



**OFFICE OF THE PURCHASING AGENT
COUNTY OF COOK**

118 NORTH CLARK ST. ROOM 1018
CHICAGO, ILLINOIS 60602-1375
(312) 603-5370

THIS PURCHASE ORDER NUMBER
MUST APPEAR ON ALL PACKAGES,
INVOICES, SHIPPING PAPERS AND
DROP SHIPMENTS.

PURCHASE ORDERED ISSUED TO
733307

Lynn A Gaffigan
736 N Western Ave PMB 122
Lake Forest IL 60045

DATE
9/28/2011
F.O.B. POINT

PURCHASE ORDER NO.
178231 - 000- OP
REQUISITION NO.
00099028 OR

**COOK COUNTY FEIN: 36-6006541
ILLINOIS SALES TAX EXEMPT: E-9998-2013-04
FEDERAL EXCISE TAX EXEMPT CERT: 36-75-D038K**

SHIP TO Human Rights/ Women's Issues
Cook County Administration Offices
69 W Washington St RM 3040
Chicago IL 60602-3007

DELIVERY INSTRUCTIONS

Toni Brown, Business Manager
312/603-1108

DEPT NO	
0021375	Page 1 of 1

LINE	FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE	QUANTITY/ UOM	UNIT PRICE	EXTENDED PRICE	ACCOUNT NUMBER
1.00	PROFESSIONAL SERVICES As per Contract No: 11-45-149 For Payment Only LEGAL SERVICES AS A PROFESSIONAL MEDIATOR TO THE COMMISSION. SERVICE INCLUDES PERFORMANCE OF ALL DUTIES AND RESPONSIBILITIES OF A MEDIATOR AS SET FORTH IN THE COOK COUNTY HUMAN RIGHTS ORDINANCE AND THE RULES OF THE COMMISSION, INCLUDING BUT NOT LIMITED TO: CONDUCTING A CONCILIATION CONFERENCES AND PREPARING WRITTEN CONCILIATION AGREEMENTS. SERVICES TO BE COMPENSATED AT THE RATE OF \$85.00 PER HOUR. Contract through November 30, 2011.	1.00 LS	306.0000	306.00	0021375.520835
2.00	PROFESSIONAL SERVICES	1.00 LS	314.5000	314.50	0021375.520835
3.00	PROFESSIONAL SERVICES	1.00 LS	450.0000	450.00	0021375.520835
***** Total Order *****				1,070.50	

NOTE: VENDOR AGREES NOT TO EXCEED THE QUANTITY OR DOLLAR AMOUNT OF THIS ORDER WITHOUT WRITTEN AUTHORIZATION FROM THE PURCHASING AGENT

RECEIPT CERTIFICATION (FOR DEPARTMENT USE ONLY)

I hereby certify that I have received the goods/services reflected above and that the items referenced are in full conformity with the purchase order/contract.

Authorized Signature: _____

Date: _____

I hereby certify that this purchase is in agreement with the requisition on file authorizing the expenditure and is properly approved.

PURCHASING AGENT

Date: _____

Maria di Lorenzo

BK 9/28/11

Purchase Requisition

Office of the Purchasing Agent
Cook County of Illinois

Purchase Order Number

170231

Print Order

Requisition # **OR 99028** Contract # **11-45-149**

Open Date

Ship To: 8000457	Human Rights/ Women's Issues	Delivery Instructions: Toni Brown, Business Manager	Supplier: 733307	Gaffigan, Lynn A
	Cook County Administration Of	69 W Washington St RM 3040		736 N Western Ave PMB 122
	Chicago IL 60602-3007	312.603-1108		Lake Forest IL 60045

One Time Purchase Yes No Covers Need for _____ months. Specific Period of time _____ thru _____ Prior Contract No. _____ Expiration Date _____ Emergency No. _____

Line #	Commodity Description	Bal. on Hand	Quantity	UOM	Est Unit Cost	Extended Cost	Business Unit and Object Account
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1.000 961	PROFESSIONAL SERVICES		1.00	LS	306.0000	306.00	0021375.520835
	LEGAL SERVICES AS A PROFESSIONAL MEDIATOR TO THE COMMISSION. SERVICE INCLUDES PERFORMANCE OF ALL DUTIES AND RESPONSIBILITIES OF A MEDIATOR AS SET FORTH IN THE COOK COUNTY HUMAN RIGHTS ORDINANCE AND THE RULES OF THE COMMISSION, INCLUDING BUT NOT LIMITED TO: CONDUCTING A CONCILIATION CONFERENCES AND PREPARING WRITTEN CONCILIATION AGREEMENTS. SERVICES TO BE COMPENSATED AT THE RATE OF \$85.00 PER HOUR FOR PERIODS 1/01/11 THROUGH 08/15/2011.	Inv. 2011-1001, 8/1/11	<	>			
2.000 961	PROFESSIONAL SERVICES		1.00	LS	314.5000	314.50	0021375.520835
	PROFESSIONAL SERVICES	Inv. 2011-1002, 8/3/11	<	>			
3.000 961	PROFESSIONAL SERVICES		1.00	LS	450.0000	450.00	0021375.520835
	PROFESSIONAL SERVICES	Inv. 2011-1003, 9/1/11	<	>			

Total of Items Ordered 1,070.50

CERTIFICATION
I hereby certify that the items and/or services above are necessary to this department (or institution) and that the amount of each item and/or service is accurately reflected in the specific line item budget appropriation approved by the Board of County Commissioners and there is a sufficient unencumbered balance in the account to grant same.

