



**OFFICE OF THE CHIEF PROCUREMENT OFFICER  
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**  
781839  
The Gordian Group Inc  
30 Patewood Dr., Bldg #2 Ste.#350  
Greenville SC 29615

**DATE**  
9/9/2016  
F.O.B. POINT

**PURCHASE ORDER NO.**  
195992 - 000- OP  
**REQUISITION NO.**  
00124928 07

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

**SHIP TO** Capital Planning & Policy  
69 W Washington St 30th Fl  
Chicago IL 60602-3007

**DELIVERY INSTRUCTIONS**  
CAPITAL PLANNING & POLICY  
69 W WASHINGTON - 30TH FL

DEPT NO	
740230480030	Page 1 of 1

LINE	FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE	QUANTITY/ UOM	UNIT PRICE	EXTENDED PRICE	ACCOUNT NUMBER
1.00	<p>JOC ADMINISTRATIVE SERVICES AS PER CONTRACT #11-28-043 AUTHORIZED BY COUNTY BOARD ON MAY 14, 2012 CONTRACT PERIOD: MAY 1, 2012 THROUGH APRIL 30, 2015 WITH 2 ONE-YEAR RENEWAL OPTIONS AMOUNT AUTHORIZED: \$1,050,000.00 *****</p> <p>INCREASE PER AMENDMENT #1 AUTHORIZED BY COUNTY BOARD ON SEPTEMBER 10, 2014 AMENDMENT AMOUNT: \$2,500,000.00 TOTAL REVISED AMOUNT AUTHORIZED: \$3,550,000.00 *****</p> <p>RENEWAL PER AMENDMENT #2 AUTHORIZED BY OCPO ON APRIL 24, 2015 AMENDMENT PERIOD: MAY 1, 2015 THROUGH APRIL 30, 2016 *****</p> <p>RENEWAL AND INCREASE PER AMENDMENT #3 AUTHORIZED BY THE COUNTY BOARD ON MAY 11, 2016 AMENDMENT PERIOD: MAY 1, 2016 THROUGH APRIL 30, 2017 AMENDMENT AMOUNT: \$3,500,000.00 TOTAL REVISED AMOUNT AUTHORIZED: \$7,050,000.00 *****</p> <p>WORK ORDER # 18515.01 PROJECT: PROVIDENT HOSPITAL - EMERGENCY DEPARTMENT WAITING ROOM HVAC UPGRADE AND AMBULANCE BAY CEILING REPLACEMENT SUPPLEMENTAL WORK ORDER AMOUNT: \$810.82 PROJECT MANAGER: WARRICK GRAHAM AUTHORIZED BY THE COUNTY BOARD ON 11/14/14 *****</p> <p>TOTAL PREVIOUSLY ENCUMBERED: \$2,624,809.27 AMOUNT ENCUMBERED ON THIS P.O.: \$810.82 TOTAL ENCUMBERED AMOUNT INCLUDING THIS P.O.: \$2,625,620.09 *****</p> <p>BALANCE ON THIS P.O</p>	.00 JB	.0000	810.82	740230480030.565140.5111
	***** Total Order *****			810.82	

NOTE: VENDOR AGREES NOT TO EXCEED THE QUANTITY OR DOLLAR AMOUNT OF THIS ORDER WITHOUT WRITTEN AUTHORIZATION FROM THE CHIEF PROCUREMENT OFFICER

**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.

I hereby certify that this purchase is in agreement with the requisition on file authorizing the expenditure and is properly approved.  
**CHIEF PROCUREMENT OFFICER** Date:

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*John E. L. 14*  
C

**Purchase Requisition**  
Office of the Purchasing Agent  
Cook County of Illinois

Requisition # 07 124928

Contract # 18-28-340-NCR

Open Date

Ship To: 8000047 Capital Planning and Policy  
69 W Washington St 30th F  
Chicago IL 60602-3007

Delivery Instructions:  
CAPITAL PLANNING & POLICY  
69 W WASHINGTON - 30TH FL

Supplier: 845783 PASCHEN AUTUMN JOINT VENTURE  
5515 N. EAST RIVER ROAD  
CHICAGO IL 60656

Buyer Number  
Bid/Sole Src Code NCR  
Business Unit 740230480030  
Internal Req Number 60321269  
Board Apr Date & Item  
Requisition Date 8/22/2016  
Date Needed 8/22/2016

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
1.000 912	CONSTRUCTION SERVICES, GENERAL JOB ORDER CONTRACTING. WORK ORDER #018515.01. MPG: CW HH MECHANICAL SYSTEMS CAPITAL RENEWAL/REPLACEMENT PROJECTS. PROJECT: PROVIDENT HOSPITAL - EMERGENCY SEPARTEMENT ROOM HVAC UPGRADE AND AMBULANCE BAY CEILING REPLACEMENT SUPPLEMENTAL. PROJECT DIRECTOR: WARRICK GRAHAM.	<	>	195991	JB	.0000	16,216.31 740230480030.565140.5111
2.000 912	5% SYSTEM LICENSING FEE	<	>	195992	JB	.0000	810.82 740230480030.565140.5111
Total of Items Ordered						17,027.13	

CERTIFICATION  
I hereby certify that the items and/or services above are necessary to this department (or institution) and that the type, no., account & activity numbers indicated above accurately reflect 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.

*Thomas M. Dwyer*  
REQUISITIONER

*[Signature]*  
BUREAU or DEPARTMENT HEAD

CCA APPROVED BUDGETARY ACCOUNT PURCHASING USE ONLY

ACCT # \_\_\_\_\_ DATE \_\_\_\_\_ BY \_\_\_\_\_



Cook County  
 Department of Planning & Policy  
 69 W Washington  
 Chicago, IL 60602

Date: 08/04/2016

To: Cook County, Purchasing  
 118 N. Clark Rm. 1018  
 Chicago, Illinois 60602

From: Cook County Department of Capital Planning & Policy  
 69 W Washington, Floor 30  
 Chicago, IL 60602

Work Order Number: 018515.01

Location: 500 E 51st Street  
 Chicago, IL 60615

Work Order Title: Provident Hospital-Emergency Department Waiting Room HVAC Upgrade and Ambulance Bay Ceiling Repla

<b>Notice of Proposal Acceptance (NOPA)</b>	
If Revised: <input type="checkbox"/>	Date: _____

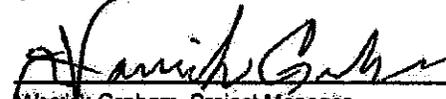
Your Work Order Proposal has been accepted for the above Work as follows:

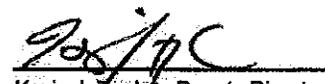
Work Order Amount:	\$16,216.31
Licensing Fee for The Gordian Group (5.00% of Construction)	\$810.82
Total Amount:	\$17,027.13
MWBE Participation:	\$13,084.00
Funding Source(s)	_____
Liquidated Damages:	Liquidated Damages will not apply

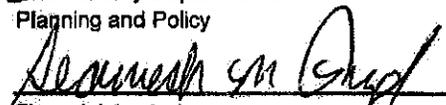
A notice to proceed will be issued which will establish the Work Order Start date and the completion date.

