red</p>
<p>biohazard bags, 31" x 41", 1.2mil</p>	<p>21469</p>	<p>Edwards</p>	<p>case</p>	<p>1</p>	<p>DVC Red</p>
<p>dosing syringe, oral, calibrated, 10 ml: 50/pak</p>	<p>20071</p>	<p>Edwards</p>	<p>case</p>	<p>120</p>	<p>DVC Red</p>
<p>hand washing antiseptic gel, 4oz. - 60</p>	<p>21305</p>	<p>Edwards</p>	<p>bottle</p>	<p>24</p>	<p>DVC Red</p>
<p>Sharps container, gallon</p>	<p>TBD</p>	<p>Edwards</p>	<p>case</p>	<p>3</p>	<p>DVC Red</p>
<p>standard examining table paper</p>	<p>TBD</p>	<p>Edwards</p>	<p>roll</p>	<p>1</p>	<p>DVC Red</p>
<p>1 oz. Medicine cups, plastic; latex free; calibrated from 1-8 drams; 1/8-1 fluid ounce; 1-2 tablespoons and 2.5-30 ML and cc. (5000/case) 100 per sleeve</p>					
<p>bottle adaptor, rubber: 25/pak</p>	<p>20069</p>	<p>Edwards</p>	<p>case</p>	<p>2</p>	<p>DVC Yellow</p>
<p>dose mark label: 800/pak</p>	<p>20068</p>	<p>Edwards</p>	<p>case</p>	<p>60</p>	<p>DVC Yellow</p>
<p>plastic bag, shopping type, 12" x 7" x 22"</p>	<p>TBD</p>	<p>Perk</p>	<p>case</p>	<p>9</p>	<p>DVC Yellow</p>
<p>stirring rod, glass: 10/pak</p>	<p>20070</p>	<p>Edwards</p>	<p>case</p>	<p>4</p>	<p>DVC Yellow</p>
<p>syringe, 60ml, sterile, disposable</p>	<p>5170</p>	<p>Edwards</p>	<p>case</p>	<p>1</p>	<p>DVC Yellow</p>
<p>syringe, 60ml, sterile, disposable</p>	<p>5170</p>	<p>Edwards</p>	<p>box</p>	<p>1</p>	<p>DVC Yellow</p>
<p>"caution" barricade tape, 3" x 1000'</p>	<p>TCO 10700</p>	<p>Magnetic</p>	<p>roll</p>	<p>1</p>	<p>DVC Yellow</p>
<p>binder clip, large, 2" width</p>	<p>TBD</p>	<p>Perk</p>	<p>box</p>	<p>12</p>	<p>Green - ATC</p>

ATC, DVC, RSS Kit List

box cutter; 12/box	EXP92010	Magnetic	box	1	Green - ATC
bullhorn, Mighty Mike : existing product only; no clipboard standard size	TBA	Perk	each	1	Green - ATC
extension cord, heavy duty, 50ft.	OIC 83100	Magnetic	each	48	Green - ATC
green film shrink wrap; 80 gauge, 18"x1500'	TBD	Perk	each	2	Green - ATC
lanyard: hanging-style name badge holder kit, 50/box for 9000 employees at each of 5 ATC sites		Perk	roll	1	Green - ATC
laser printer paper, white, 8 1/2" x 11"; existing only, no new purchases			box	180	Green - ATC
pen, black, ball point; 12/box	DPS08511	Magnetic	pak	0	Green - ATC
permanent marker, Magnum, black	CEB51225	Magnetic	box	20	Green - ATC
permanent marker, Magnum, Blue	SAN 44001	Magnetic	each	1	Green - ATC
permanent marker, Magnum, green	TBD	Perk	each	1	Green - ATC
permanent marker, Magnum, Red	TBD	Perk	each	1	Green - ATC
permanent marker, Sharpie, black	SAN 44002	Magnetic	each	1	Green - ATC
plastic bag, zip type, 10 1/2" x 11"; 250/cm	SAN 33001	Magnetic	each	12	Green - ATC
poster board, lemon yellow, 22" x 28"; 25 shts/pak	WBZ1PGAL	Magnetic	carton	12	Green - ATC
Post-It Notes, 3" x 3"	RIV 04227	Magnetic	pak	1	Green - ATC
Post-It self-stick easel pads, 2/carton	MMM 6545CL	Magnetic	pak	1	Green - ATC
power strip, 6 outlet, 6 ft.	MMM559	Magnetic	ct.	1	Green - ATC
scissors, 7" straight	CEB93999	Magnetic	each	3	Green - ATC
stapler, desktop	EXO10646	Magnetic	each	2	Green - ATC
staples, standard	CEB61009	Magnetic	each	5	Green - ATC
tape, duct, gray	DPS90007	Magnetic	box	5	Green - ATC
Tyvek open-end expansion envelop 12"x16"2"; 100/box	MMM 3900	Magnetic	roll	2	Green - ATC
vinyl wristbands that are made of multi-layered vinyl for strength, are waterproof, feature a locking plastic snap to prevent transfer	QUAR4520	Magnetic	box	1	Green - ATC
vinyl wristbands that are made of multi-layered vinyl for strength, are waterproof, feature a locking plastic snap to prevent transfer		Day Glow (Green)	box (500/box)	3	Green - ATC
vinyl wristbands that are made of multi-layered vinyl for strength, are waterproof, feature a locking plastic snap to prevent transfer		Day Glow (Orange)	box (500/box)	2	Green - ATC
vinyl wristbands that are made of multi-layered vinyl for strength, are waterproof, feature a locking plastic snap to prevent transfer		Day Glow (Yellow)	box (500/box)	2	Green - ATC

ATC, DVC, RSS Kit List

vinyl wristbands that are made of multi-layered vinyl for strength, are waterproof, feature a locking plastic snap to prevent transfer		Day Glow Red	box (500/box)	3	Green - ATC
vinyl wristbands that are made of multi-layered vinyl for strength, are waterproof, feature a locking plastic snap to prevent transfer		White	box (500/box)	3	Green - ATC
vinyl wristbands that are made of multi-layered vinyl for strength, are waterproof, feature a locking plastic snap to prevent transfer		Day Glow Pink	box (500/box)	1	Green - ATC
vinyl wristbands that are made of multi-layered vinyl for strength, are waterproof, feature a locking plastic snap to prevent transfer		Purple	box (500/box)	1	Green - ATC
vinyl wristbands that are made of multi-layered vinyl for strength, are waterproof, feature a locking plastic snap to prevent transfer		Teal	box (500/box)	2	Green - ATC
vinyl wristbands that are made of multi-layered vinyl for strength, are waterproof, feature a locking plastic snap to prevent transfer		Blue	box (500/box)	2	Green - ATC
vinyl wristbands that are made of multi-layered vinyl for strength, are waterproof, feature a locking plastic snap to prevent transfer		Cow	box (500/box)	2	Green - ATC
water, drinking, 0.5L	NSC100933	Magnetic	case	2	Green - ATC
writing pad, ruled, 50 sheet, 8 1/2" x 11"; 12/pak	TOP63140	Magnetic	pk	1	Green - ATC
Yellow highlighters	AVE07742	Magnetic	each	6	Green - ATC
"caution" barricade tape, 3" x 1000'	TCO 10700	Magnetic	roll	12	Orange-RSS
battery, 12 C type	Deleted				Orange-RSS
binder clip, large, 2" width		Perk	box	5	Orange-RSS
box cutter; 12/box	EXP92010	Magnetic	box	3	Orange-RSS
box sealing tape dispensers, pistol grip			each	5	Orange-RSS
bullhorn, Mighty Mike existing only; no new purchases.		Perk	each	1	Orange-RSS
clear carton sealing tape, 48mmx55mm, 3ml	CEB48503	Magnetic	roll	12	Orange-RSS
clear film shrink wrap: 80 gauge, 18"x1500'		Perk	carton	3	Orange-RSS
clipboard standard size	OIC 83100	Magnetic	each	24	Orange-RSS
Corrugated boxes: 24"x17"x243/4"; 12/bundle	DUCCB60	Magnetic	bundle	1	Orange-RSS

EDWARDS
Medical  Supply

Relationships That Work®

August 10, 2006

Maribel Valdez
Chief Contract Expediter
City of Chicago
Dept of Public Health DePaul Center
333 S State Ste 200
Chicago IL 60604

RE: Spec #45594 Revision

Dear Maribel:

We are pleased to quote you the following for the above referenced Specification #45594. For Part 1 & 2 (Medical and Office Supplies) Edwards Medical Supply is pleased to offer you 12% off the price listed on our online ordering site, www.myedwardsmedical.com.

Assembly of kits pricing is as follows:

Kit	Price
Red	\$90.00/Pallet
Yellow	\$90.00/Pallet
Blue	\$160.00/Pallet
Green	\$90.00/Pallet
Orange	\$90.00/Pallet

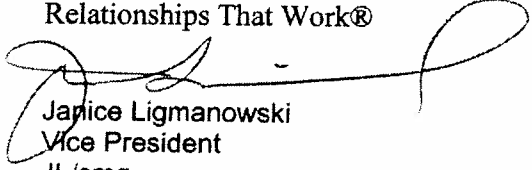
Category	Price
Replenishment	Flat "In/Out" Fee \$50.00/Pallet plus Product
Storage	\$14.50/month per Pallet
Pick Up/Delivery - Drills or Events	Simple "In/Out" Fee - \$50.00/Pallet

All items will appear on the above referenced website. Should you require any clarifications, feel free to contact me. We look forward to being of service to you.

Sincerely,

EDWARDS MEDICAL SUPPLY

Relationships That Work®


Janice Ligmanowski
Vice President
JL/smg

EDWARDS
Medical  **Supply**

Relationships That Work®

July 14, 2006

Dear Bill

Edwards Medical Supply is the nation's leading supplier of medical products and services to occupational health professionals. Edwards is proud to serve nearly 50% of the nation's *Fortune 100*® companies. Overall, Edwards is the chosen medical supplier to nearly 6,000 employers across the country who care for nearly 10 million employees. Our customers include major automotive and petroleum companies, financial institutions and steel companies as well as government agencies and utilities in markets across the U.S.

Edwards is known for developing and implementing innovative solutions sometimes under extreme time constraints and unusual circumstances. Over the last several years, Edwards has provided medical supplies and distribution solutions for:

- Hurricane Katrina relief – Customer flew corporate jet to airport nearest one of our distribution centers (no ground transportation could get out of the city where customer was located) to stock up on supplies. Edwards employees worked round the clock to meet their needs.
- During the Anthrax scare, the United States Postal Service used one of our warehouses as their depot for masks and gloves. Their trucks came to our warehouse to pick up supplies.
- On two plane crash incidents, Edwards kept its doors open to EMS and FBI personnel to gather additional supplies.
- During the World Cup Soccer Event held in Chicago, medical supplies were provided to Chicago EMS on consignment for the duration of the tournament.

While these are somewhat extreme conditions, Edwards prides itself on its ability to be responsive to the somewhat unique needs of customers in times of need. The current Pandemic Preparation period is another example of Edwards' ability to respond to individual customer needs. To date, Edwards has provided unique disaster kits, color coded pallets for easy identification by the customer in their storage facilities and even delivered a \$10 million dollar order under armed guard. Edwards will work with the customer to assess their needs and then proceed with the best solution for the situation.

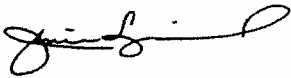
Due to the scope of products Edwards provides, ie legend drugs, our facility has been constructed to meet strict security code specifications by Drug Regulatory.

Edwards has a long history with the City of Chicago and is committed to providing medical supplies and related products to the City. The City has 24 hour access to the Edwards executives

and their warehouse facilities. While Edwards has provided product for "emergency" situations such as Chicago's Hurricane Katrina response, Edwards is also currently the primary provider of general medical supplies to the Department of Public Health clinics and a major supplier for the Fire Department. The City of Chicago is the only municipality that Edwards provides these special services for and maintaining our relationship with the City is important to Edwards.

Edwards is experienced in providing unique solutions. Edwards looks forward to providing the City of Chicago the expertise of its staff and the distribution know how to fulfill its latest disaster products needs.

Sincerely,



Janice Ligmanowski
Vice President Operations

Centers for Disease Control
and Prevention

Christine Kosmos
Chicago Department of Health
333 S. State Street, Room 200
Chicago, IL 60604

AUG 31 2005

Reference: Cooperative Agreement No. U90/CCU517008-06
Public Health Emergency Preparedness

Dear Ms. Kosmos:

Enclosed is your continuation award for the Public Health Emergency Preparedness program under Program Announcement Number AA154.

The Project Officer listed on the enclosed Contact List will be responsible for the review and programmatic monitoring of your assistance award. The Grants Management Officer, also listed, has been assigned the business management responsibilities for your award. Any correspondence directed to this office should include the original and two copies and reference the award number given above. It should be addressed to Angela Webb, Grants Management Officer, Acquisition and Assistance Branch VI.

All requests which require prior approval of the Grants Management Officer (i.e. redirection, carryover, contracting, etc.) must be co-signed by the Project Director and an official of your business office and should contain sufficient information to process such requests. If this procedure is not followed, your request will be returned unprocessed.

An annual Financial Status Report (FSR) must be submitted within 90 days after the end of the budget period and should include only funds authorized and expended during the budget period for which the report is being submitted. Please note page 2 of the award for the submission of progress reports.

If you have any questions concerning this award, please contact the appropriate individuals listed on the contact list in the Notice of Cooperative Agreement.

Sincerely,



Sharon Robertson
Grants Management Officer
Acquisition and Assistance Branch VI
Procurement and Grants Office

Enclosures

cc: Business Office
Van King/DSLRL

08/29/2005 93.283

EDES AWARD NOTICE DATED

ANY ADDITIONS OR RESTRICTIONS

IMPOSED REMAIN IN EFFECT UNLESS SPECIFICALLY RESCINDED.

NO. 5. ADMINISTRATIVE CODES

CCU517008-06 CCU90

EFFECT PERIOD 8/31/2005 THROUGH 08/30/2010

EFFECT PERIOD 8/31/2005 THROUGH 08/30/2006

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION

NOTICE OF COOPERATIVE AGREEMENT

AUTHORIZATION (LEGISLATION/REGULATION)

PHS301(A)317(K)(1)(2)319 42USC241(A)

TITLE OF PROJECT (OR PROGRAM)
PUBLIC HEALTH PREPAREDNESS AND RESPONSE FOR BIOTERRORISM

OFFICE NAME AND ADDRESS
CHICAGO DEPARTMENT OF HEALTH
DEPUTY COMMISSIONER
5 SOUTH STATE STREET, ROOM 200
CHICAGO, IL 60604-3972

10. DIRECTOR OF PROJECT (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
CHRISTINE KOSMOS
DEPUTY COMMISSIONER
333 S STATE STREET, RM 200, CHICAGO DOH
CHICAGO, IL 60604

11. APPROVED BUDGET (EXCLUDES PHS DIRECT ASSISTANCE)

GRANT FUNDS ONLY
PROJECT COSTS INCLUDING GRANT FUNDS AND ALL OTHER FINANCIAL
CATION
CE NUMERAL ON LINE) I

PERSONNEL SALARIES AND WAGES.....	4,263,379
PERSONNEL BENEFITS.....	1,454,531
TOTAL PERSONNEL COSTS.....	5,717,910
EQUIPMENT.....	0
TRAVEL.....	286,150
OPERATION AND MAINTENANCE.....	440,313
RENT.....	91,429
IDENT CARE-IMPATIENT.....	0
IDENT CARE-OUTPATIENT.....	0
REPAIRS AND RENOVATIONS.....	0
DEPRECIATION.....	482,553
SHORT-TERM/CONTRACTUAL COSTS.....	4,581,427
GRANTEE RELATED EXPENSES.....	0
GRANTEE STIPENDS.....	0
GRANTEE TUITION AND FEES.....	0
GRANTEE TRAVEL.....	0
TOTAL DIRECT COSTS.....	11,599,782
INDIRECT COSTS (10.49 % OF SBM/TADC).....	1,216,816
TOTAL APPROVED BUDGET.....	12,816,598
ADMINISTRATIVE FEE.....	0
FEDERAL SHARE.....	12,816,598
NON-FEDERAL SHARE.....	0

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE

A. AMOUNT OF PHS FINANCIAL ASSISTANCE (FROM 11.U).....	12,816,598
B. LESS UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIODS...0	0
C. LESS CUMULATIVE PRIOR AWARD(S) THIS BUDGET PERIOD...0	0
D. AMOUNT OF FINANCIAL ASSIST. THIS ACTION	12,816,598

13. RECOMMENDED FUTURE SUPPORT (SUBJECT TO THE AVAILABILITY OF FUNDS AND SATISFACTORY PROGRESS OF THE PROJECT)

BUDGET YEAR	TOTAL DIRECT COSTS	BUDGET YEAR	TOTAL DIRECT COSTS
A. 7	12,816,598	D. 10	12,816,598
B. 8	12,816,598	E. 0	0
C. 9	12,816,598	F. 0	0

14. APPROVED DIRECT ASSISTANCE BUDGET (IN LIEU OF CASH)

A. AMOUNT OF PHS DIRECT ASSISTANCE.....	0
B. LESS UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIODS...0	0
C. LESS CUMULATIVE PRIOR AWARDS FROM THIS BUDGET PERIOD...0	0
D. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	0

15. PROGRAM INCOME SUBJECT TO 45 CFR PART 74, SUBPART F, OR 45 CFR 92.25, SHALL BE USED IN ACCORDANCE WITH ONE OF THE FOLLOWING ALTERNATIVES: (SELECT ONE AND PUT LETTER IN BOX.)

A. DEDUCTION
B. ADDITIONAL COSTS
C. MATCHING
D. OTHER RESEARCH (ADD/DEDUCT OPTION)
E. OTHER (SEE REMARKS)

B

THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE PHS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:
A. THE GRANT PROGRAM LEGISLATION CITED ABOVE. B. THE GRANT PROGRAM REGULATION CITED ABOVE. C. THIS AWARD NOTICE INCLUDING TERMS AND CONDITIONS, IF ANY, NOTED BELOW UNDER REMARKS. D. PHS GRANTS POLICY STATEMENT INCLUDING ADDENDA IN EFFECT AS OF THE BEGINNING DATE OF THE BUDGET PERIOD. E. 45 CFR PART 74 OR 45 CFR PART 92 AS APPLICABLE. IN THE EVENT THERE ARE CONFLICTING OR OTHERWISE INCONSISTENT POLICIES APPLICABLE TO THE GRANT, THE ABOVE ORDER OF PRECEDENCE SHALL PREVAIL. ACCEPTANCE OF THE GRANT TERMS AND CONDITIONS IS ACKNOWLEDGED BY THE GRANTEE WHEN FUNDS ARE DRAWN OR OTHERWISE OBTAINED FROM THE GRANT PAYMENT SYSTEM.

MARKS (OTHER TERMS AND CONDITIONS ATTACHED - YES NO)

SPONSOR:
* IDC RATE BASE: SEE ATTACHED

GRANTS MANAGEMENT OFFICER (SIGNATURE) SHARON H. ROBERTSON (NAME-TYPED/PRINT) GRANTS MANAGEMENT OFFICER (TITLE)

OBJ. CLASS. 41.51 18. CRS. E.I.N.: I-366005820-A4 19. LIST NO.: CO-101-E05

FY-CAN	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT. ACTION FEM. ASST	AMT. ACTION DIR. ASST
05-A217S 05-921027R	CCU517008	CCU90	2,150,000	
05-A217S 05-9213367	CCU517008	CCU90	10,666,598	

PHS-5152-1 (CONTINUED)

DATE ISSUED.....: 08/29/2005
GRANT NO.....: U90/CCU517008-06
APPROVAL LIST NO: C0-101-E05

DIRECT ASSISTANCE BUDGET:
=====

PERSONAL SERVICE:	0
TRAVEL.....:	0
VACCINE.....:	0
OTHER SERVICE....:	0

**NOTICE OF
COOPERATIVE AGREEMENT**
(Continuation Sheet)

PAGE 2 OF 5

DATE ISSUED AUG 31 2005

AWARD NO. U90/CCU517005-06

Terms and Conditions

1. **INCORPORATION:** Program Announcement Number AA154, entitled "Public Health Emergency Preparedness" and the application dated July 12, 2005, are made a part of this award by reference.
2. **INDIRECT COST RATES:** Indirect costs are issued at 10.49% based on the certification signed by the City of Chicago Comptroller on April 21, 2005.
3. **FUNDING:** Attached is a spreadsheet that reflects total funding (financial assistance and any direct assistance) for your budget period 06 award.

Cities Readiness Initiative (CRI) - This award includes \$2,150,000 to ensure that selected cities are prepared to provide oral medications during an event to 100 percent of their affected populations. This generally will entail enhancing each city's capability to establish a network of points of dispensing (POD) staffed with trained/exercised paid and/or volunteer staff. In the wake of a catastrophic bioterrorism event, even the largest POD network that the jurisdiction is capable of mounting on its own may be insufficient to protect its citizens - in which case, the grantee may elect to request staff and other resources from the Federal Government to augment the POD network or to deploy elements of the United States Postal Service to complement the POD network with direct delivery of antibiotics to residences.

Flu Vaccine: All grantees that plan to use Bioterrorism Cooperative Agreement (BTCA) funds to purchase flu vaccine for use in bioterrorism vaccination exercises must follow the CDC guidance effective August 1, 2004. Please note that all requests to use BTCA funds to purchase flu vaccine for use in bioterrorism vaccination exercises must be approved by the grantee's CDC project officer.

4. **REVIEW SUMMARY:** Please see the Review Summary included with the Notice of Award for any specific disapprovals, restrictions, or items requiring additional information.

AWARD RESTRICTIONS: \$37,500 of your award is restricted. Please submit your request to release restrictions via the DSLR MIS by November 30, 2005.

5. **REPORTING REQUIREMENTS:** NOTE - Pay particular attention to the enclosed Review Summary. A reply is required to all weaknesses by November 1, 2005.

Quarterly Progress Reports - Progress reports for activities undertaken in this budget period, as well as special topics related to the goals and objectives, are due on **January 15, 2006** (for activities undertaken August 31-November 30, 2005), **April 15, 2006** (for activities undertaken December 1, 2005-February 28, 2006), **July 15, 2006** (for activities undertaken March 1-May 30, 2006). These reports must be submitted through the DSLR MIS. CDC will provide templates for these reports to assess program outcomes related to activities undertaken in this budget period. In addition, you may be required to submit information upon request based on changing threat status or national security priorities.

Estimated Financial Status Report (FSR) - An estimated FSR for the period August 31, 2005 through February 28, 2006 is due to the Grants Management Officer named below by **May 30, 2006**.

Final Reports - An original and two copies of the final FSR is due to the Grants Management Officer named below by **November 30, 2006**. Final project reports (for activities from June 1-August 30, 2006) should be submitted through the DSLR MIS by **November 30, 2006**.

**NOTICE OF
COOPERATIVE AGREEMENT
(Continuation Sheet)**

PAGE 3 OF 5

DATE ISSUED AUG 9 1 26ng

AWARD NO. U90/CCU517005-06

6. **CORRESPONDENCE:** All correspondence regarding this award must be identified with the award number as shown at the top right of this page.
7. **PRIOR APPROVAL:** All requests which require prior approval must bear the signature of an authorized official of the business office of the grantee organization as well as the principal investigator or program or project director. Any requests received which reflect only one signature will be returned to the grantee unprocessed.
8. **INVENTIONS:** Acceptance of grant funds obligates recipients to comply with the Astandard patent rights@ clauses in 37 CFR 401.14.
9. **PUBLICATIONS:** Publications, journal articles, etc. produced under a CDC grant support project must bear an acknowledgment and disclaimer, as appropriate, such as: This publication (journal article, etc.) was supported by Grant/Cooperative Agreement Number U90/CCU017010 from CDC. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.
10. **EQUIPMENT AND PRODUCTS:** To the greatest extent practicable, all equipment and products purchased with CDC funds should be American-made.
11. **ACKNOWLEDGMENT OF FEDERAL SUPPORT:** When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and recipients of Federal research grants, shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.
12. **FRAUD, WASTE OR ABUSE HOTLINE NOTICE:** For your information, the United States Department of Health and Human Services Inspector General maintains a toll-free telephone number, 800-368-5779, for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Such reports are kept confidential, and callers may decline to give their names if they choose to remain anonymous
13. **AUDIT REQUIREMENT:**
You must comply with the audit requirements of OMB Circular A-133, Audits of State, Local Governments and Non-Profit Organizations, revised June 30, 1997, which rescinded OMB Circular A-128 AAudits of State and Local Governments. It is very helpful to CDC managers if you choose to send a courtesy copy of completed audits and any management letters on a voluntary basis to the following address:

Centers for Disease Control and Prevention (CDC)
ATTN: Audit Resolution, Mail Stop E-15
2920 Brandywine Road
Atlanta, Georgia 30341-4146

You are required to ensure that subrecipients receiving CDC funds also meet the requirements of A-133 (total Federal grant or cooperative agreement funds received exceed \$300,000). Additionally, you must also ensure that appropriate corrective action is taken within six months after receipt of the subrecipient audit report in instances of non-compliance with Federal laws and regulations. You are to consider whether subrecipient audits necessitate adjustment of the your

**NOTICE OF
COOPERATIVE AGREEMENT**
(Continuation Sheet)

PAGE 4 OF 5

DATE ISSUED Aug 31 2005

AWARD NO. U90/CCU517005-06

own records. If a subrecipient is not required to have an OMB A-133 audit, you are still required by OMB A-133 to perform adequate monitoring of subrecipient activities. You should require each subrecipient to permit independent auditors to have access to the subrecipient's records and financial statements. **YOU SHOULD INCLUDE THESE REQUIREMENTS IN SUBRECIPIENT CONTRACTS.**

For technical assistance with audits, you or your auditor may call the DHHS Office of Audit Services at (800) 732-0679 ext.108, or (816) 374-6714 ext. 108.

14. **PAYMENT INFORMATION:** Payment under this award will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS). PMS is administered by the Division of Payment Management, Program Support Center, HHS. PMS will forward the DHHS Manual for Recipients Financed Under the Payment Management System (PMS), PMS-270 and PMS-272 forms.

A. PMS correspondence, mailed through the U.S. Postal Service, should be addressed as follows: Division of Payment Management, FMS/PSC/HHS, P.O. Box 6021 Rockville, MD 20852.

B. If a carrier other than the U.S. Postal Service is used, such as United Parcel Service, Federal Express, or other commercial service, the correspondence should be addressed as follows: Division of Payment Management, FMS/PSC/HHS, Rockwall Building #1, Suite 700, 11400 Rockville Pike, Rockville, MD 20852.

To expedite your first payment from this award, attach a copy of the Notice of Grant/Cooperative Agreement to your payment request form.

**NOTICE OF
COOPERATIVE AGREEMENT**
(Continuation Sheet)

PAGE 5 OF 5

DATE ISSUED AUG 31 2005

AWARD NO. U90/CCU517005-06

15. **CDC CONTACT NAMES:**

Business and Grants Policy Contact

Angela Webb, Grants Management Officer
Centers for Disease Control and Prevention (CDC)
Acquisition and Assistance, Branch VI
2920 Brandywine Road, Room 3000
Atlanta, GA 30341-4146
Telephone: 770-488-2784; FAX: 770-488-2670
Email: aqw6@cdc.gov

Programmatic Contact

John Scott, Project Officer
Division Office of State & Local Readiness
Office of Terrorism Preparedness and Response
Centers for Disease Control and Prevention (CDC)
1600 Clifton Road, NE, Mailstop D-29
Telephone: (404) 639-7441
Atlanta, GA 30333
Email Address: jps5@cdc.gov

CHICAGO
 Public Health Emergency Preparedness--Program Announcement AA154-Budget Year 06

Total

Level 1 Lab

Public Health Emergency Preparedness--Program Announcement AA154-Budget Year 06
 EWIDS

CRI

Level 1 Lab

Total

BASE

Financial Assistance							
Personnel	\$3,956,507	\$0	\$306,872	\$0	\$0	\$4,263,379	
Fringe	\$1,356,293	\$0	\$98,238	\$0	\$0	\$1,454,531	
Consultant	\$0	\$0	\$0	\$0	\$0	\$286,150	
Equipment	\$34,150	\$0	\$252,000	\$0	\$0	\$440,313	
Supplies	\$188,033	\$0	\$252,280	\$0	\$0	\$91,429	
Travel	\$82,307	\$0	\$9,122	\$0	\$0	\$482,553	
Other	\$342,468	\$0	\$140,085	\$0	\$0	\$4,581,427	
Contracts	\$3,694,147	\$0	\$887,280	\$0	\$0	\$11,598,782	
Total Direct Cost	\$9,653,905	\$0	\$1,945,877	\$0	\$0	\$1,216,816	
Total Indirect Cost	\$1,012,693	\$0	\$204,123	\$0	\$0	\$12,816,598	
TOTAL--FA	\$10,666,598	\$0	\$2,150,000	\$0	\$0		

DA

CRI

Level 1 Lab

Total

Direct Assistance						
Personnel	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL--DA	\$0	\$0	\$0	\$0	\$0	
TOTAL AWARD	\$10,666,598	\$0	\$2,150,000	\$0	\$0	\$12,816,598



City of Chicago
Richard M. Daley, Mayor

Department of Public Health

Terry Mason, M.D., F.A.C.S.
Commissioner

333 South State Street
Chicago, Illinois 60604
(312) 747-9884
(312) 747-9888 (24 hours)

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

July 18, 2006

Barbara A. Lumpkin
Chicago Department of Procurement Services
121 N. LaSalle, Room 403
Chicago, Illinois 60602

Ms. Lumpkin:

The Chicago Department of Public Health (CDPH) is seeking a sole source contract with Edwards Medical for the support of our public health emergency preparedness pallettes funded by the U.S. Department of Homeland Security.

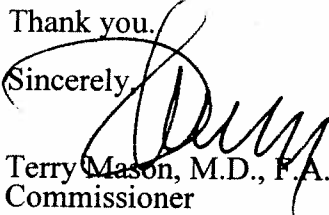
Edwards Medical has been a primary provider of medical equipment and supplies to CDPH for over fifteen years. Edwards Medical is the only known source in the metropolitan area of these materials, with the workforce and transportation system sufficient to deliver palletized supplies within two hours to our city emergency response locations.

Edwards Medical has the financial ability to acquire the supplies and equipment as well as the secure warehouse capacity to store the materials. This company is also experienced in monitoring and rotating stock according to expiration dates and replenishment requirements.

All the above qualities and Edwards Medical's continued interest in working with CDPH in public safety issues assure us they will be a dependable partner to ensure the safety of Chicago residents.

Thank you.

Sincerely,


Terry Mason, M.D., F.A.C.S.
Commissioner



(Rev. 10/00)

SCHEDULE C-1

Letter of Intent from MBE/WBE to Perform
as Subcontractor, Supplier and/or Consultant

Name of Project/Contract: Health Preparedness Supplies
Specification Number: 45594

From: Magnetic Office Products
(Name of MBE/WBE Firm)

MBE: Yes No
WBE: Yes No

To: Edwards Medical Supply Inc
(Name of Prime Contractor - Bidder/Proposer)

and the City of Chicago:

The undersigned intends to perform work in connection with the above projects as a:

Sole Proprietor Corporation
 Partnership Joint Venture

The MBE/WBE status of the undersigned is confirmed by the attached letter of Certification from the City of Chicago effective date of April 28, 04 to September 1, 2006 for a period of one year.

The undersigned is prepared to provide the following described services or supply the following described goods in connection with the above named project/contract:

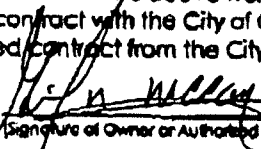
Supplier of Office Supplies and Toner Cartridges

The above described performance is offered for the following price and described terms of payment:

Net 30 days

If more space is needed to fully describe the MBE/WBE firm's proposed scope of work and/or payment schedule, attach additional sheets.

The undersigned will enter into a formal written agreement for the above work with you as a Prime Contractor, conditioned upon your execution of a contract with the City of Chicago, and will do so within three (3) working days of receipt of a signed contract from the City of Chicago.


(Signature of Owner or Authorized Agent)

Gil McCoy/President CEO
Name/Title (Print)

August 10, 2006

Date

312-322-4909

Phone

312-322-1306

Fax

gmccoymasi@yahoo.com

E-Mail

09:01:50 01/01/00



City of Chicago
Richard M. Daley, Mayor

Department of
Procurement Services

Barbara A. Lumpkin
Chief Procurement Officer

City Hall, Room 403
121 North LaSalle Street
Chicago, Illinois 60602
(312) 744-4900
(312) 744-2949 (TTY)
<http://www.cityofchicago.org>

December 5, 2005

Gil N. McCoy, CEO
Magnetic Office Products
20 East Jackson Boulevard
Chicago, Illinois 60604

Dear Mr. McCoy:

The City of Chicago Department of Procurement Services ("Department") has undertaken an evaluation of procurement policies and procedures ~~including those utilized within the M/WBE and DBE certification unit.~~ In light of this evaluation and in anticipation of streamlining our procedures, the Department extends your MBE certification **until September 1, 2006.**

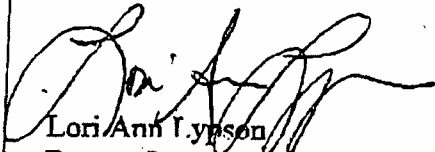
The Department may request additional information from you prior to the expiration of the courtesy period. This information will assist us in making a determination on the recertification of your company. You will receive additional information from the Department in the coming days.

As you know, your firm's participation on contracts will be credited only toward MBE in the following specialty area(s):

Supplier of Office Supplies and Toner Cartridges

If you have any questions, please contact our office at 312-742-0766.