CCA

APPROVED BUDGETARY ACCOUNT

PURCHASING USE ONLY

REQUISITIONER

BUREAU

Manjiv K...

ACCT # _____
DATE _____ BY _____

21.08.11

10/11/2011

PRECKWINKLE, PRESIDENT
COOK COUNTY BOARD OF COMMISSIONERS

MARYNIC U. FOSTER
EXECUTIVE DIRECTOR



COOK COUNTY DEPARTMENT OF
HUMAN RIGHTS, ETHICS AND
WOMEN'S ISSUES

69 WEST WASHINGTON STREET
SUITE 3040
CHICAGO, ILLINOIS 60602-3007
312/603-1100 OFFICE
312/603-9988 FAX
312/603-1101 TT/TDD

August 26, 2011

Ms. Lourdes Coss
Office of Purchasing Agent
118 N. Clark, Suite 1018
Chicago, IL 60602

RE: JUSTIFICATION FOR CONCILIATORS/HEARING OFFICERS

Dear Ms. Coss:

This letter serves as justification for purchase requisition:

OR 99028, Lynn A. Gaffigan, JD - \$314.50
(Services 03/01/11 through 06/15/11)

This purchase order will pay for legal services rendered in connection with the conduct of conciliations and administrative hearings as mandated by the Cook County Human Rights Ordinance on complaints of discrimination filed with the Cook County Commission on Human Rights.

The vendor was selected by the Commission on Human Rights to provide services on the basis of their experience as a conciliator/hearing officer and expertise in the field of discrimination law. Over the course of the past twelve years, the vendor has provided service as needed by the Commission as follows: Conciliator at the rate of \$85 per hour, Hearing Officer at the rate of \$95 per hour.

To comply with the short-term solution contract you use with the Administrative Hearings Department, I am attaching the vendor letter the Commission uses, which briefly details the services of the vendors and how much we pay them annually.

If you have any questions about this letter or its attachments, please call me. Thank you for your assistance with this matter.

Sincerely,


Marynic U. Foster
Executive Director

MF:ab
Attachments
cc: Toni Brown, Business Manager

S:\TONI\CCCHR.CMN\Justify289Letter.wpd

LYNN A. GAFFIGAN, JD
Mediator
736 N. Western Avenue #122
Lake Forest, Illinois 60045

Cook County Commission on Human Rights
69 W. Washington, Room 3040
Chicago, IL 60602
Attn: MaryNic U. Foster, Executive Director

I hereby agree to provide legal services as a conciliator to the Cook County Commission on Human Rights ("Commission") beginning December 1, 2010 and ending November 30, 2011. My services shall include performance of all the duties and responsibilities of a conciliator as set forth in the Cook County Human Rights Ordinance and the rules of the Commission, including but not limited to: conducting conciliation conferences on complaints of discrimination and preparing written conciliation agreements.

I understand that cases for conciliation will be assigned to me by the Commission on an as needed basis and that I will be compensated for my services at the rate of \$85 per hour.

Lynn Gaffigan
Name _____

Signature _____
3/28/11
Date _____



PAYMENT SHOULD BE DIRECTED TO:

Name Lynn A. Gaffigan
Address 736 N. Western Avenue, #122, Lake Forest, Illinois 60045
Soc. Sec. or F.E.I.N. # 337-52-1855



Cook County Office of the Purchasing Agent

Sole Source Justification

General Information	Date: 9/19/11
Unit/Department: 0021375	Phone No. 312/603-1100
Contact Name: Toni Brown	Email Toni.Brown@cookcountyil.gov

Vendor Information	Requisition No. OR 99028
Name: Lynn A. Gaffigan, JD	Purchase Order No.
Address: 736 N. WESTERN AVENUE, #122 LAKE FOREST, ILLINOIS 60045	Contract No.

Description. Please provide a description of the goods or services required, the duration or frequency of the requirement, and where will the services or goods be delivered.

Conciliator for the Cook County Commission on Human Rights (12/1/2010 – 11/30/2011)
In accordance with the Cook County Human Rights Ordinance and Section 440.145 of the Procedural Rules of the Cook County Commission on Human Rights: Responsibilities include, but are not limited to, conducting conciliation conference to assist the parties in reaching a mutually acceptable agreement which will resolve the complaint prior to an Administrative Hearing and preparing a written conciliation agreement.

Type. Please select one of the options and explain below.

Single Source Proprietary/Copyright Restrictions Equipment Compatibility
 Patented Product Exclusive or Unique Capability Other, please explain

Explanation: Why is this product or service the only one that would satisfy the requirement(s)?
The vendor, selected by the Commission on Human Rights to provide services on the basis of their experience as a professional mediator and expertise in the field of discrimination law, has been servicing the Commission for over 10 years at an hourly rate of \$85/per hour.

Due Diligence. Describe the due diligence performed that led to the conclusion that this is a sole source.

Per the attached vendor contract dated and signed March 20, 2011, the vendor has provided legal services as an administrative hearing officer to the Commission and submitted invoices monthly totaling \$1,070.50 for periods 01/11/11 through 8/30/11. The Commission requests to continue the valued services indefinitely.

Department Recommendation	
Requestor: Toni Brown	Date: 9/19/11
Department Head: MaryNic U. Foster	Date: 9/19/11

Purchasing Agent Approval	
Signature:	Date: