

JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT

COMPLETE THIS SECTION IF NEW CONTRACT

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

Request that negotiations be conducted only with Grant Construction, Inc. for the product and/or services described herein. This is a request for
 (Name of Person or Firm)

(One-Time Contractor Requisition #: 3110, copy attached) or Term Agreement or Delegate Agency (Check one).

If Delegate Agency, this request is for "blanket approval" for all contracts within the _____ (Attach List).
 (Program Name)

Pre-Assigned Specification No.: 65728

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 #: 6969

Company or Agency Name: Grant Construction, Inc.

Specification #: 65728

Contract or Program Description: Construction Consulting
 (Attach List, if multiple)

Modification #: _____

Rosalind Stevens

4-2519

05

05/20/08

Originator Name

Telephone

Signature

Department

Date (mm/dd/yr)

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

<input checked="" type="checkbox"/> PROCUREMENT HISTORY See Attached	
<input checked="" type="checkbox"/> ESTIMATED COST See Attached	3. B. R. B. DATE <u>7/20/08</u> APPROVED... <u>S-O</u>
<input checked="" type="checkbox"/> SCHEDULE REQUIREMENTS See Attached	CONDITIONALLY APPROVED... _____
<input checked="" type="checkbox"/> EXCLUSIVE OR UNIQUE CAPABILITY See Attached	RETURN TO DEPT... _____ DISAPPROVED... _____
<input type="checkbox"/> OTHER N/A	

APPROVED BY:

[Signature]
 DEPARTMENT HEAD OR DESIGNEE

5/20/08
 DATE

[Signature]
 BOARD CHAIRPERSON

7/30/08
 DATE



City of Chicago
Richard M. Daley, Mayor
Office of Budget and Management

Bennett J. Johnson III
Budget Director


City Hall, Room 604
121 North LaSalle Street
Chicago, Illinois 60602
(312) 744-3323
(312) 744-3618 (FAX)
(312) 744-3619 (TTY)

<http://www.cityofchicago.org>

MEMORANDUM

To: Montel M. Gayles
Chief Procurement Officer
Department of Procurement Services

Attn: Brent Walter
Deputy Procurement Officer
Chairman Sole Source Review Board

From: Bennett J. Johnson III 
Budget Director
Office of Budget and Management

Date: May 22, 2008

Re: **Non-Competitive Sole Source Justification for Grant
Construction, Inc. (Existing Contract Number 6969)**

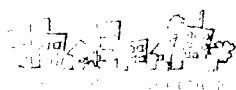
The Office of Budget and Management Office is requesting to retain the services of Grant Construction, Inc. from June 1, 2008 through December 12, 2009, with one possible extension option, to assist with the completion of several construction projects and closeout of construction procedures. The estimated cost of these services through 2009 is \$372,645 with a direct labor multiplier of 2.45 and a contingency provision of \$82,810.00 with the written request of the Budget Director.

Attached are the following documents:

1. Cover Memo
2. Justification for Non-Competitive Procurement Form
3. DPS Project Checklist
4. Requisition Form
5. Scope of Service
6. Estimated Cost
7. WBE/MBE Certification Receipt
8. Insurance Certificates

If you should have any questions, please contact Rosalind Stevens, of my staff, at 4-2519. Thank You.

NEIGHBORHOODS



DPS PROJECT CHECKLIST

For DPS Use Only	
Date Received	_____
Date Returned	_____
Date Accepted	_____
CA/CN's Name	_____

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

GENERAL INFORMATION:

Date: 5/20/08
 REQ No.: 38170
 Specification No.: (if known): 65728
 PO No.: (if known):
 Modification No.: (if known):
 Project Description: Construction Consulting

Contact Person: Rosalind Stevens
 Tel: 4-2519 Fax: 4-6599 E-mail: rstevens@cityofchicago.org
 Project Manager: Latoya Vaughn
 Tel: 4-9564 Fax: 4-6599 E-mail: lvaughn@cityofchicago.org
 Previous PO No.: (if known): 6969

FUNDING:

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

LINE	FY	FUND	DEPT	ORGN	APPR	ACTV	OBJT	PROJECT	RPTG	\$ DOLLAR AMOUNT
1	095	0871	008	2005	0140	T	T	0	95EZDD	372645

Estimated Value \$372,645

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

SCOPE STATEMENT:

Attached is a Detailed Scope of Services and/or Specification

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

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

TYPE OF PROCUREMENT REQUESTED (check all that apply):

NEW REQUEST

- Blanket Agreement
 Standard Agreement
 Small Orders

MOD/AMENDMENT

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

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

CONTRACT TERM: 6/1/2008 Requested Term (number of months): 18 mo.

DPS PROJECT CHECKLIST

PRE BID/SUBMITTAL REQUIREMENTS:

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

ARCHITECTURAL/ENGINEERING SUPPLEMENTAL CHECKLIST

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

Risk Management

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

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

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

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

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

AVIATION CONSTRUCTION SUPPLEMENTAL CHECKLIST

DOA sign-off for final design documents: Yes No

Required Attachments:

Copy of Draft Contract Documents and Detailed Specifications.

Risk Management:

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

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

Will work be performed airside? Yes No

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

COMMODITIES SUPPLEMENTAL CHECKLIST

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

If Modification request, please verify and provide the following:

Contractor's Name: N/A

Contractor's Address: N/A

N/A

Contractor's e-mail Address: N/A

Contractor's Phone Number: N/A

Contractor's Contact Person: N/A

CONSTRUCTION SUPPLEMENTAL CHECKLIST

Required attachments:

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

Risk Management

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

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

DPS PROJECT CHECKLIST

VEHICLES/HEAVY EQUIPMENT SUPPLEMENTAL CHECKLIST

Required Attachments:

- Detailed Specifications including detailed description of the vehicle(s) or equipment, mounted equipment, if any, and options/accessories.
- Special Provisions (Delivery, Warranty, Manuals, Training, Additional Unit Purchase Options, Bid Submittal Information, etc.)
- Delivery Location(s)
- Technical Literature
- Drawings, if any
- Part Number List (N/A Manufacturer; or N/A Dealer; N/A or Other Source: N/A)
- Current Price List(s)/Catalog(s)
- Special Approval Form
- Exhibits and Attachments

If Modification request, please verify and provide the following:

Contractor's Name: N/A

Contractor's Address: N/A

N/A

Contractor's e-mail Address: N/A

Contractor's Phone Number: N/A

Contractor's Contact Person: N/A

PROFESSIONAL SERVICES SUPPLEMENTAL CHECKLIST

- Detailed description of project listing obligations of each party.
- The Schedule of Compensation
- Deliverables
- Request for individual contract services (if applicable)
- The appropriate EPS form
- ITSC (approved by BIS)
- OBM (approved by Budget form/memo)
- Grant document attached

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

TELECOMMUNICATIONS AND UTILITIES SUPPLEMENTAL CHECKLIST

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

Has the project been reviewed by BIS? Yes No

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

Does the project include software? Yes No

If yes, is signed ITSC form attached? Yes No

Does the location involve:

A public way? Yes No

Any concession in the City's facilities? Yes No

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

DPS PROJECT CHECKLIST

WORK SERVICES/FACILITY MAINTENANCE SUPPLEMENTAL CHECKLIST

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

Risk Management:

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

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

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

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

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

Contractor's Name: N/A

Contractor's Address: N/A

N/A

Contractor's e-mail Address: N/A

Contractor's Phone Number: N/A

Contractor's Contact Person: N/A

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

REPRINT

DELIVER TO: 005- CH 604 121 N. LA SALLE ST. ROOM 604 Chicago, IL 60602	REQUISITION: 38170 For PO Number: C029726 PAGE: 1 DEPARTMENT: 08 - PLANNING & DEVELOPMENT PREPARER: Rosalind D Stevens NEEDED: PRE-APPROVED: 5/6/2008
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REQUISITION DESCRIPTION

Construction Consulting
 SPECIFICATION NUMBER: 65728
 Mod Reason: DOLLAR AMOUNT CHANGE

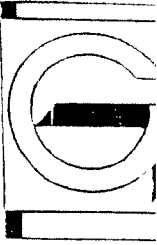
COMMODITY INFORMATION

LINE	ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST						
1	96117 CONSTRUCTION CONSULTING	372,645	USD	1.00	372,645.00						
SUGGESTED VENDOR: GRANT CONSTRUCTION, INC.		REQUESTED BY: Rosalind D Stevens									
DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	
1	095	0871	0082005	0140	220140	0000	00000000	95EZDD	00000	0000	372,645.00
LINE TOTAL:											372,645.00
REQUISITION TOTAL:											372,645.00

Where a commodity is for a particular or unique use other than standard quality, grades, color, size or other characteristics, give details of how it will be and for what purpose.
 Requisitions prepared incorrectly will be returned to the using department.

GRANT CONSTRUCTION, INCORPORATED

CONSTRUCTION / CONSULTATION



552 East 73rd Street
Chicago, Illinois 60619
Tel: (773) 373-2090
Fax: (773) 373-2092

January 10, 2008

Bennett J. Johnson 111
Budget Director
Office of Budget and Management
City Hall, Room 604
121 N. LaSalle Street
Chicago, IL. 60602

**SUBJECT: EMPOWERMENT ZONE ENTERPRISE COMMUNITY PROGRAM
CONSTRUCTION MANAGEMENT OVERSIGHT**

Dear Mr. Johnson:

GRANT CONSTRUCTION, INC. (GCI) is pleased to present our proposed scope of services and cost proposal to provide extension of staff services to the Empowerment Zone / Enterprise Communities program for the City of Chicago.

If you have any questions or if we can be further assistance, please contact me at (773) 373-2090.

Respectfully,
GRANT CONSTRUCTION, INC.

A handwritten signature in black ink, appearing to read 'Kenneth E. Grant', written over a horizontal line.