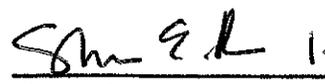
The CCOCPP JOC Coordinator

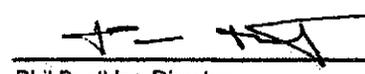
Requested By:

 8/2/16  
 Warrick Graham, Project Manager  
 Cook County Department of  
 Planning and Policy  
 Date

 8/25/16  
 Kevin J. Taylor, Deputy Director  
 Cook County Department of  
 Capital Planning & Policy  
 Date

 8/25/16  
 Deborah M. Gault  
 Financial Analyst  
 Date

Approved By:  
 14 September 2016  
 Shannon E. Andrews, CPO  
 Office of Chief Procurement Officer  
 Date

  
 Phil Boothby, Director  
 Cook County Department of  
 Capital Planning & Policy  
 Date



Cook County  
 Department of Planning & Policy  
 69 W Washington  
 Chicago, IL 60602

**Job Order Contract (JOC)  
 Purchase Order Package Checklist**

**Job Order Number:** 018515.01

**Job Order Name:** Provident Hospital-Emergency Department Waiting Room HVAC Upgrade and Ambulance Bay Ceiling Replacement Supplemental

**Job Order Location:** 500 E 51st Street, Chicago, IL 60615

**Approved Proposal:** \$16,216.31

**Contractor:** Paschen Autumn Joint Venture

**Construction Duration:** 3 Months

- Notice of Proposal Acceptance (NOPA)**
- Cook County Board Approve Documentation If Applicable**
- County Justification/Estimate (Provided by PM)**
- Contractor Evaluation - Project Development**
- Contractor's Job Order Proposal Package (See Below)**
  
- Detailed Scope of Work with Project Duration (Signed by Contractor)**
- NA Drawings (If applicable)**
- NA Project Picture(s) Documenting Existing Conditions**
- NA Detailed Construction Schedule (If Applicable)**
- Approved Price Proposal Summary & Detail (Signed by Contractor)**
- M/WBE Subcontractor Estimate, Disclosure of Retained Parties (Signed by Contractor)**
- Utilization Plan (Signed by Contractor)**
- For Each M/W/D/SBE Subcontractor:**
  - Letter of Intent (Signed by Subcontractor)**
  - Current Certification Letter**
- NA Identification of Sub-contractor/Sub-Consultant Form (ISF Form)**
- NA COUPE Signatory Form & Backup**
- NA Non Pre-Priced/Reimbursable Back Up (If Applicable)**
- NA Special Insurance (If Applicable)**
- NA Is Project Within Bond Capacity - Y/N**

Reviewed by Gordian PM:

*Quint R. Hill July 26, 2016*

July 26, 2016

Dear Office of Procurement:

Please be advised the project received board approval in the amount of \$550,000.00 under the 2015 CIP. This was authorized by the Cook County Board on November 11, 2014.

Thank you,

Quintin Rembert

The Gordian Group

Facility Name	Priority/Spending	2015-2024	Annual Capital Investment	2015	Annual Capital Investment	2016	Annual Capital Investment	2017	Annual Capital Investment	2018	Annual Capital Investment	2019	Annual Capital Investment	2020	Annual Capital Investment	2021	Annual Capital Investment	2022	Annual Capital Investment	2023	Annual Capital Investment	2024	
Cook County All Portfolios & Strategic Redevelopment		\$1,829,933,270	\$182,006,606	\$206,929,829	\$187,637,268	\$201,764,601	\$178,108,243	\$177,348,962	\$227,503,556	\$205,131,983	\$192,289,492	\$121,132,330											
Cook County All Portfolios		\$1,501,223,270	\$143,756,606	\$112,929,829	\$113,637,268	\$141,764,601	\$158,108,243	\$117,348,962	\$217,503,956	\$195,131,983	\$182,269,492	\$118,782,330											
HH.046.001 ORH Storage 23 DHEMS		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HH.046.008 ORH Public Health Vehicle Storage		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HH.046.000 ORH/Forest Preserve Joint Master Plan		\$68,420	\$68,420	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Provident Campus		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HH.048.001 Provident Hospital-Emergency Department		\$550,000	\$550,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Waiting Room HVAC Upgrade and Ambulance Bay Ceiling Replacement (UOC)		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HH.048.004 John Sangstad Clinic (former)		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HH.048.005 Provident Hospital Parking Structure		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Stroger Hospital & Power Plant		\$287,751,466	\$977,000	\$5,839,271	\$11,370,802	\$7,200,000	\$2,697,052	\$600,000	\$0	\$112,367,187	\$126,706,154	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HH.047.001 John H. Stroger Jr. Hospital (JHS)		\$235,870,832	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$109,164,678	\$126,706,154	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HH.047.003 JHS Campus Power Plant		\$3,877,707	\$0	\$39,271	\$610,401	\$0	\$45,526	\$0	\$0	\$3,202,509	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HH.047.001 JHS Replace hinges on nuclear accelerator doors		\$60,000	\$60,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HH.047.001 JHS Replace Overhead PAGING System & Nurse Call System		\$250,000	\$0	\$250,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HH.047.001 JHS Precast & sealant repair		\$600,000	\$0	\$0	\$600,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HH.047.001 JHS Replace emergency testing equipment		\$600,000	\$0	\$0	\$600,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HH.047.001 JHS Arch Flash equipment replacement		\$2,000,000	\$0	\$2,000,000	\$1,800,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HH.047.001 JHS Elevator modernization		\$5,000,000	\$0	\$1,500,000	\$1,500,000	\$2,000,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HH.047.009 JHS Campus Power Plant		\$655,927	\$0	\$0	\$610,401	\$0	\$45,526	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HH.047.001 JHS Door and Hardware Replacement		\$1,000,000	\$0	\$0	\$0	\$1,000,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HH.047.001 JHS Replace Existing Fire Alarm System		\$800,000	\$0	\$800,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HH.047.001 JHS Replace/Upgrade Fire Alarm System		\$280,000	\$0	\$280,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HH.047.001 JHS Replacement/Repair Carpet with Tile Flooring		\$600,000	\$0	\$250,000	\$250,000	\$100,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HH.047.001 JHS Auto Transfer Switches Emergency Generators		\$12,200,000	\$0	\$1,100,000	\$1,100,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HH.047.001 JHS Domestic Water System		\$750,000	\$0	\$150,000	\$800,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HH.047.001 JHS Dielectric Fittings Replacement		\$1,200,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HH.047.001 JHS Stainless Steel Panels		\$60,000	\$60,000	\$0	\$0	\$0	\$600,000	\$600,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HH.047.001 JHS - Replacement of Batteries Emergency Generators		\$50,000	\$50,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HH.047.001 JHS - Installation Duct Heaters Neonatology Powerhouse		\$85,000	\$85,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HH.047.003 JHS - Replace Batteries for Parallel Board in Chillers		\$120,000	\$0	\$120,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HH.047.003 JHS - 10Yr Tear Down Inspection o 3 Carrier Chillers		\$350,000	\$0	\$350,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

\*



DEPARTMENT OF CAPITAL PLANNING & POLICY

**PHILLIP H. BOOTHBY**

DIRECTOR

69 W. WASHINGTON, SUITE 3000 • CHICAGO, ILLINOIS 60602 • (312) 603-0315

**TONI PRECKWINKLE**

PRESIDENT

**Cook County Board  
of Commissioners**

RICHARD R. BOYKIN  
1st District

ROBERT STEELE  
2nd District

JERRY BUTLER  
3rd District

STANLEY MOORE  
4th District

DEBORAH SIMS  
5th District

JOAN PATRICIA MURPHY  
6th District

JESUS G. GARCIA  
7th District

LUIS ARROYO, Jr.  
8th District

PETER N. SILVESTRI  
9th District

BRIDGET GAINER  
10th District

JOHN P. DALEY  
11th District

JOHN A. FRITCHEY  
12th District

LARRY SUFFREDIN  
13th District

GREGG GOSLIN  
14th District

TIMOTHY O. SCHNEIDER  
15th District

JEFFREY R. TOBOLSKI  
16th District

SEAN M. MORRISON  
17th District

August 3,, 2016

Mr. Phil Boothby, Director  
Cook County Office of Capital Planning & Policy  
69 W Washington Street, 30<sup>th</sup> Floor  
Chicago, IL 6060

**RE: Provident Hospital-Emergency Department Waiting Room HVAC Upgrade and  
Ambulance Bay Ceiling Replacement Notice of Proposal Acceptance/  
Work Number-018515.01**

Under the above mentioned Project, this supplemental covers the cost for medical testing and orientation for the General Contract and all of the Sub-Contractors tradesmen as mandated by the Health & Hospital System.

If you need any more information, please contact me directly.

Sincerely,

Warrick Graham, Sr., AIA  
Project Director

CC: P. Boothby  
K. Taylor  
S. Lloyd  
Q. Rembert, TGG



DEPARTMENT OF CAPITAL PLANNING AND POLICY

**PHILLIP R. BOOTHBY**

DIRECTOR

69 W. WASHINGTON, SUITE 3000 • CHICAGO, ILLINOIS 60602 • (312) 603-0315

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15th District

JEFFREY R. TOBOLSKI  
16th District

SEAN M. MORRISON  
17th District

DATE: August 3, 2016

TO: Shannon E. Andrews, Chief Procurement Officer  
Office of the Chief Procurement Officer

FROM: Warrick Graham, Sr., AIA  
Project Director/Department of Capital Planning & Policy

SUBJECT: Provident Hospital-Emergency Department Waiting Room HVAC  
Upgrade and Ambulance Bay Ceiling Replacement  
Notice of Proposal Acceptance/Work Order Number-018515.01

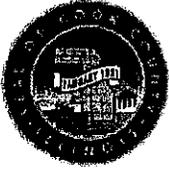
The cost proposal as presented has been reviewed by The Gordian Group (the JOC coordinator) and me. The prices are fixed prices and/or direct purchased prices under the JOC program; the quantities have been reviewed & verified by the Gordian Group for the pre-established pricing; the final collective package for pricing of Sixteen Thousand, Two Hundred Sixteen Dollars and Thirty One Cents (\$16,216.31) is found to be fair and reasonable.

If you have any questions regarding this issue, you may contact me at 312/603-0311 and/or email: [warrick.graham@cookcountyil.gov](mailto:warrick.graham@cookcountyil.gov).

Sincerely:

Warrick Graham, Sr., AIA  
Project Director

CC: P. Boothby  
K. Taylor  
S. Lloyd  
Q. Rembert, TGG



Cook County  
 Department of Planning & Policy  
 69 W Washington  
 Chicago, IL 60602

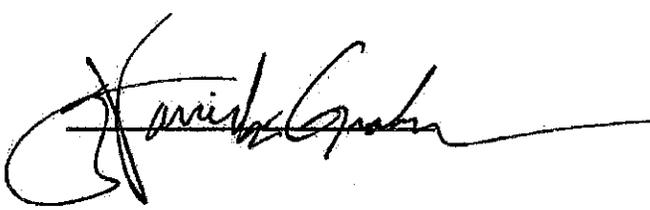
**Job Order Number:** 018515.01      **Contractor:** Paschen Autumn Joint Venture  
**Job Order Name:** Provident Hospital-Emergency Department  
 Waiting Room HVAC Upgrade and  
 Ambulance Bay Ceiling Replacement  
 Supplemental      **Construction Start Date:**  
**Construction Amount:** \$16,216.31      **Construction Completion Date:**

**Contractor Evaluation - Project Development**

S.No.	Description	Poor	Average	Excellent	N/A	
1	Rate the Contractor's availability to visit the Project Site with the Owner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Yes or No, did the Contractor submit the first Price Proposal on time?	<i>Yes</i>				
3	Rate the quality of the first Price Proposal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Rate the quality/timeliness of subsequent Price Proposals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Enter the number of Price Proposals submitted for this Project	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Rate the quality/timeliness of the Contractors Final Package	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Rate the Contractor's overall performance during the Project Development phase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Poor=1, Average=2 to 4, 5 = Excellent.

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_

Project Director: 

# Job Order Contract

## APPROVED - Price Proposal Summary - CSI

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**Date:** June 08, 2016  
**Contract Number:** 12-28-340-MC.10  
**Job Order Number:** 018515.01  
**Job Order Title:** Provident Hospital-Emergency Department Waiting Room HVAC Upgrade and Ambulance Bay Ceiling Replacement Supplemental  
**Contractor:** Paschen Autumn Joint Venture  
**Proposal Value:** \$16,216.31  
**Proposal Name:** Provident Hospital "Option C" HVAC Improvements Supplemental

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**01 - General Requirements:** **\$16,216.31**

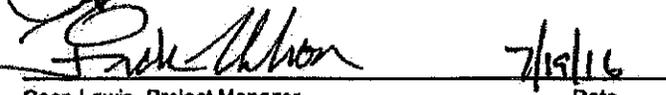
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**Proposal Total** **\$16,216.31**

This proposal total represents the correct total for the proposal. Any discrepancy between line totals, sub-totals and the proposal total is due to rounding of the line totals and sub-totals.