Sincerely,


Lori Ann Tyson
Deputy Procurement Officer

LAL/ds



(Rev. 10/00)

SCHEDULE C-1

Letter of Intent from MBE/WBE to Perform as Subcontractor, Supplier and/or Consultant

Name of Project/Contract: Health Preparedness Supplies
Specification Number: 45594

From: Pas-Tec, INC
(Name of MBE/WBE Firm)

MBE: Yes No
WBE: Yes No

To: Edwards Medical Supply Inc
(Name of Prime Contractor - Bidder/Proposer)

and the City of Chicago:

The undersigned intends to perform work in connection with the above projects as a:

Sole Proprietor Corporation
 Partnership Joint Venture

The MBE/WBE status of the undersigned is confirmed by the attached letter of Certification from the City of Chicago effective date of 3-29-06 to 12-01-06 for a period of one year.

The undersigned is prepared to provide the following described services or supply the following described goods in connection with the above named project/contract:

Computer programming, tech support

The above described performance is offered for the following price and described terms of payment:

Hourly Rate, NET 30

If more space is needed to fully describe the MBE/WBE firm's proposed scope of work and/or payment schedule, attach additional sheets.

The undersigned will enter into a formal written agreement for the above work with you as a Prime Contractor, conditioned upon your execution of a contract with the City of Chicago, and will do so within three (3) working days of receipt of a signed contract from the City of Chicago.

Judy K. Reyes
(Signature of Owner or Authorized Agent)

Judy K. Reyes/President
Name/Title (Print)

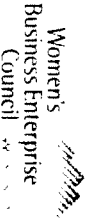
8-2-06
Date

630-408-1338
Phone

630-876-8594
Fax

pasreyes@earthlink.net
E-Mail

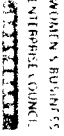
67:01:11 11 57V 90



Women's Business Enterprise National Council

in partnership with
Women's Business Development Center - Chicago

certifies that the criteria for certification as a

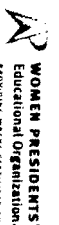


Women's Business Enterprise

(WBE)
has been met by

Pas-Tec Inc

+



Women's Business Enterprise
National Council



Authorized by S. Carol Dougal, Co-President

Expiration Date: 7/12/2007

Certificate Number: 241864

SIC Code(s): 7374

NAICS Codes: 541511

Authorized by Hedy M. Ratner, Co-President,
Women's Business Development Center - Chicago



City of Chicago
Richard M. Daley, Mayor

Department of
Procurement Services

Barbara A. Lumpkin
Chief Procurement Officer

City Hall, Room 403
121 North LaSalle Street
Chicago, Illinois 60602
(312) 744-4900
(312) 744-2949 (TTY)
<http://www.cityofchicago.org>

March 29, 2006

Judy Reyes, President
Pas-Tec, Inc.
1365 Rolling Oaks Drive
Carol Stream, Illinois 60188

Dear Ms. Reyes:

The City of Chicago Department of Procurement Services ("Department") has undertaken an evaluation of procurement policies and procedures including those utilized within the M/WBE and DBE certification unit. In light of this evaluation and in anticipation of streamlining our procedures, the Department extends your **WBE certification until December 1, 2006.**

The Department may request additional information from you prior to the expiration of the courtesy period. This information will assist us in making a determination on the recertification of your company. You will receive additional information from the Department in the coming days.

As you know, your firm's participation on contracts will be credited only toward **WBE** in the following specialty area(s):

Business Computer Consulting Service

If you have any questions, please contact our office at 312-742-0766.

Sincerely,

Lori Ann Lypson
Deputy Procurement Officer

ymj



(Rev. 10/00)

SCHEDULE D-1 Affidavit of MBE/WBE Goal Implementation Plan

Contract Name: Health Preparedness Supplies
Specification No: 45594

State of Illinois _____)

County (City) of Will _____)

I HEREBY DECLARE AND AFFIRM that I am duly authorized representative of:

Donald J. Hamer

(Name of Bidder/Proposer)

and that I have personally reviewed the material and facts set forth herein describing our proposed plan to achieve the MBE/WBE goals of this contract.

All MBE/WBE firms included in this plan have been certified as such by the City of Chicago (Letters of Certification Attached) or have had a complete application for MBE/WBE certification on file with the City of Chicago at least thirty (30) days.

I. Direct Participation of MBE/WBE Firms

(Note: The bidder/proposer shall, in determining the manner of MBE/WBE participation, first consider involvement with MBE/WBE firms as joint venture partners, subcontractors and suppliers of goods and services directly related to the performance of this contract.)

- A. If bidder/proposer is a certified MBE or WBE firm, attach copy of City of Chicago Letter of Certification. (Certification of the bidder/proposer as a MBE satisfies the MBE goal only. Certification of the bidder/proposer as a WBE satisfies the WBE goal only.)
- B. If bidder/proposer is a joint venture and one or more joint venture partners are certified MBEs and WBEs, attach copies of Letters of Certification and a copy of Joint Venture Agreement clearly describing the role of the MBE/WBE firm(s) and its ownership interest in the joint venture.

C. MBE/WBE Subcontractors/Suppliers/Consultants:

1. Name of MBE/WBE: _____
 Address: _____
 Contact Person: _____ Phone: _____
 Dollar Amount Participation: \$ _____
 Percentage Amount of Participation: _____ %
 Schedule C-1 attached? Yes ___ No ___ *(see Page 2)

2. Name of MBE/WBE: _____
 Address: _____
 Contact Person: _____ Phone: _____
 Dollar Amount Participation: \$ _____
 Percentage Amount of Participation: _____ %
 Schedule C-1 attached? Yes ___ No ___ *

05 AUG 14 AM 10:49

Schedule D-1
Affidavit of MBE/WBE Goal Implementation Plan

3. Name of MBE/WBE: _____
 Address: _____
 Contact Person: _____ Phone: _____
 Dollar Amount Participation: \$ _____
 Percentage Amount of Participation: _____ %
Schedule C-1 attached? Yes ___ No ___*
4. Name of MBE/WBE: _____
 Address: _____
 Contact Person: _____ Phone: _____
 Dollar Amount Participation: \$ _____
 Percentage Amount of Participation: _____ %
Schedule C-1 attached? Yes ___ No ___*
5. Name of MBE/WBE: _____
 Address: _____
 Contact Person: _____ Phone: _____
 Dollar Amount Participation: \$ _____
 Percentage Amount of Participation: _____ %
Schedule C-1 attached? Yes ___ No ___*
6. **Attach additional sheets as needed.**

*All Schedule C-1s and Letters of Certification not submitted with bid/proposal must be submitted so as to assure receipt by the Contract Administrator within three (3) business days after bid opening (or proposal due date).

II. Indirect Participation of MBE/WBE Firms

(**Note:** This section need not be completed if the MBE/WBE goals have been met through the direct participation outlined in Section I. If the MBE/WBE goals have not been met through direct participation, contractor will be expected to demonstrate that the proposed MBE/WBE direct participation represents the maximum achievable under the circumstances. Only after such a demonstration will indirect participation be considered.)

MBE/WBE Subcontractors/Suppliers/Consultants proposed to perform work or supply goods or services where such performance does not directly relate to the performance of this contract:

**Schedule D-1
Affidavit of MBE/WBE Goal Implementation Plan**

III. Summary of MBE/WBE Proposal:

A. MBE Proposal:

1. MBE Direct Participation (from Section I):

<u>MBE Firm Name</u>	<u>Dollar Amount of Participation</u>	<u>Percent Amount of Participation</u>
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
Total Direct MBE Participation:	\$ _____	_____ %

2. MBE Indirect Participation (from Section II):

<u>MBE Firm Name</u>	<u>Dollar Amount of Participation</u>	<u>Percent Amount of Participation</u>
Magnetic Office Products	\$ 20,000.00	9 %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
Total Indirect MBE Participation:	\$ 20,000.00	9 %

B. WBE Proposal:

1. WBE Direct Participation (from Section I):

<u>WBE Firm Name</u>	<u>Dollar Amount of Participation</u>	<u>Percent Amount of Participation</u>
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
Total Direct WBE Participation:	\$ _____	_____ %

2. WBE Indirect Participation (from Section II):

<u>WBE Firm Name</u>	<u>Dollar Amount of Participation</u>	<u>Percent Amount of Participation</u>
Pas-Tec	\$ 9,000.00	4.5 %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
Total Indirect WBE Participation:	\$ 9,000.00	4.5 %

**Schedule D-1
Affidavit of MBE/WBE Goal Implementation Plan**

To the best of my knowledge, information and belief, the facts and representations contained in this Schedule are true, and no material facts have been omitted.