Kenneth E. Grant
President

cc: EZ file

January 10, 2008

**EMPOWERMENT ZONE / ENTERPRISE COMMUNITY PROGRAM
CONSTRUCTION MANAGEMENT OVERSIGHT
SCOPE OF SERVICES**

This Proposal is based on GRANT CONSTRUCTION, INC. as the PRIME CONSULTANT; additional services will be performed on an as needed basis. (Upon written request from the Director of the Office of Budget and Management for the City of Chicago) as a Sub Consultant to GRANT CONSTRUCTION, INC.

The scope of the Empowerment Zone Program encompasses a wide range of multi-functional community projects. Therefore, an efficient construction management oversight system is necessary to ensure that projects are completed within proposed time, cost, and quality constraints.

Since 1997 the Chicago Empowerment Zone Program (EZ) has used the services of GRANT CONSTRUCTION, INC. (GCI) PARSONS BRINCKERHOFF (PB) and R.M. CHIN & ASSOC. (RMCA) to provide experienced construction management staff under the EZ/EC Program. EZ has successfully managed the completion of projects from 2001 thru 2007 using GRANT CONSTRUCTION, INC. as the sole consultant for the new multiple Empowerment Zone projects being developed by contracting with an outside consultant to provide continuity with the existing program and support new projects as they come on line. Through the introduction of extension of staff services, EZ staff has more efficiently monitored the overall scope of the Empowerment Zone Program.

Services provided by a contracted consultant has been streamlined by using established CSI formats for oversight, coordination, and review during pre-construction, site construction, and post-construction work phases. The following basic services are recommended to maintain effective project management.

**EZ / EC CONSTRUCTION MANAGEMENT OVERSIGHT
SCOPE OF SERVICES**

1. PRECONSTRUCTION PHASE SERVICES

- Project scope (documentation, submittals, and initial schedule) review
- Project drawing and plan review
- Project specification review
- Architect and Contractor qualification review

2. CONSTRUCTION PHASE SERVICES

- On-site construction inspection
- Quality assurance monitoring
- Work schedule and progress review
- Contractor progress payment verification
- Change order review and management
- Punch-list and final inspection

January 10, 2008

3. POST-CONSTRUCTION PHASE SERVICES

- Warranty procurement and review
- As-built drawing review
- Project closeout and final payment
- Claims management assistance

By providing a simplified one-tier management structure, the construction management oversight consultant will coordinate activities from project acceptance through completion of construction. The use of standardized documentation such as the Construction Project Booklet and CSI formats has allowed EZ staff to become more educated and familiar with the basic construction requirements over time. The construction oversight manager then could concentrate on technical aspects and project details. Typically, based upon the proposed volume and time frame of work, one construction manager should be able to oversee and coordinate activities in the following functional areas.

- PROJECT CONTROLS
- COST ADMINISTRATION
- TECHNICAL REVIEW
- CONSTRUCTION ACTIVITIES

Occasionally, the Director may determine that an additional person is temporarily required on the management oversight staff. In such instances, the Director could elect to authorize the consultant to provide additional short-term staff. Such additional services would be engaged only upon written authorization of the Executive Director.

The Prime construction oversight manager (GRANT CONSTRUCTION, INC.) may not be required full time during many periods of the EZ / EC Program. EZ staff will collect project documentation and correspondence for weekly review and reporting. Based upon the size of the proposed projects and the level of oversight required, a guideline budget for construction management services is estimated at 2.5 to 4 percent of overall construction cost.

April 7, 2008

PROGRAM/CONSTRUCTION MANAGEMENT CONSULTANT:

COMPENSATION:

REVISED EZ/EC BUDGET

NAME:	PROPOSED HOURS PER WEEK	RATE	AMOUNT	MULTIPLIER	SUBTOTAL	ANNUALLY 52-WEEKS
KENNETH E. GRANT	20	\$65.00/HR.	\$1,300.00	2.45	\$3,185.00	\$165,620.00
CONTINGENCY:	10	\$65.00/HR.	\$650.00	2.45	\$1,592.50	<u>\$82,810.00</u>

TOTAL ANNUAL BUDGET \$248,430.00

JUNE 1, 2008 TO MAY 31 2009 \$248,430.00
JUNE 1, 2009 TO DEC. 31, 2009 \$124,215.00

TOTAL BUDGET \$372,645.00

MAR 18 2008

TIME STAMP

9:07 A.M.

City of Chicago
Department of Procurement Services

SCHA - NO Check
Needed

DBE/MBE/WBE
Certification

Application/Information Submitted By:

Vendor Name:

Address:

Phone:

Received by:

PLEASE NOTE:

GRANT

CRISTOFERINI LLC.

552 E. 73rd St. Chicago, Ill 60619

713-373-2098

[Signature]

APPLICATIONS/INFORMATION RECEIVED AFTER 3:00 P.M.
WILL BE PROCESSED AFTER 8:30 A.M. THE NEXT DAY.

WHITE: Vendor Copy YELLOW: Procurement Dept. Copy PINK: Certification Division Copy



MEMORANDUM

City of Chicago
Richard M. Daley, Mayor
Office of Budget and Management


Bennett J. Johnson III
Budget Director

City Hall, Room 604
121 North LaSalle Street
Chicago, Illinois 60602
(312) 744-3323
(312) 744-3618 (FAX)
(312) 744-3619 (TTY)

<http://www.cityofchicago.org>

To: Brent Walter
Deputy Procurement Officer
Chairman Sole Source Review Board

Attn: Christine Smith
Assistant to Commissioner
Department of Procurement Services

From: Bennett J. Johnson III 
Budget Director
Office of Budget and Management

Date: May 20, 2008

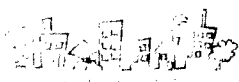
Re: **Non-Competitive Sole Source Justification for Grant
Construction, Inc.**

I. Procurement History

Construction management has been a service required by the Chicago Empowerment Zone (EZ) since the first round of funding was allocated in 1996. Since implementation, the EZ office has focused on providing and promoting several initiatives: Economic Empowerment, Health and Human Services, Cultural Diversity, Youth Futures, Public Safety, Capacity Building, and Affordable and Accessible Housing. Many of our EZ/EC Funded projects required new construction, expansion, or rehabilitation of structures defined as Economic Empowerment. The Empowerment Zone is requesting to retain the services of Grant Construction, a certified MBE firm, from June 1, 2008 through December 31, 2009, with one possible extension, to assist with final construction projects and closeout construction procedures.

During our implementation phase, the EZ office contracted with the Department of General Services. In 1991, R.M. Chin was the construction management team contracted with the Empowerment Zone to assist with various construction projects. Grant Construction was a part of that team; they provided exemplary work for the Empowerment Zone, assisting with the completion of 31 construction projects. The EZ designation was to end in December 2004, but received a five year extension to complete all open projects, thus the EZ will end in December 2009. To assure that all construction projects are accurately monitored, Grant Construction services were extended to monitor and assist with the 10 remaining construction projects through their completion. The Empowerment Zone is pleased with Grant Construction's knowledge, expertise and professionalism and is requesting a continuation of services.

NEIGHBORHOODS



II. Estimated Cost

The cost for Grant Construction, Inc. to manage the attached list of construction projects through 2009 is \$372,645.00 to be paid from Federal administrative funds chargeable to 095.0871.0082005.0140.220140.95EZDD. This figure was arrived at through negotiations with the firm's CEO, Ken Grant and is the total of direct labor with a multiplier of 2.45 and a contingency provision of \$82,810.00 written request of the Budget Director. The hourly rate to be paid Ken Grant is \$65.00. Attached is a list of projects to be completed.

III. Exclusivity

Grant Construction, Inc. has provide substantial value-added services through Ken Grant's experience with programmatic requirements, infrastructure requirements and personalities in at least thirty one (31) construction projects with EZ/EC since 1997: seven (6) which are currently active. Over the past ten (10) years he has helped put into place procedures and technical guidelines which will continue to hold for current and future structural projects. Ken Grant's continued presence to assist existing staff during our close-out phase will be critical to the successful completion of the EZ/EC Economic Empowerment initiative. To replace Mr. Grant at this time would be costly, ineffective and slow down a process that is extremely difficult and arduous for community based groups.

From: Kenneth Grant
To: Gerry Berman/Darlene Watkins
Date: 5/2/08
Subject: EZ Active Projects & Project Status

General Construction Projects

1. Centers for New Horizons [closing 8/08]

The Daycare Center is open and Operating claims negotiations are proceeding. Certificates of Final Completion are pending including elev. Insp. Cert..

2. Little Black Pearl [closing 12/08]

The roof warranty has been issued, water infiltration continues at several locations. The skylight leakage continues, and will be repaired under warranty. Lien foreclosure proceedings continue.

3. Chicago Christian Industrial League [closing 12/08]

The shelter is open and is operating final completion is pending completion of required permit work and issuance of Final Certificate of Occupancy.

4. Children's Home and Aid Society [closing 08/08]

The Daycare Center is open and is operating. final completion is pending issuance of elevator insp. Cert..

5. Salvation Army/Redshield - (meeting with staff, and Ken)

This project is complete however review of the files has not taken place and I have no prior knowledge of this project. I will report on this project next month.

6. Century Place Development Corp [closing 12/08]

The Ballroom renovation work is complete however the space is unusable due to the pending installation of a new transformer by Commonwealth Edison Co.

7. Roseland Closing 2009

8. Juarez Closing 2010⁰⁹

9. Muntu Closing 2010⁰⁹

From: Kenneth Grant
To: Gerry Berman/Darlene Watkins
Date: 5/2/08
Subject: EZ/DOH Active Projects & Project Status

EZ/DOH Construction Projects

1. CARVER PLAZA [closing 8/09]

The project includes selective rehabilitation of 64 occupied units and common areas.

2. Eighteen Street Development Corp. (Closing 6/09)

The project consist of the replacement of roofs and rear porches for ten single and multi family dwellings.