The Percent of NPP on this Proposal: 0.00%

  
Warren Graham, Project Director Date

  
Sean Lewis, Project Manager Date

Frank Nelson

**Job Order Contract**

**APPROVED - Price Proposal Detail - CSI**

Date: June 09, 2016  
 Contract Number: 12-28-340-MC.10  
 Job Order Number: 018515.01  
 Job Order Title: Provident Hospital-Emergency Department Waiting Room HVAC Upgrade Replacement Supplemental  
 Contractor: Paschen Autumn Joint Venture  
 Proposal Value: \$16,216.31  
 Proposal Name: Provident Hospital "Option C" HVAC Improvements Supplemental  
 Adjustment Factor(s) Used: 0.9085-Normal Working Hours (3/20/14 to 3/19/15), 1.0000-Normal Working Hours

Req#	CSI Number	Mod.	UOM	Description
<b>01 - General Requirements</b>				

1	01 22 16 00 0002	EA		Reimbursable Fees Reimbursable fees will be paid to the contractor for the Lump Sum cost, without mark-up, for which a receipt or bill is received. The Adjustment Factor applied to Reimbursable Fees will be 1.0000. The base cost of the Reimbursable Fee is \$1.00. The quantity used will adjust the base cost to the actual Reimbursable Fee (e.g. quantity of 125 = \$125.00 Reimbursable Fee). If there are multiple Reimbursable Fees, each one shall be listed separately with a comment in the "note" block to identify the Reimbursable Fees (e.g. sidewalk closure, road cut, various permits, extended warranty, expedited shipping costs, etc.). A copy of each receipt shall be included with the Proposal.	\$4,471.00
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	Quantity	Unit Price	Factor	Total
Installation	4,471.00	\$1.00	1.0000 =	\$4,471.00

User Note: Carpenters Medical Testing

**Category 1: No Category Input**

2	01 22 16 00 0002	EA		Reimbursable Fees Reimbursable fees will be paid to the contractor for the Lump Sum cost, without mark-up, for which a receipt or bill is received. The Adjustment Factor applied to Reimbursable Fees will be 1.0000. The base cost of the Reimbursable Fee is \$1.00. The quantity used will adjust the base cost to the actual Reimbursable Fee (e.g. quantity of 125 = \$125.00 Reimbursable Fee). If there are multiple Reimbursable Fees, each one shall be listed separately with a comment in the "note" block to identify the Reimbursable Fees (e.g. sidewalk closure, road cut, various permits, extended warranty, expedited shipping costs, etc.). A copy of each receipt shall be included with the Proposal.	\$571.00
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	Quantity	Unit Price	Factor	Total
Installation	571.00	\$1.00	1.0000 =	\$571.00

User Note: Pipe Fitter Medical Testing

**Category 1: No Category Input**

3	01 22 16 00 0002	EA		Reimbursable Fees Reimbursable fees will be paid to the contractor for the Lump Sum cost, without mark-up, for which a receipt or bill is received. The Adjustment Factor applied to Reimbursable Fees will be 1.0000. The base cost of the Reimbursable Fee is \$1.00. The quantity used will adjust the base cost to the actual Reimbursable Fee (e.g. quantity of 125 = \$125.00 Reimbursable Fee). If there are multiple Reimbursable Fees, each one shall be listed separately with a comment in the "note" block to identify the Reimbursable Fees (e.g. sidewalk closure, road cut, various permits, extended warranty, expedited shipping costs, etc.). A copy of each receipt shall be included with the Proposal.	\$713.00
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	Quantity	Unit Price	Factor	Total
Installation	713.00	\$1.00	1.0000 =	\$713.00

User Note: Sheet Metal Worker Medical Testing

**Category 1: No Category Input**

Price Proposal Detail - CSI Continues..

Job Order Number:

Job Order Title:

Rec#	CSI Number	Mod.	UOM	Description	Line Total
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**01 - General Requirements**

4	01 22 16 00 0002		EA	Reimbursable Fees Reimbursable fees will be paid to the contractor for the Lump Sum cost, without mark-up, for which a receipt or bill is received. The Adjustment Factor applied to Reimbursable Fees will be 1.0000. The base cost of the Reimbursable Fee is \$1.00. The quantity used will adjust the base cost to the actual Reimbursable Fee (e.g. quantity of 125 = \$125.00 Reimbursable Fee). If there are multiple Reimbursable Fees, each one shall be listed separately with a comment in the "note" block to identify the Reimbursable Fees (e.g. sidewalk closure, road cut, various permits, extended warranties, expedited shipping costs, etc.). A copy of each receipt shall be included with the Proposal.	\$1,145.00
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Quantity	Unit Price	Factor	Total
Installation 1,145.00 x	\$1.00 x	1.0000 =	\$1,145.00

User Note: Permit Cost

Category1: No Category Input

5	01 22 20 00 0006		HR	Carpenter Tasks in the CTC include appropriate costs to cover labor. These tasks will be requested specifically by the owner for miscellaneous work not covered in the CTC.	\$6,626.89
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Quantity	Unit Price	Factor	Total
Installation 86.00 x	\$82.89 x	0.8085 =	\$6,626.89

User Note: Carpenter hours required for medical testing and orientation. 8 workers x 8 hours for testing = 64 + 6 workers x 4 hours for orientation = 24 Total = 64 + 24 = 88 hours

Category1: No Category Input

6	01 22 20 00 0006		HR	Carpenter Tasks in the CTC include appropriate costs to cover labor. These tasks will be requested specifically by the owner for miscellaneous work not covered in the CTC.	\$903.67
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Quantity	Unit Price	Factor	Total
Installation 12.00 x	\$82.89 x	0.9085 =	\$903.67

User Note: Hours for FHP Superintendent required for medical testing and orientation. 1 worker x 8 hours for testing = 8 + 1 worker x 4 hours for orientation = 12 total.

Category1: No Category Input

7	01 22 20 00 0029		HR	Sheet Metal Worker Tasks in the CTC include appropriate costs to cover labor. These tasks will be requested specifically by the owner for miscellaneous work not covered in the CTC.	\$891.46
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Quantity	Unit Price	Factor	Total
Installation 12.00 x	\$81.77 x	0.9085 =	\$891.46

User Note: Sheet metal hours required for medical testing and orientation. 1 worker x 8 hours for testing = 8 + 1 worker x 4 hours for orientation = 12 Total = 8 + 4 = 12 hours

Category1: No Category Input

8	01 22 20 00 0031		HR	Steam / Pipe Fitter Tasks in the CTC include appropriate costs to cover labor. These tasks will be requested specifically by the owner for miscellaneous work not covered in the CTC.	\$894.29
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Quantity	Unit Price	Factor	Total
Installation 12.00 x	\$82.03 x	0.9065 =	\$894.29

User Note: Pipe fitter hours required for medical testing and orientation. 1 worker x 8 hours for testing = 8 + 1 worker x 4 hours for orientation = 12 Total = 8 + 4 = 12 hours

Category1: No Category Input

**Subtotal for 01 - General Requirements: \$16,216.31**

**Proposal Total \$16,216.31**

**Price Proposal Detail - CSI Continues..**

**Job Order Number:**

**Job Order Title:**

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This proposal total represents the correct total for the proposal. Any discrepancy between line totals, sub-totals and the proposal total is due to rounding of the line totals and sub-totals.