The Contractor designates the following person as their MBE/WBE Liaison Officer:

Name Janice Ligmanowski Phone Number: 630-378-0700

I do solemnly declare and affirm under penalties of perjury that the contents of the foregoing document are true and correct, and that I am authorized, on behalf of the Contractor, to make this affidavit.

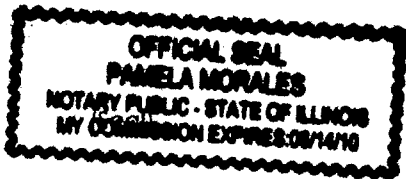
Janice Ligmanowski 8/11/06
Signature of Affiant (Date)

State of Illinois

County of Will

This instrument was acknowledged before me on 8/11/06 (date)
by Janice Ligmanowski (name(s) of person(s))
as Vice President (type of authority, e.g., officer, trustee, etc.)
of Edwards Medical Supply Inc (name of party on behalf of whom instrument was executed).

Pamela Morales
Signature of Notary Public



6. CITY OF CHICAGO ECONOMIC DISCLOSURE STATEMENT AND AFFIDAVIT

6.1. SECTION I -- GENERAL INFORMATION

- A. Legal name of Disclosing Party submitting this EDS. Include d/b/a/ if applicable:
 Edwards Medical Supply Inc
-

Check ONE of the following three boxes:

Indicate whether Disclosing Party submitting this EDS is:

1. the Applicant

OR

2. a legal entity holding a direct or indirect interest in the Applicant. State the legal name of the Applicant in which Disclosing Party holds an interest: _____

OR

3. a specified legal entity with a right of control (see Section II.B.1.b.) State the legal name of the entity in which Disclosing Party holds a right of control: _____

- B. Business address of Disclosing Party: 495 Woodcreek Dr
Bolingbrook IL 60440
- C. Telephone: 630-378-0700 Fax: 630-378-0750 Email: jligmanowski@edwardsmedical.com
- D. Name of contact person: Janice Ligmanowski
- E. Federal Employer Identification No. (if you have one): 36-2972617
- F. Brief description of contract, transaction or other undertaking (referred to below as the "Matter") to which this EDS pertains. (Include project number and location of property, if applicable):
Specification 45594 Health Preparedness Supplies
- G. Which City agency or department is requesting this EDS? Health Department

If the Matter is a contract being handled by the City's Department of Procurement Services, please complete the following:

Specification # 45594 and Contract # _____

6.2. SECTION II – DISCLOSURE OF OWNERSHIP INTERESTS

A. NATURE OF DISCLOSING PARTY

1. Indicate the nature of the Disclosing Party:

- | | | | | | |
|-------------------------------------|--|---|--------------------------------|--------------------------|----|
| <input type="checkbox"/> | Person | <input type="checkbox"/> | Limited liability company* | | |
| <input type="checkbox"/> | Publicly registered business corporation | <input type="checkbox"/> | Limited liability partnership* | | |
| <input checked="" type="checkbox"/> | Privately held business corporation | <input type="checkbox"/> | Joint venture* | | |
| <input type="checkbox"/> | Sole proprietorship | <input type="checkbox"/> | Not-for-profit corporation | | |
| <input type="checkbox"/> | General partnership* | (Is the not-for-profit corporation also a 501(c)(3))? | | | |
| <input type="checkbox"/> | Limited partnership* | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Trust | <input type="checkbox"/> | Other (please specify) | | |

* Note B.1.b below.

2. For legal entities, the state (or foreign country) of incorporation or organization, if applicable:

Illinois

3. For legal entities not organized in the State of Illinois: Has the organization registered to do business in the State of Illinois as a foreign entity?

Yes

No

N/A

B. IF THE DISCLOSING PARTY IS A LEGAL ENTITY:

1.a. List below the full names and titles of all executive officers and all directors of the entity. For not-for-profit corporations, also list below all members, if any, which are legal entities. If there are no such members, write "no members." For trusts, estates or other similar entities, list below the legal titleholder(s).

Name	Title
Edward C. Jarosz Jr.	President
Janice Ligmanowski	Vice President
Donald J. Hamer	Executive Vice President
Terry Clark	CFO & Assistant Secretary

1.b. If you checked "General partnership," "Limited partnership," "Limited liability company," "Limited liability partnership" or "Joint venture" in response to Item A.1. above (Nature of Disclosing Party), list below the name and title of each general partner, managing member, manager or any other person or entity that

controls the day-to-day management of the Disclosing Party. NOTE: Each legal entity listed below must submit an EDS on its own behalf.

Name	Title
N/A	

2. Please provide the following information concerning each person or entity having a direct or indirect beneficial interest (including ownership) in excess of 7.5% of the Disclosing Party. Examples of such an interest include shares in a corporation, partnership interest in a partnership or joint venture, interest of a member or manager in a limited liability company, or interest of a beneficiary of a trust, estate or other similar entity. If none, state "None."

NOTE: Pursuant to Section 2-154-030 of the Municipal Code of Chicago ("Municipal Code"), the City may require any such additional information from any applicant which is reasonably intended to achieve full disclosure.

Name	Business Address	Percentage Interest in the Disclosing Party
Edward C. Jarosz Jr.	495 Woodcreek Dr, Bolingbrook IL 60440	52%
Peter L. Jarosz	Same as above	28%
Jane J. Hlis	Same as above	8%
Joseph P Mulhern Trustee	Same as above	7%
Germaine J. Mulhern	Same as above	5%

6.3. SECTION III – BUSINESS RELATIONSHIPS WITH CITY ELECTED OFFICIALS

Has the Disclosing Party had a "business relationship," as defined in Chapter 2-156 of the Municipal Code, with any City elected official in the 12 months before the date this EDS is signed?

Yes No

If yes, please identify below the name(s) of such City elected official(s) and describe such relationship(s):

6.4. SECTION IV – DISCLOSURE OF SUBCONTRACTORS AND OTHER RETAINED PARTIES

The Disclosing Party must disclose the name and business address of each subcontractor, attorney, lobbyist, accountant, consultant and any other person or entity whom the Disclosing Party has retained or expects to retain in

connection with the Matter, as well as the nature of the relationship, and the total amount of the fees paid or estimated to be paid. The Disclosing Party is not required to disclose employees who are paid solely through the Disclosing Party's regular payroll.

"Lobbyist" means any person or entity who undertakes to influence any legislative or administrative action on behalf of any person or entity other than: (1) a not-for-profit entity, on an unpaid basis, or (2) himself. "Lobbyist" also means any person or entity any part of whose duties as an employee of another includes undertaking to influence any legislative or administrative action.

If the Disclosing Party is uncertain whether a disclosure is required under this Section, the Disclosing Party must either ask the City whether disclosure is required or make the disclosure.

Name (indicate whether retained or anticipated to be retained)	Business Address	Relationship to Disclosing Party (subcontractor, attorney, lobbyist, etc.)	Fees (indicate whether paid or estimated)
---	---------------------	---	--

Pas-Tec - 1365 Rolling Oaks Dr, Carol Stream IL 60188 - subcontractor			estimated
---	--	--	-----------

Magnetic Office Products - 20 E Jackson Blvd Flr 14, Chicago IL 60604 - subcontractor			estimated
---	--	--	-----------

(Add sheets if necessary)

Check here if the Disclosing party has not retained, nor expects to retain, any such persons or entities.

6.5. SECTION V -- CERTIFICATIONS

A. COURT-ORDERED CHILD SUPPORT COMPLIANCE

Under Municipal Code Section 2-92-415, substantial owners of business entities that contract with the City must remain in compliance with their child support obligations throughout the term of the contract.

Has any person who directly or indirectly owns 10% or more of the Disclosing Party been declared in arrearage on any child support obligations by any Illinois court of competent jurisdiction?

Yes No No person owns 10% or more of the Disclosing Party.

If "Yes," has the person entered into a court-approved agreement for payment of all support owed and is the person in compliance with that agreement?

Yes No

B. FURTHER CERTIFICATIONS

1. The Disclosing Party and, if the Disclosing Party is a legal entity, all of those persons or entities identified in Section II.B.1. of this EDS:

- a. are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from any transactions by any federal, state or local unit of government;
- b. have not, within a five-year period preceding the date of this EDS, been convicted of a criminal offense, adjudged guilty, or had a civil judgment rendered against them in connection with: obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction; a violation of federal or state antitrust statutes; fraud; embezzlement; theft; forgery; bribery; falsification or destruction of records; making false statements; or receiving stolen property;
- c. are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any of the offenses enumerated in clause B.1.b. of this Section V;
- d. have not, within a five-year period preceding the date of this EDS, had one or more public transactions (federal, state or local) terminated for cause or default; and
- e. have not, within a five-year period preceding the date of this EDS, been convicted, adjudged guilty, or found liable in a civil proceeding, or in any criminal or civil action, including actions concerning environmental violations, instituted by the City or by the federal government, any state, or any other unit of local government.