EZ/DOH Landmarks Preservation Construction Projects

1. Washington Park Court/Berkley [closing 12/08]

Landmarks preservation construction on 7 single family dwellings

2. Misc. areas of the City (closing 12/09 ?)

The project consist of recreating acceptable files for over one hundred preservation projects many have Landmark status that were repaired under the façade and Ehap programs. Evaluation of the Landmarks Preservation Program's requirements will then be applied and required work will be performed. Final approval is required from the State of Ill.

CERTIFICATE OF LIABILITY INSURANCE

American Family Insurance Company
 American Family Mutual Insurance Company if selection box is not checked.
 6000 American Pky Madison, Wisconsin 53783-0001

Insured's Name and Address
 GRANT CONSTRUCTION, INC.
 552 E. 73RD STREET
 CHICAGO, IL 60619

Agent's Name, Address and Phone Number (Agt./Dist.)
 Denver E. Long (773) 268-0225
 710 E. 47th street
 Chicago, IL 60637 (044/829)

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder.
 This certificate does not amend, extend or alter the coverage afforded by the policies listed below.

COVERAGES

This is to certify that policies of insurance listed below have been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies.

TYPE OF INSURANCE	POLICY NUMBER	POLICY DATE		LIMITS OF LIABILITY
		EFFECTIVE (Mo, Day, Yr)	EXPIRATION (Mo, Day, Yr)	
Homeowners/ Mobilehomeowners Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Boatowners Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Personal Umbrella Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Farm/Ranch Liability				Farm Liability & Personal Liability Each Occurrence \$,000 Farm Employer's Liability Each Occurrence \$,000
Workers Compensation and Employers Liability †	CPP2126548	09/21/2007	09/21/2008	Statutory ***** Each Accident \$ 500,000 Disease - Each Employee \$ 500,000 Disease - Policy Limit \$ 500,000
<input checked="" type="checkbox"/> General Liability <input type="checkbox"/> Commercial General Liability (occurrence) <input type="checkbox"/>	12-XB1262-05-00	09/21/2007	09/214/2008	General Aggregate \$ 2,000,000 Products - Completed Operations Aggregate \$ 2,000,000 Personal and Advertising Injury \$ 1,000,000 Each Occurrence \$ 1,000,000 Damage to Premises Rented to You \$ 100,000 Medical Expense (Any One Person) \$ 5,000
Businessowners Liability				Each Occurrence †† \$,000 Aggregate †† \$,000
Liquor Liability				Common Cause Limit \$,000 Aggregate Limit \$,000
Automobile Liability <input checked="" type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Auto <input type="checkbox"/> Nonowned Autos <input type="checkbox"/>	12X2621587	09/21/2007	09/21/2008	Bodily Injury - Each Person \$ 2,000,000 Bodily Injury - Each Accident \$,000 Property Damage \$,000 Bodily Injury and Property Damage Combined \$,000
Excess Liability <input checked="" type="checkbox"/> Commercial Blanket Excess <input type="checkbox"/>	CPP2126548	09/21/2007	09/21/2008	Each Occurrence/Aggregate \$ 5,000,000

Other (Miscellaneous Coverages)
 VALUABLE PAPERS 12X26215847 09/21/2007 09/21/2008 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS
 CITY OF CHICAGO NAMED ALSO AS ADDITIONAL INSURED

† The individual or partners shown as insured Have Have not selected to be covered as employees under this policy.
 †† Products-Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate.

<p>CERTIFICATE HOLDER'S NAME AND ADDRESS</p> <p>CITY OF CHICAGO DEPARTMENT OF PURCHASES, CONTRACTS & SUPPLIES CITY HALL, ROOM 403 121 NORTH LASALLE STREET CHICAGO, IL. 60602</p>	<p>CANCELLATION</p> <p><input type="checkbox"/> Should any of the above described policies be cancelled before the expiration date thereof, the company will endeavor to mail () days written notice to the Certificate Holder named, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. *10 days unless different number of days shown.</p> <p><input checked="" type="checkbox"/> This certifies coverage on the date of issue only. The above described policies are subject to cancellation in conformity with their terms and by the laws of the state of issue.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">DATE ISSUED</td> <td style="width: 50%;">AUTHORIZED REPRESENTATIVE</td> </tr> <tr> <td style="text-align: center;">10/02/2007</td> <td style="text-align: center;"><i>[Signature]</i></td> </tr> </table>	DATE ISSUED	AUTHORIZED REPRESENTATIVE	10/02/2007	<i>[Signature]</i>
DATE ISSUED	AUTHORIZED REPRESENTATIVE				
10/02/2007	<i>[Signature]</i>				

CERTIFICATE OF LIABILITY INSURANCE

American Family Insurance Company
 American Family Mutual Insurance Company if selection box is not checked.
 6000 American Pky Madison, Wisconsin 53783-0001

Insured's Name and Address
 GRANT CONSTRUCTION, INC.
 552 E. 73RD STREET
 CHICAGO, IL 60619

Agent's Name, Address and Phone Number (Act./Dist.)
 Denver E. Long (773) 268-0225
 710 E. 47th street
 Chicago, IL 60637 (044/829)

**This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder.
 This certificate does not amend, extend or alter the coverage afforded by the policies listed below.**

COVERAGES

This is to certify that policies of insurance listed below have been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies.

TYPE OF INSURANCE	POLICY NUMBER	POLICY DATE		LIMITS OF LIABILITY
		EFFECTIVE (Mo, Day, Yr)	EXPIRATION (Mo, Day, Yr)	
Homeowners/ Mobilehomeowners Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Boatowners Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Personal Umbrella Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Farm/Ranch Liability				Farm Liability & Personal Liability Each Occurrence \$,000 Farm Employer's Liability Each Occurrence \$,000
Workers Compensation and Employers Liability †				Statutory ***** Each Accident \$,000 Disease - Each Employee \$,000 Disease - Policy Limit \$,000
<input type="checkbox"/> General Liability <input type="checkbox"/> Commercial General Liability (occurrence) <input checked="" type="checkbox"/> PROFESSIONAL LIAB <input type="checkbox"/>	12X26215847	09/21/2007	09/21/2008	General Aggregate \$ 0,000 Products - Completed Operations Aggregate \$,000 Personal and Advertising Injury \$ 0,000 Each Occurrence \$ 2,000,000 Damage to Premises Rented to You \$,000 Medical Expense (Any One Person) \$ 0,000
Businessowners Liability				Each Occurrence †† \$,000 Aggregate †† \$,000
Liquor Liability				Common Cause Limit \$,000 Aggregate Limit \$,000
Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Auto <input type="checkbox"/> Nonowned Autos				Bodily Injury - Each Person \$,000 Bodily Injury - Each Accident \$,000 Property Damage \$,000 Bodily Injury and Property Damage Combined \$,000
Excess Liability <input type="checkbox"/> Commercial Blanket Excess <input type="checkbox"/>				Each Occurrence/Aggregate \$,000

Other (Miscellaneous Coverages)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS

† The individual or partners shown as insured Have Have not elected to be covered as employees under this policy.
 †† Products-Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate.

CERTIFICATE HOLDER'S NAME AND ADDRESS

CITY OF CHICAGO
 DEPARTMENT OF PURCHASES,
 CONTRACTS & SUPPLIES
 CITY HALL, ROOM 403
 121 NORTH LASALLE STREET
 CHICAGO, IL 60602

CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the company will endeavor to mail * () days) written notice to the Certificate Holder named, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. *10 days unless different number of days shown.
 This certifies coverage on the date of issue only. The above described policies are subject to cancellation in conformity with their terms and by the laws of the state of issue.

DATE ISSUED: 10/02/2007
 AUTHORIZED REPRESENTATIVE: *Maria A. Jones*

NON-COMPETITIVE PROCUREMENT REVIEW BOARD
DEPARTMENT OF PROCUREMENT SERVICES

Wednesday, July 30, 2008

30 N. LaSalle - 9th Floor - Room 9C

ALL

1. CALL TO ORDER AND ROLL CALL
2. APPROVAL OF PREVIOUS AGENDA
3. CURRENT BUSINESS INCLUDING APPEALS

DEPARTMENT	DESCRIPTION OF REQUEST	CONTRACTOR	AMOUNT	REQUESTED CONTRACT TERMS	Unit Assigned	NCRB Result
Comptroller Steve Lux	Hosting Agreement Req #: 38985	Metratech	2740,000 \$200,000	Vendor limit increase only	Pro Serv	Approve 5-0
OBM Rosalind Stevens	Construction Management Req #: 38170	Grant Construction	\$372,645	Extend to 12/12/09	Pro Serv	Approve 5-0

[Signature]
 Reviewed by Chairman
 Date 7/30/08

[Signature]
 Reviewed by Commissioner
 Date 7/30/08

FILE COPY

JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT

COMPLETE THIS SECTION IF NEW CONTRACT

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

Request that negotiations be conducted only with Grant Construction, Inc. for the product and/or services described herein. This is a request for
 (Name of Person or Firm)

(One-Time Contractor Requisition #: 3810, copy attached) or Term Agreement or Delegate Agency (Check one).

If Delegate Agency, this request is for "blanket approval" for all contracts within the (Attach List).
 (Program Name)

Pre-Assigned Specification No.: 65728

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 #: 6969

Company or Agency Name: Grant Construction, Inc.