**The Percent of NPP on this Proposal:           0.00%**



**ASHLAUR Construction, Inc.**  
 509 East 75th Street • Chicago, Illinois 60619  
 PHONE: (773)651-1900 • FAX: (773)651-1919

**JOB PROPOSAL**

**CLIENT NAME:** F.H. PASCHEN      **PROPOSAL FOR:** MEDICAL TESTING & BACK ROUND CK  
 8725 West Higgins Road #200  
 Chicago, Illinois 60631  
**Attn:** MATT COSENZA      **Date :** APRIL 26, 2016

**For:** PROVIDENT HOSPITAL EMERGENCY ROOM ADDITION  
 TINLEY PARK, IL

We are pleased to offer the following bid for the General Repairs work to be completed at the above mentioned location:

**DESCRIPTION: TESTING**

- |                                                               |    |          |
|---------------------------------------------------------------|----|----------|
| 1. MEDICAL TESTING FOR 8 INDIVIDUALS AT CONCENTRA FACILITIES. | \$ | 3,992.00 |
| 2. BACK ROUND CHECKS FOR 8 INDIVIDUALS.                       | \$ | 479.94   |

**AUTHORIZED BY OWNER:**

F.H. PASCHEN  
 8725 Higgins Road #200  
 Chicago, Illinois 60631  
 BY:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

DATE:

**ACCEPTED BY CONTRACTOR:**

AshLaur Construction, Inc.  
 509 East 75th Street  
 Chicago, IL 60619  
 BY:

Name:  Title: \_\_\_\_\_

DATE:

# AUTUMN



CONSTRUCTION SERVICES, INC.

April 26, 2016  
15-2227-01  
15-2227

Invoice No.  
ACSI Job No.

**Submitted to:** E.H. Paschen, S.N.Nielsen & Associates, LLC  
5516 N. East River Road  
Chicago, IL 60656

**Attn:** Matt Cosenza

**Project:** Provident Hospital Emergency Department Waiting Room HVAC Upgrades  
500 E. 51st.  
Chicago, IL 60615  
Contract# 2430-013-006  
FHP Project No. 2430-013

**Period:** Medical Testing

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**MEDICAL TESTING CHARGES**

		<u>Total Tests</u>
Michael Murphy (HMG)	\$	571.50
Tim O'Shaughnessy (ACS)	\$	713.00

449 Eisenhower Lane South, Lombard, Illinois 60148

Office: 630-588-9585

Fax: 630-588-9586

[www.autumnconstruction.com](http://www.autumnconstruction.com)

Chicago Dept. of Buildings  
121 N. LaSalle St., Rm. 900  
Chicago, IL 60602

DR - Buildings - Building Permit  
1x 0.00 0.00  
Application Number: 100636973

DR - Buildings - Building Permit - Item  
1x 1,145.51  
Application Number: 4335428

SubTotal: 1,145.51  
Total: 1,145.51

Checks 1,145.51

4/13/2016 11:20 DR09519  
#11456880/2502/769

Pay parking tickets, utility bills and  
other City fees on-line at  
[www.cityofchicago.org](http://www.cityofchicago.org).

Please take a few moments to tell us  
about your visit today by using the  
online Customer Survey at  
[www.cityofchicago.org/revenue](http://www.cityofchicago.org/revenue).

Thank you.



Cook County  
 Department of Planning & Policy  
 89 W Washington  
 Chicago, IL 60602

**Job Order Contract**

**Cook County Office of Planning & Policy**

**Contractor:** Paschen Autumn Joint Venture

**Work Order Number:** 018515.01

**Date:** 09 June 2016

**Work Order Title:** Provident Hospital-Emergency Department Waiting Room HVAC Upgrade and Ambulance Bay Ceiling Repla

<b>Detailed Scope of Work</b>		
<b>Project Scope Status:</b>	<input type="checkbox"/> Preliminary	<input type="checkbox"/> Revised
	<input checked="" type="checkbox"/> Final	

11/19/2015

Following is the scope of work for the above Project Number. All requirements necessary to accomplish the work tasks set forth below shall be considered part of this scope of work.

Supplemental package to cover the cost of Hospital Health and Security requirements. This included the City of Chicago permit and medical testing costs.

**Brief Scope of Work:**

Provide HVAC improvements in the Emergency Room Waiting Area.

**Specific Submittals Required:**

Sketches and Drawings:

Material Submittals:

**Scheduling Requirements:**

Price Proposal Due Date: 04/28/2016  
 Estimated Construction Start: No Date Input  
 Estimated Construction Completion: No Date Input

**Special Conditions:** Liquidated Damages will not apply

**Special Instructions:**

**Comments:**

Estimated Project Duration: 3 Months

  
 Project Manager Date: 8/2/16

  
 Paschen Autumn Joint Venture Date: 7/14/16

\* To be signed by Contractor if Final Scope of Work

# COOK COUNTY HEALTH & HOSPITALS SYSTEM

Toni Preckwinkle  
President  
Cook County Board of Commissioners  
John Jay Shannon, MD  
Chief Executive Officer  
Cook County Health & Hospitals System



COOK COUNTY HEALTH  
& HOSPITALS SYSTEM  
CCHHS

Cook County Health & Hospitals System  
Board Members  
M. Hill Hammock • Chairman  
Commissioner Jerry Butler • Vice Chairman  
Lewis Colletts  
Ric Estrada  
Ada Mary Gugenheim  
Emilie N. Junge  
Wayne M. Lerner, DPH, FACHE  
Erica E. Marsh, MD, MSCI  
Mary B. Richardson-Lowry  
Carmen Velasquez  
Dorene R. Wiese, EdD

## MEMORANDUM

**DATE:** November 16, 2015 (Revised)  
**TO:** All Non-Hospital Staff  
**FROM:** Peris I. Partee *Peris I. Partee*  
Director, Human Resources  
**SUBJECT:** STAFFING PROCEDURES

In an effort to make your on-boarding process as efficient as possible, I have outlined below the documents you will need in order to be given a start date, approved for orientation and issued a Hospital Identification card. All items must be submitted at the same time so that your processing does not take longer than necessary. Orientation is held every two (2) weeks on Monday starting at 12 Noon. All participants must be on time or will be rescheduled for the next available orientation. Due to the number of participants that attend orientation, we cannot guarantee that you will be placed in the upcoming session which means that you will be scheduled for the next available session and you will not be able to start until you have completed the orientation requirement. If a Holiday falls on a scheduled orientation Monday, orientation will be held on Tuesday, the day after the Holiday.

1. A current letter signed and dated by the Chairman (clinical departments) or Director (non-clinical departments) of the department you are requesting to work in. Letter must include your name, job duties, duration of stay, and level of patient contact. This document cannot be more than thirty (30) days old and is *required* for new staff and annual renewals.
2. A completed "Certificate of Compliance" form (Purple Form). This document must be completed in its entirety – front and back – with the required attached tabs, stamp or seal of the institution or agency performing the tests, and all required signatures. This document is required for all new staff *and* annual renewals. You will need to complete the "Annual Purple Form" for all renewals.
3. A current (within the year) fingerprint background check issued by the State of Illinois is *required* for all individuals with direct patient contact and/or those working in a patient contact area. This document is required for all new staff *and* annual renewals.
4. A certified copy of a current drug test performed by a licensed laboratory. The drug test cannot be more than thirty (30) days old from your approval start and/or renewal date. A current drug test is required for all new staff and annual renewals.
5. A copy of current State license and/or certification is required for all clinical and technical positions and must relate to the area you are assigned to work in. This documentation is required for all new staff and annual renewals and/or when a license is re-issued and/or renewed.
6. A completed "Security Access" form *completed and signed* by the Chairman (clinical departments) or Director (non-clinical departments) will be required in order for a Hospital Identification card to be issued. This document is required for all new staff *and* annual renewals.

All documents must be presented three (3) weeks prior to the assigned orientation date you are requesting to attend. Example, if you wish to attend the Monday, July 30, 2012 orientation, all completed and required documentation must be received no later than Monday, July 9, 2012. All paperwork will be reviewed by the Human Resources and Employee Health Services Departments. In the event additional information/tests are required due to incomplete submissions, all paperwork will be returned and will not be considered until all required documents are re-submitted and approved. You or the individual designated on your form as the contact person will be notified by phone when your paperwork has been approved and the date you have been scheduled for orientation (or to pick-up your annual ID renewal).

If you have any questions or need additional information please contact the Department of Human Resources at 312.864.1810 for assistance. Thank you in advance for your cooperation and compliance with our policies and procedures and welcome!

purplecover/revvised071615

Work Order Number: 018515.01  
 Work Order Title: Provident Hospital "Option C" HVAC Improvements Supplemental

Contractor: Cook County - F.H. Paschen  
 Date: July 08, 2016

**Subcontractor and MWBE Estimate**

Following is the proposed list of minority owned, woman owned and non-minority subcontractors and material suppliers proposed for the above Work Order. This estimate is submitted with our final Work Order Proposal in the amount of \$16,216.31.

Contractor	Duties	Trade	M/W/SBE Status	Total \$	M/W/SBE \$	% of Project
Ashlaur Construction, INC.		S	M	\$7,660.00	\$7,660.00	47.24%
Autumn Construction		S	W	\$5,424.00	\$5,424.00	33.45%
				<b>\$13,084.00</b>	<b>\$13,084.00</b>	<b>80.68%</b>

Trades - S: Subcontractor; M: Material Supplier  
 M/W/SBE's - M: Minority; W: Woman; N: Non M/W/SBE

<b>Total MBE Subcontractor Participation Scheduled</b>	\$7,660.00	47.24%	}	\$7,660.00	<b>MBE Total</b>
<b>Total MBE Supplier Participation Scheduled</b>	\$0.00	0.00%		47.24%	
<b>Total WBE Subcontractor Participation Scheduled</b>	\$5,424.00	33.45%	}	\$5,424.00	<b>WBE Total</b>
<b>Total WBE Supplier Participation Scheduled</b>	\$0.00	0.00%		33.45%	
<b>Total M/W/SBE Participation Scheduled</b>	<b>\$13,084.00</b>	<b>80.68%</b>			



(Contractor) Project Manager



Cook County  
Office of Planning & Policy  
69 W Washington  
Chicago, IL 60602

Date: July 08, 2016

Sub-Order Total: \$16,216.31

**Disclosure of Retained Parties**

**A. Definitions and Disclosure Requirements**

1. As used herein, the term "Contractor" means a person or entity who has any contract lease with the County of Cook.
2. Pursuant to Executive Order 97-1, every city contract and lease must be accompanied by a disclosure statement providing certain information and attorneys, lobbyists, accountants, consultants, subcontractors, and other persons
3. The Contractor is not required to disclose employees who are paid solely through the Contractor's regular payroll.
4. "Lobbyist" means any person (a) who for compensation or on behalf of any person other than himself undertakes to influence any legislative or administrative action, or (b) any part or whose duties as an employee of another includes undertaking to influence any legislative or administrative action.

**B. Certification**

Contractor hereby certifies as follows:

1. This Disclosure relates to the following transaction:
2. Project name: 018515.01 Provident Hospital "Option C" HVAC Improvements Supplemental
3. Name of Contractor: Cook County - F.H. Paschen

EACH AND EVERY attorney, lobbyist, accountant, consultant, subcontractor, or other person retained or anticipated to be retained by the Contractor with respect to or in connection with the contract or lease is listed below (attach additional pages if necessary):

Name	BUSINESS ADDRESS	MBE WBE or Non	Relationship (attorney, lobbyist, subcontractor, etc.)	FEE (Indicate whether paid or estimated)
Ashlar Construction, INC.		MBE	Subcontractor	\$ 7,660.00 Est.
Autumn Construction		WBE	Subcontractor	\$5,424.00 Est.

CHECK HERE IF NO SUCH PERSONS HAVE BEEN RETAINED OR ARE ANTICIPATED TO BE RETAINED \_\_\_\_\_

4. The Contractor Understands and agrees that the city may rely on the information provided herein and that providing any false incomplete or inaccurate information shall constitute default under the contract and may result in termination of the contract or lease
5. The Contractor understands and agrees that in any case in which the Contractor is uncertain whether a disclosure is required under the Executive order, the Contractor must either ask the city whether disclosure is required or make the disclosure.

Under the Penalties of perjury, I certify that I am authorized to execute this Disclosure on behalf of the Contractor that the information disclosed herein is true and complete, and that no relevant information has been withheld.

Signature

7/20/16  
Date

Anthony Izzi  
Name (Type or Print)

General Manager  
Title

Subscribed and sworn to before me

this 20th day of July 2016

Notary Public Signature

OFFICIAL SEAL  
LAUREN BAILEY  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES: 12/31/18

**MBE/WBE UTILIZATION PLAN - FORM 1**

BIDDER/PROPOSER HEREBY STATES that all MBE/WBE firms included in this Plan are certified MBEs/WBEs by at least one of the entities listed in the General Conditions - Section 19.

**I. BIDDER/PROPOSER MBE/WBE STATUS: (check the appropriate line)**

- Bidder/Proposer is a certified MBE or WBE firm. (If so, attach copy of current Letter of Certification)
- Bidder/Proposer is a Joint Venture and one or more Joint Venture partners are certified MBEs or WBEs. (If so, attach copies of Letter(s) of Certification, a copy of Joint Venture Agreement clearly describing the role of the MBE/WBE firm(s) and its ownership interest in the Joint Venture and a completed Joint Venture Affidavit - available online at [www.cookcountylil.gov/contractcompliance](http://www.cookcountylil.gov/contractcompliance))
- Bidder/Proposer is not a certified MBE or WBE firm, nor a Joint Venture with MBE/WBE partners, but will utilize MBE and WBE firms either directly or indirectly in the performance of the Contract. (If so, complete Sections II below and the Letter(s) of Intent - Form 2).

- II.**  Direct Participation of MBE/WBE Firms       Indirect Participation of MBE/WBE Firms

**NOTE:** Where goals have not been achieved through direct participation, Bidder/Proposer shall include documentation outlining efforts to achieve Direct Participation at the time of Bid/Proposal submission. Indirect Participation will only be considered after all efforts to achieve Direct Participation have been exhausted. Only after written documentation of Good Faith Efforts is received will Indirect Participation be considered.

MBEs/WBEs that will perform as subcontractors/suppliers/consultants include the following:

MBE/WBE Firm: Ashlaur Construction Company  
Address: 509 E. 75th Street Chicago, Illinois  
E-mail: ashlaur509@att.net  
Contact Person: Zollie Carradine Phone: 773-651-1900  
Dollar Amount Participation: \$ 7,660  
Percent Amount of Participation: 47.24 %  
\*Letter of Intent attached? Yes  No   
\*Current Letter of Certification attached? Yes  No

MBE/WBE Firm: Autumn Construction Services  
Address: 449 Eisenhower Lane South, Lombard, IL 60148  
E-mail: susan.nelson@autumnconstruction.com  
Contact Person: Susan Nelson Phone: 630-588-9585  
Dollar Amount Participation: \$ 5,424  
Percent Amount of Participation: 33.45 %  
\*Letter of Intent attached? Yes  No   
\*Current Letter of Certification attached? Yes  No

*Attach additional sheets as needed.*

\* Letter(s) of Intent and current Letters of Certification must be submitted at the time of bid.

**MBE/WBE LETTER OF INTENT - FORM 2**

M/WBE Firm: ASHLAUR CONSTRUCTION

Certifying Agency: CITY OF CHICAGO

Contact Person: ZOLLIE CARRADINE

Certification Expiration Date: 04/15/2019

Address: 509 E. 75<sup>TH</sup> STREET

Ethnicity: AA

City/State: CHICAGO, IL Zip: 60619

Bid/Proposal/Contract #: \_\_\_\_\_

Phone: 773-651-1900 Fax: 773-651-1919

FEIN#: 36-4452691

Email: ASHLAUR509@ATT.NET

Participation:  Direct  Indirect

Will the M/WBE firm be subcontracting any of the goods or services of this contract to another firm?

No  Yes - Please attach explanation. Proposed Subcontractor(s): \_\_\_\_\_

The undersigned M/WBE is prepared to provide the following Commodities/Services for the above named Project/ Contract: (If more space is needed to fully describe M/WBE Firm's proposed scope of work and/or payment schedule attach additional sheets)

CARPENTRY SERVICES

Indicate the Dollar Amount, Percentage, and the Terms of Payment for the above-described Commodities/ Services:

\$7,600.00

THE UNDERSIGNED PARTIES AGREE that this Letter of Intent will become a binding Subcontract Agreement for the above work, conditioned upon (1) the Bidder/Proposer's receipt of a signed contract from the County of Cook; (2) Undersigned Subcontractor remaining compliant with all relevant credentials, codes, ordinances and statutes required by Contractor, Cook County, and the State to participate as a MBE/WBE firm for the above work. The Undersigned Parties do also certify that they did not affix their signatures to this document until all areas under Description of Service/ Supply and Fee/Cost were completed.

Signature (M/WBE)

ZOLLIE CARRADINE  
Print Name

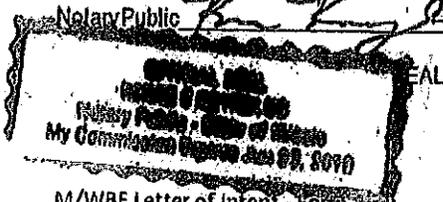
ASHLAUR CONSTRUCTION  
Firm Name

7/14/16  
Date

Subscribed and sworn before me

this 14 day of July, 2016.

Notary Public [Signature]



Signature (Prime Bidder/Proposer)

Anthony Izzi  
Print Name

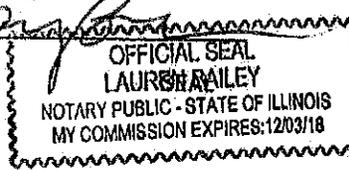
Paschen Autumn JV  
Firm Name

7/20/16  
Date

Subscribed and sworn before me

this 20<sup>th</sup> day of July, 2016.

Notary Public [Signature]





OFFICE OF CONTRACT COMPLIANCE

JACQUELINE GOMEZ

DIRECTOR

118 N. Clark, County Building, Room 1020 • Chicago, Illinois 60602 • (312) 603-5502

TONI PRECKWINKLE

PRESIDENT

Cook County Board  
of Commissioners

RICHARD R. BOYKIN  
1st District

ROBERT STEELE  
2nd District

JERRY BUTLER  
3rd District

STANLEY MOORE  
4th District

DEBORAH SIMS  
5th District

JOAN PATRICIA MURPHY  
6th District

JESUS G. GARCIA  
7th District

LUIS ARROYO JR.  
8th District

PETER N. SILVESTRI  
9th District

BRIDGET GARNER  
10th District

JOHN P. DALEY  
11th District

JOHN A. FRITCHEY  
12th District

LARRY SUFFREDIN  
13th District

GREGG GOŠJIN  
14th District

TIMOTHY O. SCHNEIDER  
15th District

JEFFREY R. TOBOLSKI  
16th District

SEAN M. HARRISON  
17th District

December 7, 2015

Mr. Zollie Carradine, President  
Ashlaur Construction Company, Inc.  
d/b/a Ashlaur Construction  
509 East 75<sup>th</sup> Street  
Chicago, IL 60619-2203

Annual Certification Expires: December 7, 2016

Dear Mr. Carradine:

Congratulations on your continued eligibility for Certification as a Minority-owned Business Enterprise (MBE) by Cook County Government. This certification is valid until December 7, 2016; however, you must re-validate your firm's certification annually.

As a condition of continued Certification during the five (5) year term, you must file an annual "No Change Affidavit" within sixty (60) business days prior to the date of the annual expiration. Failure to file this Affidavit may result in the termination of your Certification. You must notify Cook County's Office of Contract Compliance of any change in ownership or control or any other matters or facts affecting your firm's eligibility for Certification within fifteen (15) business days of such change.

Cook County Government may commence action to remove your firm as a certified vendor 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 County in any inquiry or investigation. Removal of your status 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 Cook County's Directory of certified firms in the following area(s) of specialty:

Construction: Carpentry, Painting & Drywall

Your firm's participation on Cook County contracts will be credited toward MBE goals in your area(s) of specialty. While your participation on Cook County 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 Cook County Government's Minority, Women and Veteran Business Enterprise Programs.

Sincerely,

Jacqueline Gomez  
Contract Compliance Director  
JG/ek



DEPARTMENT OF PROCUREMENT SERVICES

CITY OF CHICAGO

LET 1114  
Zollie Carradine  
Ashlaur Construction Company, Inc.  
509 East 75th Street  
Chicago, IL 60619

Dear Mr. Carradine:

We are pleased to inform you that Ashlaur Construction Company, Inc. has been recertified as a Minority Business Enterprise ("MBE") by the City of Chicago ("City"). This MBE certification is valid until 04/15/2019; however your firm's certification must be revalidated annually. In the past the City has provided you with an annual letter confirming your certification; such letters will no longer be issued. As a consequence, we require you to be even more diligent in filing your annual No-Change Affidavit 60 days before your annual anniversary date.

It is now your responsibility to check the City's certification directory and verify your certification status. As a condition of continued certification during the five year period stated above, you must file an annual No-Change Affidavit. Your firm's annual No-Change Affidavit is due by 04/15/2015, 04/15/2016, 04/15/2017 and 04/15/2018. Please remember, you have an affirmative duty to file your No-Change Affidavit 60 days prior to the date of expiration. Failure to file your annual No-Change Affidavit may result in the suspension or rescission of your certification.