2. The certifications in subparts 2, 3 and 4 concern:

- the Disclosing Party;
- any "Applicable Party" (meaning any party participating in the performance of the Matter, including but not limited to any persons or legal entities disclosed under Section IV, "Disclosure of Subcontractors and Other Retained Parties");
- any "Affiliated Entity" (meaning a person or entity that, directly or indirectly: controls the Disclosing Party, is controlled by the Disclosing Party, or is, with the Disclosing Party, under common control of another person or entity. Indicia of control include, without limitation: interlocking management or ownership; identity of interests among family members, shared facilities and equipment; common use of employees; or organization of a business entity following the ineligibility of a business entity to do business with federal or state or local government, including the City, using substantially the same management, ownership, or principals as the ineligible entity); with respect to Applicable Parties, the term Affiliated Entity means a person or entity that directly or indirectly controls the Applicable Party, is controlled by it, or, with the Applicable Party, is under common control of another person or entity;

- any responsible official of the Disclosing Party, any Applicable Party or any Affiliated Entity or any other official, agent or employee of the Disclosing Party, any Applicable Party or any Affiliated Entity, acting pursuant to the direction or authorization of a responsible official of the Disclosing Party, any Applicable Party or any Affiliated Entity (collectively "Agents").

Neither the Disclosing Party, nor any Applicable Party, nor any Affiliated Entity of either the Disclosing Party or any Applicable Party nor any Agents have, during the five years before the date this EDS is signed, or, with respect to an Applicable Party, an Affiliated Entity, or an Affiliated Entity of an Applicable Party during the five years before the date of such Applicable Party's or Affiliated Entity's contract or engagement in connection with the Matter:

- a. bribed or attempted to bribe, or been convicted or adjudged guilty of bribery or attempting to bribe, a public officer or employee of the City, the State of Illinois, or any agency of the federal government or of any state or local government in the United States of America, in that officer's or employee's official capacity;
 - b. agreed or colluded with other bidders or prospective bidders, or been a party to any such agreement, or been convicted or adjudged guilty of agreement or collusion among bidders or prospective bidders, in restraint of freedom of competition by agreement to bid a fixed price or otherwise; or
 - c. made an admission of such conduct described in a. or b. above that is a matter of record, but have not been prosecuted for such conduct; or
 - d. violated the provisions of Municipal Code Section 2-92-610 (Living Wage Ordinance).
3. Neither the Disclosing Party, Affiliated Entity or Applicable Party, or any of their employees, officials, agents or partners, is barred from contracting with any unit of state or local government as a result of engaging in or being convicted of (1) bid-rigging in violation of 720 ILCS 5/33E-3; (2) bid-rotating in violation of 720 ILCS 5/33E-4; or (3) any similar offense of any state or of the United States of America that contains the same elements as the offense of bid-rigging or bid-rotating.
4. Neither the Disclosing Party nor any Affiliated Entity is listed on any of the following lists maintained by the Office of Foreign Assets Control of the U.S. Department of the Treasury or the Bureau of Industry and Security of the U.S. Department of Commerce or their successors: the Specially Designated Nationals List, the Denied Persons List, the Unverified List, the Entity List and the Debarred List.
5. The Disclosing Party understands and shall comply with (1) the applicable requirements of the Governmental Ethics Ordinance of the City, Title 2, Chapter 2-156 of the Municipal Code; and (2) all the applicable provisions of Chapter 2-56 of the Municipal Code (Office of the Inspector General).

6. If the Disclosing Party is unable to certify to any of the above statements in this Part B (Further Certifications), the Disclosing Party must explain below:

N/A

Four horizontal lines for providing an explanation.

If the letters "NA," the word "None," or no response appears on the lines above, it will be conclusively presumed that the Disclosing Party certified to the above statements.

C. CERTIFICATION OF STATUS AS FINANCIAL INSTITUTION

For purposes of this Part C, under Municipal Code Section 2-32-455(b), the term "financial institution" means a bank, savings and loan association, thrift, credit union, mortgage banker, mortgage broker, trust company, savings bank, investment bank, securities broker, municipal securities broker, securities dealer, municipal securities dealer, securities underwriter, municipal securities underwriter, investment trust, venture capital company, bank holding company, financial services holding company, or any licensee under the Consumer Installment Loan Act, the Sales Finance Agency Act, or the Residential Mortgage Licensing Act. However, "financial institution" specifically shall not include any entity whose predominant business is the providing of tax deferred, defined contribution, pension plans to public employees in accordance with Sections 403(b) and 457 of the Internal Revenue Code. (Additional definitions may be found in Municipal Code Section 2-32-455(b).)

1. CERTIFICATION

The Disclosing Party certifies that the Disclosing Party (check one)

is is not

a "financial institution" as defined in Section 2-32-455(b) of the Municipal Code.

2. If the Disclosing Party IS a financial institution, then the Disclosing Party pledges:

"We are not and will not become a predatory lender as defined in Chapter 2-32 of the Municipal Code. We further pledge that none of our affiliates is, and none of them will become, a predatory lender as defined in Chapter 2-32 of the Municipal Code. We understand that becoming a predatory lender or becoming an affiliate of a predatory lender may result in the loss of the privilege of doing business with the City."

If the Disclosing Party is unable to make this pledge because it or any of its affiliates (as defined in Section

2-32-455(b) of the Municipal Code) is a predatory lender within the meaning of Chapter 2-32 of the Municipal Code, explain here (attach additional pages if necessary):

N/A

Four horizontal lines for providing an explanation.

If the letters "NA," the word "None," or no response appears on the lines above, it will be conclusively presumed that the Disclosing Party certified to the above statements.

D. CERTIFICATION REGARDING INTEREST IN CITY BUSINESS

Any words or terms that are defined in Chapter 2-156 of the Municipal Code have the same meanings when used in this Part D.

1. In accordance with Section 2-156-110 of the Municipal Code: Does any official or employee of the City have a financial interest in his or her own name or in the name of any other person or entity in the Matter?

[] Yes [X] No

NOTE: If you checked "Yes" to Item D.1., proceed to Items D.2. and D.3. If you checked "No" to Item D.1., proceed to Part E.

2. Unless sold pursuant to a process of competitive bidding, or otherwise permitted, no City elected official or employee shall have a financial interest in his or her own name or in the name of any other person or entity in the purchase of any property that (i) belongs to the City, or (ii) is sold for taxes or assessments, or (iii) is sold by virtue of legal process at the suit of the City (collectively, "City Property Sale"). Compensation for property taken pursuant to the City's eminent domain power does not constitute a financial interest within the meaning of this Part D.

Does the Matter involve a City Property Sale?

[] Yes [] No

3. If you checked "Yes" to Item D.1., provide the names and business addresses of the City officials or employees having such interest and identify the nature of such interest:

Name	Business Address	Nature of Interest

4. The Disclosing Party further certifies that no prohibited financial interest in the Matter will be acquired by any City official or employee.

E. CERTIFICATION REGARDING SLAVERY ERA BUSINESS

The Disclosing Party has searched any and all records of the Disclosing Party and any and all predecessor entities for records of investments or profits from slavery, the slave industry, or slaveholder insurance policies from the slavery era (including insurance policies issued to slaveholders that provided coverage for damage to or injury or death of their slaves) and has disclosed in this EDS any and all such records to the City. In addition, the Disclosing Party must disclose the names of any and all slaves or slaveholders described in those records. Failure to comply with these disclosure requirements may make the Matter to which this EDS pertains voidable by the City.

Please check either 1. or 2. below. If the Disclosing Party checks 2., the Disclosing Party must disclose below or in an attachment to this EDS all requisite information as set forth in that paragraph 2.

1. The Disclosing Party verifies that (a) the Disclosing Party has searched any and all records of the Disclosing Party and any and all predecessor entities for records of investments or profits from slavery, the slave industry, or slaveholder insurance policies, and (b) the Disclosing Party has found no records of investments or profits from slavery, the slave industry, or slaveholder insurance policies and no records of names of any slaves or slaveholders.