Specification #: 65728

Contract or Program Description: Construction Consulting

(Attach List, if multiple)

Modification #:

Rosalind Stevens

4-2519

05

05/20/08

Originator Name

Telephone

Signature

Department

Date (mm/dd/yr)

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

<input checked="" type="checkbox"/> PROCUREMENT HISTORY See Attached	S. S. R. B.
<input checked="" type="checkbox"/> ESTIMATED COST See Attached	DATE _____ APPROVED... <u>5-0</u>
<input checked="" type="checkbox"/> SCHEDULE REQUIREMENTS See Attached	CONDITIONALLY APPROVED... _____
<input checked="" type="checkbox"/> EXCLUSIVE OR UNIQUE CAPABILITY See Attached	RETURN TO DEPT. <u>4-0</u> DISAPPROVED... _____
<input type="checkbox"/> OTHER N/A	

APPROVED BY: [Signature]
 DEPARTMENT HEAD OR DESIGNEE

5/20/08
 DATE

[Signature]
 BOARD CHAIRPERSON

8/11/08
 DATE

Contract Finder

Click on a row to view details:-

	Vendor #	Vendor Name	Project	Req #	PO #	Spec
1			Construction Consulting	38170		65728

Copyright 2008 City of Chicago

Contract Finder

Vendor Number
Vendor Name
Project Name
Requisition Number 38170
Contract Number
Record Status ACTIVE
Record Type MOD
Spec Number 65728
Mod Number
Contract Value \$0
Procurement Type
Department Code 08 - PLANNING & DEVELOPMENT
DPS Contract Administrator
Type Lookup Code
Req Comments Construction Consulting
PO Comments
PO Start Date
PO End Date
Data Source FMPS
Note
Reason for Mod DOLLAR AMOUNT CHANGE
Contract Type PRO SERV CONSULTING \$250,000orABOVE

Date Detail

	Task	Expected Date	Acti De
1	Date begin mod work	5/6/2008	5/6/2008
2	Date to CA/CN	5/7/2008	
3	Mod documents sent to vendor	5/12/2008	
4	Receive completed mod docs from vendor	5/26/2008	
5	CPAC team signoff	5/30/2008	
6	Manager approval	5/31/2008	
7	Deputy approval	5/31/2008	
8	Law approval	6/3/2008	
9	Comptroller approval	6/6/2008	
10	CPO approval	6/7/2008	
11	Mod release	6/8/2008	

PO Action History

	Action Date	Action	Mod	Name	Note

Subject: Sole Source Justification/Questions

Grant Construction, Inc.

Requisition # 38170

Requested Award Amount \$372,645.00

Additional information requested.

Question:

- 1) Why did the Department switch From R.M.Chin to GRANT CONSTRUCTION, INC. (GCI) sole source.

Answer: Both Agencies were sole source.

The Chin agreement was also sole source from the beginning. The inexperience of the sub-grantee in managing capital projects and the unique needs of each sub-grantee in the Empowerment Zone program necessitated a sole source approach. Competitive bidding without clear comparative levels of services would have been difficult for Empowerment Zone staff to determine appropriate levels of effort regarding the contract award. The Executive Director of the Empowerment Zone Wallace Goode decided Kenneth Grant's (Grant Construction) knowledge of the Empowerment Zone's Construction Program and construction experience along with a significant reduction in cost provided the sufficient basis to not renew the R.M.Chin agreement and award the work to GCI.

R.M.Chin Contract consisted of a team of 5;

Project Executive - GCI / Kenneth Grant

Oversight Project Executive - R.M. Chin

Senior Project Manager - R.M. Chin

Project Manager - R.m. Chin

Asst.Project Manager - R. M. Chin

Switching to Grant Construction reduced the team to 1;

Project Executive - GCI Kenneth Grant

Question:

- 2) Status of Certification:

Answer:

Attached are MBE Certification Letters for GCI starting from 1992 to 2009. GCI annual validation certification for year 2006 was denied due to the late submission of documentation to the Certification Unit causing GCI to reapply. GCI did not feel the urgency for renewal and was not actively certified for the last two years, a certification renewal receipt is attached.

Question:

3) What project are being reviewed, clarify duties.

Answer:

Attached is the Scope of Work included in the City's agreement with GCI and the status list of the remaining projects you have.

Question:

3) How was the contract cost determined?

Answer:

GCI originally proposed a new hourly rate of \$70.00 and a new multiplier of 2.6. According to GCI the increase was base on the hourly rate and multiplier from the recommended rates listed in the January 2006 edition of the State of Illinois Capital Development Board's Centralized Fee Negotiation Professional Services and Fees Handbook. (see attached).

OBM did agree that an increase was warranted since no increase has been given to GCI since 2004; however the proposed rates seem unreasonable and were negotiated down. The hourly rate was increased from \$52.00 to \$65.00 and the Multiplier was increase from 2.3 to 2.45.

Although the contract lists a contingency fee from previous contracts it is rarely use. This being the case the contract is only expected to expended a maximum of \$248,430.00.

Question:

5) Explain why he's the best, uniquely qualified, history?

Answer:

A trusted team of competent program/const. managers was requested to provide construction consulting services by Jose Cerda the Executive Director of the Empowerment Zone. Parsons Brinckerhoff Construction Services (PB) was selected and PB selected GCI because of Kenneth Grant's experience in the construction industry in the Chicago area. PB and GCI presented the preliminary program to the Executive Director of the Empowerment Zone Jose Cerda in the fall of 1996. Mr. Cerda approved the preliminary plan and began the process of preparing an agreement. R.M. Chin was already under contract with the City and to avoid administrative complexities the team was formed under the R. M. Chin agreement. Kenneth Grant worked with Brian Lorenzo from R.M. Chin preparing the program structure and implementation plan. Kenneth Grant established the working relationships with the Empowerment Zone and other City departments to coordinate the Federal, State and City requirements in preparation of pending H.U.D. audits for the construction program. **Kenneth Grant has overseen every construction project completed by the Empowerment Zone without failure. Providing continuity in completing the remaining construction projects and closing the Empowerment Zone Construction Program without a new start up would allow the program to end on schedule without delays and save money. Mr. Grant's**

professionalism and temperament has been a great asset to the Empowerment Zone Construction Program.



City of Chicago
Richard M. Daley, Mayor

Department of Purchases,
Contracts and Supplies

Alexander Grzyb
Acting Purchasing Agent

City Hall, Room 403
21 North LaSalle Street
Chicago, Illinois 60602-1284
(12) 744-4900
(12) 744-2949 TDD

JUL 13 1992

Mr. Kenneth E. Grant, Jr.
Grant Construction, Inc.
552 East 73rd Street
Chicago, Illinois 60619

Dear Mr. Grant:

We are in receipt of your application to the City of Chicago for certification as a Disadvantaged Business Enterprise/Minority Business Enterprise (DBE/MBE3). This application was made in the format of a Schedule A: Affidavit of Disadvantaged Business Enterprise, Minority Business Enterprise or Women's Business Enterprise (DBE/MBE/WBE).

The result of our review of your application is that Grant Construction, Inc. is certified as a DBE/MBE eligible to fulfill DBE/MBE requirements on City contracts. Your firm is certified as of July 1, 1992 for a period of one (1) year. It is the obligation of your firm to apply for recertification no later than the end of the tenth (10th) calendar month following the effective date of your certification.

Your firm's name will be listed in the next edition of the City's Disadvantaged Business Enterprise/Minority Business Enterprise/Women's Business Enterprise Directory. Your specialty will be listed as:

Construction: Construction Management and Consultant

Your participation on City contracts will only be credited toward DBE/MBE goals in your area of specialty. Credit for participation in other areas requires an expansion of your current certification. Requests for expansion of certification must be submitted to this office, along with all documentation necessary to establish a justification for such expansion.

It is the obligation of Grant Construction, Inc. to promptly notify Carnice Carey, Director of Certification, in writing, if there are any changes of ownership and/or control of your firm. The City reserves the right to commence actions to decertify your firm if this notification is not made. Certification may also be revoked if your firm is found to be involved in bidding or contractual irregularities.

Sincerely,

Diane E. Minor
Contract Compliance Administrator

DEM/CC/ds





City of Chicago
Richard M. Daley, Mayor

Department of Purchases,
Contracts and Supplies

Alexander Grzyb
Acting Purchasing Agent

City Hall, Room 403
21 North LaSalle Street
Chicago, Illinois 60602-1284
(312) 744-4900
(312) 744-2949 (TTY)

APR 17 1996

Mr. Kenneth Grant, Jr.
Grant Construction Inc.
552 East 73rd Street
Chicago, IL 60619

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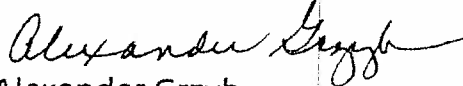
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CONSTRUCTION: Construction Management and Consultant

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It is the obligation of **Grant Construction Inc.** to promptly notify Troy Ratliff, Deputy Purchasing Agent, in writing, if there are any changes of ownership and/or control of your firm. The City reserves the right to commence actions to decertify your firm if this notification is not made. Certification may also be revoked if your firm is found to be involved in bidding or contractual irregularities.

Sincerely,


Alexander Grzyb
Acting Purchasing Agent

AG/TR/al

An American Celebration



Ms. Darlene Watkins
Chicago Empowerment Zone Program
Director of Construction and Programs
20 N. Clark Street
Chicago, Illinois 60602

July 12, 2004

EMPOWERMENT ZONE ENTERPRISE COMMUNITY PROGRAM
CONSTRUCTION MANAGEMENT OVERSIGHT
SCOPE OF SERVICES

This Proposal is based on GRANT CONSTRUCTION, INC. as the PRIME CONSULTANT. Additional services will be performed on an as needed basis. (Upon written request from the Executive Director of the Chicago Empowerment Zone) as a SubConsultant to GRANT CONSTRUCTION, INC.

The scope of the Empowerment Zone Program encompasses a wide range of multi-functional community projects. Therefore, an efficient construction management oversight system is necessary to ensure that projects are completed within proposed time, cost, and quality constraints.

Since 1997 the Chicago Empowerment Zone Program (EZ) has used the services of GRANT CONSTRUCTION, INC. (GCI) PARSONS BRINCKERHOFF (PB) and R.M. CHIN & ASSOC. (RMCA) to provide experienced construction management staff under the EZ/EC Program. EZ has successfully managed the completion of the projects started in 1997-2003 as well as new multiple Empowerment Zone projects being developed by contracting with an outside consultant to provide continuity with the existing program and support new projects as they come on line. Through the introduction of extension of staff services, EZ staff has more efficiently monitored the overall scope of the Empowerment Zone Program.

Services provided by a contracted consultant has been streamlined by using established CSI formats for oversight, coordination, and review during pre-construction, site construction, and post-construction work phases. The following basic services are recommended to maintain effective project management.

1. PRECONSTRUCTION PHASE SERVICES

- Project scope (documentation, submittals, and initial schedule) review
- Project drawing and plan review
- Project specification review
- Architect and Contractor qualification review

2. CONSTRUCTION PHASE SERVICES

- On-site construction inspection
- Quality assurance monitoring
- Work schedule and progress review
- Contractor progress payment verification
- Change order review and management
- Punch-list and final inspection

EZ / EC CONSTRUCTION MANAGEMENT OVERSIGHT
SCOPE OF SERVICES

3. POST-CONSTRUCTION PHASE SERVICES

- Warranty procurement and review
- As-built drawing review
- Project closeout and final payment
- Claims management assistance

By providing a simplified one-tier management structure, the construction management oversight consultant will coordinate activities from project acceptance through completion of construction. The use of standardized documentation such as the Construction Project Booklet and CSI formats has allowed EZ staff to become more educated and familiar with the basic construction requirements over time. The construction oversight manager then could concentrate on technical aspects and project details. Typically, based upon the proposed volume and time frame of work, one construction manager should be able to oversee and coordinate activities in the following functional areas.

- PROJECT CONTROLS
- COST ADMINISTRATION
- TECHNICAL REVIEW
- CONSTRUCTION ACTIVITIES

Occasionally, the Executive Director may determine that an additional person is temporarily required on the management oversight staff. In such instances, the Executive Director could elect to authorize the consultant to provide additional short-term staff. Such additional services would be engaged only upon written authorization of the Executive Director.

The Prime construction oversight manager (GRANT CONSTRUCTION, INC.) may not be required full time during many periods of the EZ / EC Program. EZ staff will collect project documentation and correspondence for weekly review and reporting. Based upon the size of the proposed projects and the level of oversight required, a guideline budget for construction management services is estimated at 2.5 to 4 percent of overall construction cost.

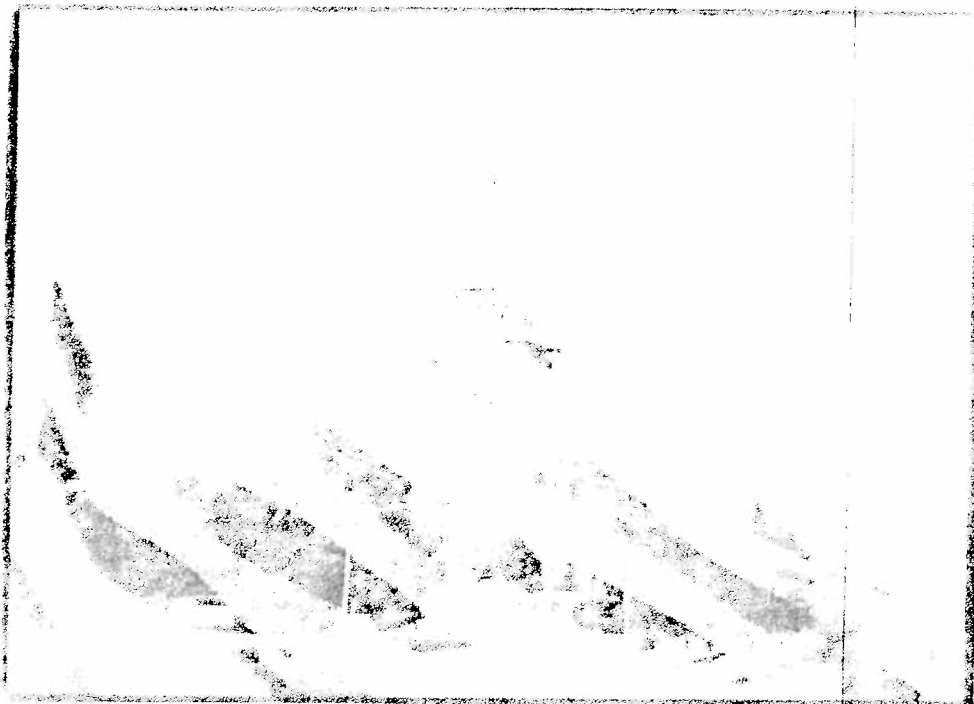
CAPITAL DEVELOPMENT BOARD



State of Illinois

CENTRALIZED FEE NEGOTIATION PROFESSIONAL SERVICES AND FEES HANDBOOK

January 2006



Response Action Contractors Indemnification Act

For projects such as asbestos abatement and leaking underground storage tank remediation, or other projects that involve hazardous pollutants as defined in the Response Action Contractors Indemnification Act (RACIA) 415 ILCS 100/1 et seq. CDB will provide an attachment to the professional services agreement which states that the A/E's liability for hazardous substance and pollutant related claims is acknowledged to be limited by the statute.

DIRECT WAGE EXPENSE (DWE)

Direct Wage Expense is defined as the actual straight time hourly wages paid to employees, exclusive of statutory and fringe benefits, including personal and/or corporate performance/profit bonuses. The DWE rate of any A/E employee or employee of its consultant(s) shall be subject to audit by CDB. Evidence of DWE may be provided through certified payroll register, check stubs, or similar method that clearly indicates actual straight time wages.

A/E OVERHEAD & PROFIT MULTIPLIER RATES

The overhead and profit multiplier applicable to each agreement is indicated on Appendix A to the agreement. Overhead and multiplier rates are a component of the negotiation used primarily to determine the billable rate for on-site observation. Negotiations for compensation of additional services may also incorporate the use of the overhead and profit multiplier.

CDB's standard overhead and profit multiplier is 2.60. The method of calculation for any OH&P rate is illustrated below using the CDB standards.

$$\text{DWE (1.00) + Overhead Rate (1.30) = 2.30 + Profit Markup (13\% or 0.299) = 2.60 OH\&P}$$

CDB's standard multiplier shall be used except when the A/E provides an overhead audit in accordance with the guidelines established herein. Evidence of the audited rate must be provided each time an A/E negotiates an agreement for a project. CDB will accept overhead audits prepared by:

- a) Certified Public Accounting (CPA) firm.
- b) Illinois Department of Transportation

Acceptable overhead audits are subject to the following guidelines:

1. Audit may not be based upon information more than three (3) CDB fiscal years old.
2. IDOT audits may not state that the rate is "provisional".
 - a. Only the exact audited overhead rate will be considered. A/E not permitted to "add-back" expenses not normally included as part of an IDOT audit.
3. Statements provided by an independent CPA firm must clearly indicate the words "audited overhead" and include the following information.
 - a. Auditor's Opinion
 - b. Copy of the Trial Balance or other source document utilized as basis for the calculation.
 - c. Overhead Calculation
4. Overhead is limited to the guidelines established in Table F, Allowable Overhead Items.

The following formula shall be used to calculate an overhead rate derived by an independent CPA firm's audit of the A/E:

$$\text{Overhead Rate} = \frac{\text{Total Allowable Overhead}}{\text{Direct Labor Dollars (DLD)}}$$

Direct Labor Dollars (DLD), is defined as total wages paid to professional/technical employees for work directly chargeable to clients, less the premium portion of wages paid for overtime and statutory and fringe benefits. For sole proprietorship and partnership firms the DLD for a principal shall be the figure reported as personal income on the individual's federal tax return.

CDB will review its standard Overhead Rate on a yearly basis. Should the review warrant an adjustment to the rate, it will be published in CDB's Professional Services Bulletin. A/E agreements in effect at the time of adjustment will not be amended.

When an A/E submits an audited overhead in excess of the current standard rate (1.30), and that rate is approved for use by CDB's Internal Audit Division, CDB reserves the right to negotiate the profit multiplier.

During the life of the agreement, the A/E may provide updated information regarding its audited overhead for purposes of adjusting the OH&P rate indicated on Appendix A. CDB will provide a written modification to change the rate. The effective date of the rate change shall not be prior to the date CDB was provided the information. All rate modifications must comply with the provisions previously stated above.

PERIODIC SITE VISITS / ON-SITE REPRESENTATIVE

Article 14.12 of the PSA delineates the basic service duties required for periodic site visits which are conducted for purposes of quality control. The minimum visits indicated may be adjusted as a component of the negotiation.

When included in the agreement, CDB may request that the A/E provide one or more on-site representatives to facilitate the progress of the project and report on special conditions and critical installations. The duties of the A/E on-site representative are limited and exclusive of construction phase basic services and are further explained in Article 14.13 and Article 15 of the PSA. It is conceivable and permitted to have more than one person on the site performing work related to both types of project observation.

When required, an allowance for on-site representation compensation will be included in the agreement on Appendix A. This allowance is a budgetary amount agreed upon between CDB and the A/E based on DWE of the anticipated on-site representative (or representatives), the negotiated OH&P rate, the estimated hours required on site and travel hours. The agreed upon budget is payable as services are performed. This budget is not a lump-sum value payable to the A/E regardless of actual hours expended.

For negotiation purposes, CDB will generally base our offer for on-site representation on a reasonably expected DWE times the CDB standard OH&P rate of 2.60. CDB permits separate OH&P rates to be established for the A/E's consultant(s) in the event the consultant's audited rate varies significantly from that of the A/E. CDB will pay the actual DWE of the approved representative(s) times the negotiated OH&P rate. The maximum DWE rate to be utilized, except with asbestos abatement projects, is \$70 per hour. When no DWE is reasonably obtainable for an individual performing on-site representation such as in the event of a principal of the A/E or its consultant(s) performing this service, CDB will negotiate a DWE rate for that individual. The negotiated DWE rate shall not exceed \$70.00/hour.