2. The Disclosing Party verifies that, as a result of conducting the search in step 1(a) above, the Disclosing Party has found records relating to investments or profits from slavery, the slave industry, or slaveholder insurance policies and/or the names of any slaves or slaveholders. The Disclosing Party verifies that the following constitutes full disclosure of all such records:

6.6. SECTION VI – CERTIFICATIONS FOR FEDERALLY-FUNDED MATTERS

NOTE: If the Matter is federally funded, complete this Section VI. If the Matter is not federally funded, proceed to Section VII.

A. CERTIFICATION REGARDING LOBBYING

1. List below the names of all persons or entities registered under the federal Lobbying Disclosure Act of 1995 who have made lobbying contacts on behalf of the Disclosing Party with respect to the Matter: (Begin list here, add sheets as necessary):

N/A

(If no explanation appears or begins on the lines above, or if the letters "NA" or if the word "None" appear, it will be conclusively presumed that the Disclosing Party means that NO persons or entities registered under the Lobbying Disclosure Act of 1995 have made lobbying contacts on behalf of the Disclosing Party with respect to the Matter.)

2. The Disclosing Party has not spent and will not expend any federally appropriated funds to pay any person or entity listed in Paragraph A.1. above for his or her lobbying activities or to pay any person or entity to influence or attempt to influence an officer or employee of any agency, as defined by applicable federal law, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress, in connection with the award of any federally funded contract, making any federally funded grant or loan, entering into any cooperative agreement, or to extend, continue, renew, amend, or modify any federally funded contract, grant, loan, or cooperative agreement.

3. The Disclosing Party will submit an updated certification at the end of each calendar quarter in which there occurs any event that materially affects the accuracy of the statements and information set forth in paragraphs A.1. and A.2. above.

If the Matter is federally funded and any funds other than federally appropriated funds have been or will be paid to any person or entity for influencing or attempting to influence an officer or employee of any agency (as defined by applicable federal law), a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the Matter, the Disclosing Party must complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. The form may be obtained online from the federal Office of Management and Budget (OMB) web site at <http://www.whitehouse.gov/omb/grants/sfllin.pdf>, linked on the page http://www.whitehouse.gov/omb/grants/grants_forms.html.

4. The Disclosing Party certifies that either: (i) it is not an organization described in section 501(c)(4) of the Internal Revenue Code of 1986; or (ii) it is an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 but has not engaged and will not engage in "Lobbying Activities".

5. If the Disclosing Party is the Applicant, the Disclosing Party must obtain certifications equal in form and substance to paragraphs A.1. through A.4. above from all subcontractors before it awards any subcontract and the Disclosing Party must maintain all such subcontractors' certifications for the duration of the Matter and must make such certifications promptly available to the City upon request.

B. CERTIFICATION REGARDING EQUAL EMPLOYMENT OPPORTUNITY

If the Matter is federally funded, federal regulations require the Applicant and all proposed subcontractors to submit the following information with their bids or in writing at the outset of negotiations.

Is the Disclosing Party the Applicant?

Yes

No

If "Yes," answer the three questions below:

1. Have you developed and do you have on file affirmative action programs pursuant to applicable federal regulations? (See 41 CFR Part 60-2.)

Yes

No

2. Have you filed with the Joint Reporting Committee, the Director of the Office of Federal Contract Compliance Programs, or the Equal Employment Opportunity Commission all reports due under the applicable filing requirements?

Yes

No

3. Have you participated in any previous contracts or subcontracts subject to the equal opportunity clause?

Yes

No

If you checked "No" to question 1. or 2. above, please provide an explanation:

Not required for our Company

6.7. SECTION VII -- ACKNOWLEDGMENTS, CONTRACT INCORPORATION, COMPLIANCE, PENALTIES, DISCLOSURE

The Disclosing Party understands and agrees that:

A. By completing and filing this EDS, the Disclosing Party acknowledges and agrees, on behalf of itself and the persons or entities named in this EDS, that the City may investigate the creditworthiness of some or all of the persons or entities named in this EDS.

B. The certifications, disclosures, and acknowledgments contained in this EDS will become part of any contract or other agreement between the Applicant and the City in connection with the Matter, whether procurement, City assistance, or other City action, and are material inducements to the City's execution of any contract or taking other action with respect to the Matter. The Disclosing Party understands that it must comply with all statutes, ordinances, and regulations on which this EDS is based.

C. The City's Governmental Ethics and Campaign Financing Ordinances, Chapters 2-156 and 2-164 of the Municipal Code, impose certain duties and obligations on persons or entities seeking City contracts, work, business, or transactions. The full text of these ordinances and a training program is available on line at www.cityofchicago.org/Ethics, and may also be obtained from the City's Board of Ethics, 740 N. Sedgwick St., Suite 500, Chicago, IL 60610, (312) 744-9660. The Disclosing Party must comply fully with the applicable ordinances.

D. If the City determines that any information provided in this EDS is false, incomplete or inaccurate, any contract or other agreement in connection with which it is submitted may be rescinded or be void or voidable, and the City may pursue any remedies under the contract or agreement (if not rescinded, void or voidable), at law, or in equity, including terminating the Disclosing Party's participation in the Matter and/or declining to allow the Disclosing Party to participate in other transactions with the City. Remedies at law for a false statement of material fact may include incarceration and an award to the City of treble damages.

E. It is the City's policy to make this document available to the public on its Internet site and/or upon request. Some or all of the information provided on this EDS and any attachments to this EDS may be made available to the public on the Internet, in response to a Freedom of Information Act request, or otherwise. By completing and signing this EDS, the Disclosing Party waives and releases any possible rights or claims which it may have against the City in connection with the public release of information contained in this EDS and also authorizes the City to verify the accuracy of any information submitted in this EDS.

F. The information provided in this EDS must be kept current. In the event of changes, the Disclosing Party must supplement this EDS up to the time the City takes action on the Matter. If the Matter is a contract being handled by the City's Department of Procurement Services, the Disclosing Party must update this EDS as the contract requires.

The Disclosing Party represents and warrants that:

G. The Disclosing Party has not withheld or reserved any disclosures as to economic interests in the Disclosing Party, or as to the Matter, or any information, data or plan as to the intended use or purpose for which the Applicant seeks City Council or other City agency action.

For purposes of the certifications in H.1. and H.2. below, the term "affiliate" means any person or entity that, directly or indirectly: controls the Disclosing Party, is controlled by the Disclosing Party, or is, with the Disclosing Party, under common control of another person or entity. Indicia of control include, without limitation: interlocking management or ownership; identity of interests among family members; shared facilities and equipment; common use of employees; or organization of a business entity following the ineligibility of a business entity to do business with the federal government or a state or local government, including the City, using substantially the same management, ownership, or principals as the ineligible entity.

H.1. The Disclosing Party is not delinquent in the payment of any tax administered by the Illinois Department of Revenue, nor are the Disclosing Party or its affiliates delinquent in paying any fine, fee, tax or other charge owed to the City. This includes, but is not limited to, all water charges, sewer charges, license fees, parking tickets, property taxes or sales taxes.

H.2. If the Disclosing Party is the Applicant, the Disclosing Party and its affiliates will not use, nor permit their subcontractors to use, any facility on the U.S. EPA's List of Violating Facilities in connection with the Matter for the duration of time that such facility remains on the list.

H.3 If the Disclosing Party is the Applicant, the Disclosing Party will obtain from any contractors/subcontractors hired or to be hired in connection with the Matter certifications equal in form and substance to those in H.1. and H.2. above and will not, without the prior written consent of the City, use any such contractor/subcontractor that does not provide such certifications or that the Disclosing Party has reason to believe has not provided or cannot provide truthful certifications.

NOTE: If the Disclosing Party cannot certify as to any of the items in H.1., H.2. or H.3. above, an explanatory statement must be attached to this EDS.


CERTIFICATION

Under penalty of perjury, the person signing below: (1) warrants that he/she is authorized to execute this EDS on behalf of the Disclosing Party, and (2) warrants that all certifications and statements contained in this EDS are true, accurate and complete as of the date furnished to the City.

Edwards Medical Supply Inc

(Print or type name of Disclosing Party)

Date: 8/11/06

By: 

(sign here)

Janice Ligmanowski

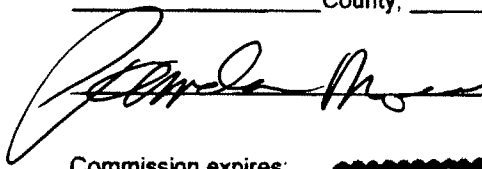
(Print or type name of person signing)

Vice President

(Print or type title of person signing)

Signed and sworn to before me on (date) 8/11/06 by Janice Ligmanowski at _____

Will _____ County, Illinois _____ (state).



Notary Public.

Commission expires: _____

11/01/05 Version