In preparing the on-site representative budget projection, CDB assumes that on-site representatives are full-time permanent employees of the A/E or its consultant(s). When the A/E anticipates or has made the decision to utilize a full, or part-time temporary employee, or a consultant specializing in on-site representation, they are required to inform CDB. In this situation CDB will negotiate a lower OH&P rate not to exceed 2.0 times the DWE of the person providing the service, or 2.0 times the billable rate if no DWE is available. This "temp" rate shall also be indicated in Appendix A of the agreement. Evidence of DWE and Employee Benefits for all full-time permanent employees of the A/E or its consultant(s), including employees not listed on the 255 form, will be required.

CDB on-site representation compensation permits the inclusion of up to three (3) hours travel time to be added to the actual on-site time for each representative. Travel time is payable at the same formula established for the on-site representative. The A/E will be required to reconcile the actual travel time (up to the three hour maximum), for each on-site representative with the CDB Project Manager prior to submitting its first invoice for compensation. The exception to this provision is for those projects where it has been negotiated that the on-site representation shall be full-time (5 days/week). In this instance, no provision for travel time shall be permitted. Base Fee periodic site visits are prohibited from invoicing for travel time.

For projects where it has been agreed that full-time on-site representation is required, CDB retains the right to minimize and/or eliminate the base fee service and roll the requirements of Article 14.12 into Article 14.13. A subsequent reduction in complexity of the basic services as indicated in Table A will be made.



City of Chicago
Richard M. Daley, Mayor

Department of
Procurement Services

Eric J. Griggs
Acting Chief Procurement Officer

One Hall Room 403
121 North La Salle Street
Chicago, Illinois 60602
(312) 744-0000
(312) 744-2049 (TTY)

<http://www.cityofchicago.org>

Kenneth Grant, President
Grant Construction, Inc.
552 East 73rd Street
Chicago, IL 60619

Certification Effective: February 5, 2004
Certification Expires: March 1, 2009
Annual Certificate Expires: March 1, 2005

Dear Mr. Grant:

We are pleased to inform you that **Grant Construction, Inc.** has been certified as an MBE by the City of Chicago. This MBE certification, which is valid for five years, must be re-validated annually. Your firm's next annual validation is required by **March 1, 2005**.

As a condition of continued certification during this five year period, you must file a No-Change Affidavit within 60 days of the date of expiration. Please note that you must include a copy of your most current Corporate Federal Tax Returns. Failure to file this Affidavit will result in the termination of your certification. You must also notify the Office of Business Development of any changes in ownership or control of your firm or any other matters or facts affecting your firm's eligibility for certification.

The City may commence actions to remove your firm's eligibility if you fail to notify us of any changes of facts affecting your firm's certification or if your firm otherwise fails to cooperate with the City in any inquiry or investigation. Removal of eligibility procedures may also be commenced if your firm is found to be involved in bidding or contractual irregularities.

Your firm's name will be listed in the City's Directory of Disadvantaged Business Enterprises, Minority Business Enterprises and Women Business Enterprises in the specialty area(s) of:

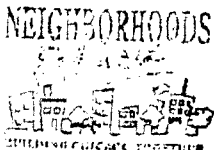
Construction Management Consultant

Your firm's participation on City contracts will be credited only toward MBE goals in your area(s) of specialty. While your participation on City contracts is not limited to your specialty, credit toward MBE goals will be given only for work done in the specialty category.

Thank you for your continued interest in the City's Minority, Women and Disadvantaged Business Enterprise Programs.

Very truly yours,

Eric J. Griggs
Acting Chief Procurement Officer
EJG/wld



JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT

COMPLETE THIS SECTION IF NEW CONTRACT

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

Request that negotiations be conducted only with Grant Construction, Inc. for the product and/or services described herein. This is a request for
 (Name of Person or Firm)

(One-Time Contractor Requisition #: 3810, copy attached) or Term Agreement or Delegate Agency (Check one).

If Delegate Agency, this request is for "blanket approval" for all contracts within the _____ (Attach List).
 (Program Name)

Pre-Assigned Specification No.: 65728

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 #: 6969

Company or Agency Name: Grant Construction, Inc.

Specification #: 65728

Contract or Program Description: Construction Consulting
 (Attach List, if multiple)

Modification #: _____

Rosalind Stevens

4-2519

05

05/20/08

Originator Name

Telephone

Signature

Department

Date (mm/dd/yr)

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

<input checked="" type="checkbox"/> PROCUREMENT HISTORY See Attached	S. S. R. B.
<input checked="" type="checkbox"/> ESTIMATED COST See Attached	DATE _____ APPROVED..... _____
<input checked="" type="checkbox"/> SCHEDULE REQUIREMENTS See Attached	CONDITIONALLY APPROVED..... _____
<input checked="" type="checkbox"/> EXCLUSIVE OR UNIQUE CAPABILITY See Attached	RETURN TO DEPT..... _____ DISAPPROVED..... _____
<input type="checkbox"/> OTHER N/A	

APPROVED BY:

DEPARTMENT HEAD OR DESIGNEE

DATE

BOARD CHAIRPERSON

DATE

DPS PROJECT CHECKLIST

For DPS Use Only	
Date Received	_____
Date Returned	_____
Date Accepted	_____
CA/CN's Name	_____

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

GENERAL INFORMATION:

<p>Date: 5/20/08 REQ No.: 38170</p> <p>Specification No.: (if known): <i>65728</i> PO No.: (if known):</p> <p>Modification No.: (if known): Project Description: Construction Consulting</p>	<p>Contact Person: Rosalind Stevens Tel: 4-2519 Fax: 4-6599 E-mail:rstevens@cityofchicago.org</p> <p>Project Manager: Latoya Vaughn Tel: 4-9564 Fax: 4-6599 E-mail:lvaughn@cityofchicago.org</p> <p>Previous PO No.: (if known): <i>6969</i></p>
---	--

FUNDING:

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

LINE	FY	FUND	DEPT	ORGN	APPR	ACTV	OBJT	PROJECT	RPTG	\$ DOLLAR AMOUNT
1	095	0871	008	2005	0140	T	T	0	95EZDD	372645

Estimated Value \$372,645

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

SCOPE STATEMENT:

Attached is a Detailed Scope of Services and/or Specification

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

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

TYPE OF PROCUREMENT REQUESTED (check all that apply):

NEW REQUEST

- Blanket Agreement
- Standard Agreement
- Small Orders

MOD/AMENDMENT

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

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

CONTRACT TERM: 6/1/2008 Requested Term (number of months): 18 mo.

DPS PROJECT CHECKLIST

PRE BID/SUBMITTAL REQUIREMENTS:

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

ARCHITECTURAL/ENGINEERING SUPPLEMENTAL CHECKLIST

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

Risk Management

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

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

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

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

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

AVIATION CONSTRUCTION SUPPLEMENTAL CHECKLIST

DOA sign-off for final design documents: Yes No

Required Attachments:

Copy of Draft Contract Documents and Detailed Specifications.

Risk Management:

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

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

Will work be performed airside? Yes No

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

COMMODITIES SUPPLEMENTAL CHECKLIST

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

If Modification request, please verify and provide the following:

Contractor's Name: N/A

Contractor's Address: N/A

N/A

Contractor's e-mail Address: N/A

Contractor's Phone Number: N/A

Contractor's Contact Person: N/A

CONSTRUCTION SUPPLEMENTAL CHECKLIST

Required attachments:

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

Risk Management

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

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

DPS PROJECT CHECKLIST

VEHICLES/HEAVY EQUIPMENT SUPPLEMENTAL CHECKLIST

Required Attachments:

- Detailed Specifications including detailed description of the vehicle(s) or equipment, mounted equipment, if any, and options/accessories.
- Special Provisions (Delivery, Warranty, Manuals, Training, Additional Unit Purchase Options, Bid Submittal Information, etc.)
- Delivery Location(s)
- Technical Literature
- Drawings, if any
- Part Number List (N/A Manufacturer; or N/A Dealer; N/A or Other Source: N/A)
- Current Price List(s)/Catalog(s)
- Special Approval Form
- Exhibits and Attachments

If Modification request, please verify and provide the following:

Contractor's Name: N/A

Contractor's Address: N/A

N/A

Contractor's e-mail Address: N/A

Contractor's Phone Number: N/A

Contractor's Contact Person: N/A

PROFESSIONAL SERVICES SUPPLEMENTAL CHECKLIST

- Detailed description of project listing obligations of each party.
- The Schedule of Compensation
- Deliverables
- Request for individual contract services (if applicable)
- The appropriate EPS form
- ITSC (approved by BIS)
- OBM (approved by Budget form/memo)
- Grant document attached

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

TELECOMMUNICATIONS AND UTILITIES SUPPLEMENTAL CHECKLIST

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

Has the project been reviewed by BIS? Yes No

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

Does the project include software? Yes No

If yes, is signed ITSC form attached? Yes No

Does the location involve:

A public way? Yes No

Any concession in the City's facilities? Yes No

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

DPS PROJECT CHECKLIST

WORK SERVICES/FACILITY MAINTENANCE SUPPLEMENTAL CHECKLIST

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

Risk Management:

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

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

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

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

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

Contractor's Name: N/A

Contractor's Address: N/A

N/A

Contractor's e-mail Address: N/A

Contractor's Phone Number: N/A

Contractor's Contact Person: N/A

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

REPRINT

DELIVER TO: 005- CH 604 121 N. LA SALLE ST. ROOM 604 Chicago, IL 60602	REQUISITION: 38170 For PO Number: C029726 PAGE: 1 DEPARTMENT: 08 - PLANNING & DEVELOPMENT PREPARER: Rosalind D Stevens NEEDED: PRE-APPROVED: 5/6/2008
---	--

REQUISITION DESCRIPTION

Construction Consulting
 SPECIFICATION NUMBER: 65728
 Mod Reason: DOLLAR AMOUNT CHANGE

COMMODITY INFORMATION

LINE	ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST						
1	96117 CONSTRUCTION CONSULTING	372,645	USD	1.00	372,645.00						
SUGGESTED VENDOR: GRANT CONSTRUCTION, INC.		REQUESTED BY: Rosalind D Stevens									
DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	
1	095	0871	0082005	0140	220140	0000	00000000	95EZDD	00000	0000	372,645.00
LINE TOTAL:											372,645.00
REQUISITION TOTAL:											372,645.00

Where a commodity is for a particular or unique use other than standard quality, grades, color, size or other characteristics, give details of how it will be and for what purpose.
 Requisitions prepared incorrectly will be returned to the using department.

GRANT CONSTRUCTION, INCORPORATED CONSTRUCTION / CONSULTATION

552 East 73rd Street
Chicago, Illinois 60619
Tel: (773) 373-2090
Fax: (773) 373-2092



January 10, 2008

Bennett J. Johnson 111
Budget Director
Office of Budget and Management
City Hall, Room 604
121 N. LaSalle Street
Chicago, IL. 60602

**SUBJECT: EMPOWERMENT ZONE ENTERPRISE COMMUNITY PROGRAM
CONSTRUCTION MANAGEMENT OVERSIGHT**

Dear Mr. Johnson:

GRANT CONSTRUCTION, INC. (GCI) is pleased to present our proposed scope of services and cost proposal to provide extension of staff services to the Empowerment Zone / Enterprise Communities program for the City of Chicago.

If you have any questions or if we can be further assistance, please contact me at (773) 373-2090.

Respectfully,
GRANT CONSTRUCTION, INC.

A handwritten signature in black ink, appearing to read 'Kenneth E. Grant', written over a horizontal line.

Kenneth E. Grant
President

cc: EZ file

January 10, 2008

**EMPOWERMENT ZONE / ENTERPRISE COMMUNITY PROGRAM
CONSTRUCTION MANAGEMENT OVERSIGHT
SCOPE OF SERVICES**

This Proposal is based on GRANT CONSTRUCTION, INC. as the PRIME CONSULTANT; additional services will be performed on an as needed basis. (Upon written request from the Director of the Office of Budget and Management for the City of Chicago) as a Sub Consultant to GRANT CONSTRUCTION, INC.

The scope of the Empowerment Zone Program encompasses a wide range of multi-functional community projects. Therefore, an efficient construction management oversight system is necessary to ensure that projects are completed within proposed time, cost, and quality constraints.

Since 1997 the Chicago Empowerment Zone Program (EZ) has used the services of GRANT CONSTRUCTION, INC. (GCI) PARSONS BRINCKERHOFF (PB) and R.M. CHIN & ASSOC. (RMCA) to provide experienced construction management staff under the EZ/EC Program. EZ has successfully managed the completion of projects from 2001 thru 2007 using GRANT CONSTRUCTION, INC. as the sole consultant for the new multiple Empowerment Zone projects being developed by contracting with an outside consultant to provide continuity with the existing program and support new projects as they come on line. Through the introduction of extension of staff services, EZ staff has more efficiently monitored the overall scope of the Empowerment Zone Program.

Services provided by a contracted consultant has been streamlined by using established CSI formats for oversight, coordination, and review during pre-construction, site construction, and post-construction work phases. The following basic services are recommended to maintain effective project management.

**EZ / EC CONSTRUCTION MANAGEMENT OVERSIGHT
SCOPE OF SERVICES**

1. PRECONSTRUCTION PHASE SERVICES

- Project scope (documentation, submittals, and initial schedule) review
- Project drawing and plan review
- Project specification review
- Architect and Contractor qualification review

2. CONSTRUCTION PHASE SERVICES

- On-site construction inspection
- Quality assurance monitoring
- Work schedule and progress review
- Contractor progress payment verification
- Change order review and management
- Punch-list and final inspection

January 10, 2008

3. POST-CONSTRUCTION PHASE SERVICES

- Warranty procurement and review
- As-built drawing review
- Project closeout and final payment
- Claims management assistance

By providing a simplified one-tier management structure, the construction management oversight consultant will coordinate activities from project acceptance through completion of construction. The use of standardized documentation such as the Construction Project Booklet and CSI formats has allowed EZ staff to become more educated and familiar with the basic construction requirements over time. The construction oversight manager then could concentrate on technical aspects and project details. Typically, based upon the proposed volume and time frame of work, one construction manager should be able to oversee and coordinate activities in the following functional areas.

- PROJECT CONTROLS
- COST ADMINISTRATION
- TECHNICAL REVIEW
- CONSTRUCTION ACTIVITIES

Occasionally, the Director may determine that an additional person is temporarily required on the management oversight staff. In such instances, the Director could elect to authorize the consultant to provide additional short-term staff. Such additional services would be engaged only upon written authorization of the Executive Director.

The Prime construction oversight manager (GRANT CONSTRUCTION, INC.) may not be required full time during many periods of the EZ / EC Program. EZ staff will collect project documentation and correspondence for weekly review and reporting. Based upon the size of the proposed projects and the level of oversight required, a guideline budget for construction management services is estimated at 2.5 to 4 percent of overall construction cost.

April 7, 2008

PROGRAM/CONSTRUCTION MANAGEMENT CONSULTANT:

COMPENSATION:

REVISED EZ/EC BUDGET

:

NAME:	PROPOSED HOURS PER WEEK	RATE	AMOUNT	MULTIPLIER	SUBTOTAL	ANNUALLY 52-WEEKS
KENNETH E. GRANT	20	\$65.00/HR.	\$1,300.00	2.45	\$3,185.00	\$165,620.00
CONTINGENCY:	10	\$65.00/HR.	\$650.00	2.45	\$1,592.50	<u>\$82,810.00</u>

TOTAL ANNUAL BUDGET \$248,430.00

JUNE 1, 2008 TO MAY 31 2009 \$248,430.00
JUNE 1, 2009 TO DEC. 31, 2009 \$124,215.00

TOTAL BUDGET \$372,645.00

MAR 18 2008

TIME STAMP

9:07 A.M.

City of Chicago
Department of Procurement Services

SHA - NO Check

Needed

DBE/MBE/WBE
Certification
Receipt

Application/Information Submitted By:

Vendor Name:

GRANT

Cristoforo

18c.

Address:

552 E. 72nd St. Chicago, Ill 60619

Phone:

773-373-2699

Received by:

[Signature]

PLEASE NOTE:

APPLICATIONS/INFORMATION RECEIVED AFTER 3:00 P.M.
WILL BE PROCESSED AFTER 8:30 A.M. THE NEXT DAY.

WHITE: Vendor Copy

YELLOW: Procurement Dept. Copy

PINK: Certification Division Copy



City of Chicago
Richard M. Daley, Mayor
Office of Budget and Management

Bennett J. Johnson III
Budget Director


City Hall, Room 604
121 North LaSalle Street
Chicago, Illinois 60602
(312) 744-3323
(312) 744-3618 (FAX)
(312) 744-3619 (TTY)

<http://www.cityofchicago.org>

MEMORANDUM

To: Brent Walter
Deputy Procurement Officer
Chairman Sole Source Review Board

Attn: Christine Smith
Assistant to Commissioner
Department of Procurement Services

From: Bennett J. Johnson III 
Budget Director
Office of Budget and Management

Date: May 20, 2008

Re: **Non-Competitive Sole Source Justification for Grant
Construction, Inc.**

I. Procurement History

Construction management has been a service required by the Chicago Empowerment Zone (EZ) since the first round of funding was allocated in 1996. Since implementation, the EZ office has focused on providing and promoting several initiatives: Economic Empowerment, Health and Human Services, Cultural Diversity, Youth Futures, Public Safety, Capacity Building, and Affordable and Accessible Housing. Many of our EZ/EC Funded projects required new construction, expansion, or rehabilitation of structures defined as Economic Empowerment. The Empowerment Zone is requesting to retain the services of Grant Construction, a certified MBE firm, from June 1, 2008 through December 31, 2009, with one possible extension, to assist with final construction projects and closeout construction procedures.

During our implementation phase, the EZ office contracted with the Department of General Services. In 1991, R.M. Chin was the construction management team contracted with the Empowerment Zone to assist with various construction projects. Grant Construction was a part of that team; they provided exemplary work for the Empowerment Zone, assisting with the completion of 31 construction projects. The EZ designation was to end in December 2004, but received a five year extension to complete all open projects, thus the EZ will end in December 2009. To assure that all construction projects are accurately monitored, Grant Construction services were extended to monitor and assist with the 10 remaining construction projects through their completion. The Empowerment Zone is pleased with Grant Construction's knowledge, expertise and professionalism and is requesting a continuation of services.

NEIGHBORHOODS



BUILDING CHICAGO TOGETHER



II. Estimated Cost

The cost for Grant Construction, Inc. to manage the attached list of construction projects through 2009 is \$372,645.00 to be paid from Federal administrative funds chargeable to 095.0871.0082005.0140.220140.95EZDD. This figure was arrived at through negotiations with the firm's CEO, Ken Grant and is the total of direct labor with a multiplier of 2.45 and a contingency provision of \$82,810.00 written request of the Budget Director. The hourly rate to be paid Ken Grant is \$65.00. Attached is a list of projects to be completed.

III. Exclusivity

Grant Construction, Inc. has provide substantial value-added services through Ken Grant's experience with programmatic requirements, infrastructure requirements and personalities in at least thirty one (31) construction projects with EZ/EC since 1997: seven (6) which are currently active. Over the past ten (10) years he has helped put into place procedures and technical guidelines which will continue to hold for current and future structural projects. Ken Grant's continued presence to assist existing staff during our close-out phase will be critical to the successful completion of the EZ/EC Economic Empowerment initiative. To replace Mr. Grant at this time would be costly, ineffective and slow down a process that is extremely difficult and arduous for community based groups.

From: Kenneth Grant
To: Gerry Berman/Darlene Watkins
Date: 5/2/08
Subject: EZ Active Projects & Project Status

General Construction Projects

1. Centers for New Horizons [closing 8/08]

The Daycare Center is open and Operating claims negotiations are proceeding. Certificates of Final Completion are pending including elev. Insp. Cert..

2. Little Black Pearl [closing 12/08]

The roof warranty has been issued, water infiltration continues at several locations. The skylight leakage continues, and will be repaired under warranty. Lien foreclosure proceedings continue.

3. Chicago Christian Industrial League [closing 12/08]

The shelter is open and is operating final completion is pending completion of required permit work and issuance of Final Certificate of Occupancy.

4. Children's Home and Aid Society [closing 08/08]

The Daycare Center is open and is operating. final completion is pending issuance of elevator insp. Cert..

5. Salvation Army/Redshield - (meeting with staff, and Ken)

This project is complete however review of the files has not taken place and I have no prior knowledge of this project. I will report on this project next month.

6. Century Place Development Corp [closing 12/08]

The Ballroom renovation work is complete however the space is unusable due to the pending installation of a new transformer by Commonwealth Edison Co.

7. Roseland Closing 2009

8. Juarez Closing 2010⁰⁹

9. Muntu Closing 2010⁰⁹

From: Kenneth Grant
To: Gerry Berman/Darlene Watkins
Date: 5/2/08
Subject: EZ/DOH Active Projects & Project Status

EZ/DOH Construction Projects

1. CARVER PLAZA [closing 8/09]

The project includes selective rehabilitation of 64 occupied units and common areas.

2. Eighteen Street Development Corp. (Closing 6/09)

The project consist of the replacement of roofs and rear porches for ten single and multi family dwellings.

EZ/DOH Landmarks Preservation Construction Projects

1. Washington Park Court/Berkley [closing 12/08]

Landmarks preservation construction on 7 single family dwellings

2. Misc. areas of the City (closing 12/09 ?)

The project consist of recreating acceptable files for over one hundred preservation projects many have Landmark status that were repaired under the façade and Ehap programs. Evaluation of the Landmarks Preservation Program's requirements will then be applied and required work will be performed. Final approval is required from the State of Ill.

CERTIFICATE OF LIABILITY INSURANCE

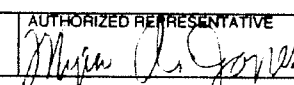
American Family Insurance Company
 American Family Mutual Insurance Company if selection box is not checked.
 6000 American Pky Madison, Wisconsin 53783-0001

Insured's Name and Address
 GRANT CONSTRUCTION, INC.
 552 E. 73RD STREET
 CHICAGO, IL 60619

Agent's Name, Address and Phone Number (Act./Dist.)
 Denver E. Long (773) 268-0225
 710 E. 47th street
 Chicago, IL 60637 (044/829)

**This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder.
 This certificate does not amend, extend or alter the coverage afforded by the policies listed below.**

COVERAGES				
This is to certify that policies of insurance listed below have been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies.				
TYPE OF INSURANCE	POLICY NUMBER	POLICY DATE		LIMITS OF LIABILITY
		EFFECTIVE (Mo, Day, Yr)	EXPIRATION (Mo, Day, Yr)	
Homeowners/ Mobilehomeowners Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Boatowners Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Personal Umbrella Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Farm/Ranch Liability				Farm Liability & Personal Liability Each Occurrence \$,000 Farm Employer's Liability Each Occurrence \$,000
Workers Compensation and Employers Liability †	CPP2126548	09/21/2007	09/21/2008	Statutory ***** Each Accident \$ 500,000 Disease - Each Employee \$ 500,000 Disease - Policy Limit \$ 500,000
<input checked="" type="checkbox"/> General Liability <input type="checkbox"/> Commercial General <input type="checkbox"/> Liability (occurrence)	12-XB1262-05-00	09/21/2007	09/21/2008	General Aggregate \$ 2,000,000 Products - Completed Operations Aggregate \$ 2,000,000 Personal and Advertising Injury \$ 1,000,000 Each Occurrence \$ 1,000,000 Damage to Premises Rented to You \$ 100,000 Medical Expense (Any One Person) \$ 5,000
Businessowners Liability				Each Occurrence †† \$,000 Aggregate †† \$,000
Liquor Liability				Common Cause Limit \$,000 Aggregate Limit \$,000
Automobile Liability <input checked="" type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Auto <input type="checkbox"/> Nonowned Autos	12X2621587	09/21/2007	09/21/2008	Bodily Injury - Each Person \$ 2,000,000 Bodily Injury - Each Accident \$,000 Property Damage \$,000 Bodily Injury and Property Damage Combined \$,000
Excess Liability <input checked="" type="checkbox"/> Commercial Blanket Excess <input type="checkbox"/>	CPP2126548	09/21/2007	09/21/2008	Each Occurrence/Aggregate \$ 5,000,000
Other (Miscellaneous Coverages)				
VALUABLE PAPERS	12X26215847	09/21/2007	09/21/2008	100,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS CITY OF CHICAGO NAMED ALSO AS ADDITIONAL INSURED				
† The individual or partners shown as insured <input type="checkbox"/> Have <input checked="" type="checkbox"/> Have not elected to be covered as employees under this policy. †† Products-Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate.				

CERTIFICATE HOLDER'S NAME AND ADDRESS CITY OF CHICAGO DEPARTMENT OF PURCHASES, CONTRACTS & SUPPLIES CITY HALL, ROOM 403 121 NORTH LASALLE STREET CHICAGO, IL. 60602	CANCELLATION <input type="checkbox"/> Should any of the above described policies be cancelled before the expiration date thereof, the company will endeavor to mail * () days written notice to the Certificate Holder named, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. *10 days unless different number of days shown. <input checked="" type="checkbox"/> This certifies coverage on the date of issue only. The above described policies are subject to cancellation in conformity with their terms and by the laws of the state of issue.
DATE ISSUED	AUTHORIZED REPRESENTATIVE
10/02/2007	

CERTIFICATE OF LIABILITY INSURANCE

American Family Insurance Company
 American Family Mutual Insurance Company if selection box is not checked.
 6000 American Pky Madison, Wisconsin 53783-0001

Insured's Name and Address
 GRANT CONSTRUCTION, INC.
 552 E. 73RD STREET
 CHICAGO, IL 60619

Agent's Name, Address and Phone Number (Act./Dist.)
 Denver E. Long (773) 268-0225
 710 E. 47th street
 Chicago, IL 60637 (044/829)

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder.
 This certificate does not amend, extend or alter the coverage afforded by the policies listed below.

COVERAGES

This is to certify that policies of insurance listed below have been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies.

TYPE OF INSURANCE	POLICY NUMBER	POLICY DATE		LIMITS OF LIABILITY
		EFFECTIVE (Mo, Day, Yr)	EXPIRATION (Mo, Day, Yr)	
Homeowners/ Mobilehomeowners Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Boatowners Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Personal Umbrella Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Farm/Ranch Liability				Farm Liability & Personal Liability Each Occurrence \$,000 Farm Employer's Liability Each Occurrence \$,000
Workers Compensation and Employers Liability †				Statutory ***** Each Accident \$,000 Disease - Each Employee \$,000 Disease - Policy Limit \$,000
<input type="checkbox"/> General Liability <input type="checkbox"/> Commercial General Liability (occurrence) <input checked="" type="checkbox"/> PROFESSIONAL LIAB <input type="checkbox"/>	12X26215847	09/21/2007	09/21/2008	General Aggregate \$ 0,000 Products - Completed Operations Aggregate \$,000 Personal and Advertising Injury \$ 0,000 Each Occurrence \$ 2,000,000 Damage to Premises Rented to You \$,000 Medical Expense (Any One Person) \$ 0,000
Businessowners Liability				Each Occurrence †† \$,000 Aggregate †† \$,000
Liquor Liability				Common Cause Limit \$,000 Aggregate Limit \$,000
Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Auto <input type="checkbox"/> Nonowned Autos <input type="checkbox"/>				Bodily Injury - Each Person \$,000 Bodily Injury - Each Accident \$,000 Property Damage \$,000 Bodily Injury and Property Damage Combined \$,000
Excess Liability <input type="checkbox"/> Commercial Blanket Excess <input type="checkbox"/>				Each Occurrence/Aggregate \$,000

Other (Miscellaneous Coverages)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS

† The individual or partners shown as insured Have Have not
 elected to be covered as employees under this policy.
 †† Products-Completed Operations aggregate is equal to each
 occurrence limit and is included in policy aggregate.

<p>CERTIFICATE HOLDER'S NAME AND ADDRESS</p> <p>CITY OF CHICAGO DEPARTMENT OF PURCHASES, CONTRACTS & SUPPLIES CITY HALL, ROOM 403 121 NORTH LASALLE STREET CHICAGO, IL. 60602</p>	<p style="text-align: center;">CANCELLATION</p> <p><input type="checkbox"/> Should any of the above described policies be cancelled before the expiration date thereof, the company will endeavor to mail () days) written notice to the Certificate Holder named, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. *10 days unless different number of days shown.</p> <p><input checked="" type="checkbox"/> This certifies coverage on the date of issue only. The above described policies are subject to cancellation in conformity with their terms and by the laws of the state of issue.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">DATE ISSUED 10/02/2007</td> <td style="width: 50%;">AUTHORIZED REPRESENTATIVE <i>Maria A Jones</i></td> </tr> </table>	DATE ISSUED 10/02/2007	AUTHORIZED REPRESENTATIVE <i>Maria A Jones</i>
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