Your firm's five year certification will expire on 04/15/2019. You have an affirmative duty to file for recertification 60 days prior to the date of the five year anniversary date. Therefore, you must file for recertification by 02/15/2019.

It is important to note that you also have an ongoing affirmative duty to notify the City of any changes in ownership or control of your firm, or any other fact affecting your firm's eligibility for certification within 10 days of such change. These changes may include but are not limited to a change of address, change of business structure, change in ownership or ownership structure, change of business operations, gross receipts and or personal net worth that exceed the program threshold. Failure to provide the City with timely notice of such changes may result in the suspension or rescission of your certification. In addition, you may be liable for civil penalties under Chapter 1-22, "False Claims", of the Municipal Code of Chicago.

Please note - you shall be deemed to have had your certification lapse and will be ineligible to participate as a MBE if you fail to:

121 NORTH LASALLE STREET, ROOM 806, CHICAGO, ILLINOIS 60602

A handwritten signature in the bottom right corner of the page.

- File your annual No-Change Affidavit within the required time period;
- Provide financial or other records requested pursuant to an audit within the required time period;
- Notify the City of any changes affecting your firm's certification within 10 days of such change; or
- File your recertification within the required time period.

Please be reminded of your contractual obligation to cooperate with the City with respect to any reviews, audits or investigation of its contracts and affirmative action programs. We strongly encourage you to assist us in maintaining the integrity of our programs by reporting instances or suspicions of fraud or abuse to the City's Inspector General at [chicagoinspectorgeneral.org](http://chicagoinspectorgeneral.org), or 866-IG-TIPLINE (866-448-4764).

Be advised that if you or your firm is found to be involved in certification, bidding and/or contractual fraud or abuse, the City will pursue decertification and debarment. In addition to any other penalty imposed by law, any person who knowingly obtains, or knowingly assists another in obtaining a contract with the City by falsely representing the individual or entity, or the individual or entity assisted is guilty of a misdemeanor, punishable by incarceration in the county jail for a period not to exceed six months, or a fine of not less than \$5,000 and not more than \$10,000 or both.

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

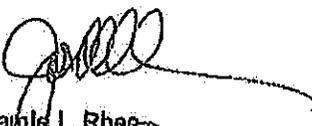
**NAICS Code(s):**

- 238130 - Carpentry, Framing
- 238310 - Drywall Contractors
- 238320 - Painting and Wall Covering Contractors
- 238330 - Vinyl Flooring Contractors
- 238350 - Finish Carpentry

Your firm's participation on City contracts will be credited only toward Minority Business Enterprise goals in your area(s) specialty. While your participation on City contracts is not limited to your area of specialty, credit toward goals will be given only for work that is self-performed and providing a commercially useful function that is done in the approved specialty category.

Thank you for your interest in the City's Minority and Women-Owned Business Enterprise (MBE/WBE) Program.

Sincerely,

  
Janie L. Rhee  
Chief Procurement Officer  
JLR/ha

### Vendor Information

CLOSE WINDOW 

 HELP

#### Vendor Information

**Business Name** Ashlaur Construction Company, Inc., DBA Ashlaur Construction  
**Owner** Mr. Zolte Carradine  
**Address** 509 East 75th Street  
 > [Map This Address](#) Chicago, IL 60619-2203  
**Phone** 773-651-1900  
**Fax** 773-651-1919  
**Email** [ashlaur509@att.net](mailto:ashlaur509@att.net)

#### Certification Information

**Certifying Agency** Cook County  
**Certification Type** MBE - Minority Business Enterprise  
**Certification Date** 12/7/2015  
**Renewal Date** 12/7/2016  
**Expiration Date** 12/7/2019  
**Certified Business Description** Construction: Carpentry, Painting & Drywall

#### Commodity Codes

Code	Description
NAICS 238130	Carpentry Contractors
NAICS 238310	Drywall and Insulation Contractors
NAICS 23832	Painting and Wall Covering Contractors

#### Customer Support

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**MBE/WBE LETTER OF INTENT - FORM 2**

M/WBE Firm: Autumn Construction Services, Inc. Certifying Agency: City of Chicago  
Contact Person: Susan Nelson Certification Expiration Date: 10/15/2017  
Address: 449 Eisenhower Lane South Ethnicity: Caucasian  
City/State: Lombard, IL Zip: 60148 Bid/Proposal/Contract #: \_\_\_\_\_  
Phone: 630-588-9585 Fax: 630-588-9586 FEIN #: 36-4035882  
Email: susan.nelson@autumnconstruction.com  
Participation:  Direct  Indirect

Will the M/WBE firm be subcontracting any of the goods or services of this contract to another firm?

No  Yes - Please attach explanation. Proposed Subcontractor(s): \_\_\_\_\_

The undersigned M/WBE is prepared to provide the following Commodities/Services for the above named Project/ Contract: (If more space is needed to fully describe M/WBE Firm's proposed scope of work and/or payment schedule, attach additional sheets)

Mechanical Work

Indicate the Dollar Amount, Percentage, and the Terms of Payment for the above-described Commodities/ Services:

\$ 5,424.00 Five Thousand Four Hundred Twenty Four Dollars

THE UNDERSIGNED PARTIES AGREE that this Letter of Intent will become a binding Subcontract Agreement for the above work, conditioned upon (1) the Bidder/Proposer's receipt of a signed contract from the County of Cook; (2) Undersigned Subcontractor remaining compliant with all relevant credentials, codes, ordinances and statutes required by Contractor, Cook County, and the State to participate as a MBE/WBE firm for the above work. The Undersigned Parties do also certify that they did not affix their signatures to this document until all areas under Description of Service/ Supply and Fee/Coat were completed.

Susan Nelson  
Signature (M/WBE)  
Susan Nelson  
Print Name  
Autumn Construction Services, Inc.  
Firm Name  
July 12, 2016  
Date

[Signature]  
Signature (Prime Bidder/Proposer)  
Anthony Fazi  
Print Name  
Baschen / Autumn JV  
Firm Name  
7/20/16  
Date

Subscribed and sworn before me

this 12th day of July, 2016

Notary Public [Signature]

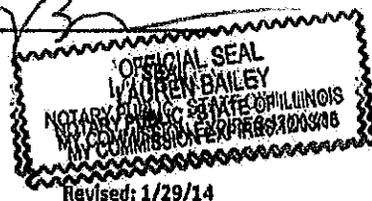
SEAL



Subscribed and sworn before me

this 20th day of July, 2016

Notary Public [Signature]





**DEPARTMENT OF PROCUREMENT SERVICES  
CITY OF CHICAGO**

**JAN 7 2014**

**Susan Nelson  
Autumn Construction Services, Inc.  
1400 E. Touhy Avenue, Suite 477  
Des Plaines, IL 60018**

**Dear Ms. Nelson:**

**We are pleased to inform you that Autumn Construction Services, Inc. has been recertified as a Women Business Enterprise ("WBE") by the City of Chicago ("City"). This WBE certification is valid until 10/15/2017; however your firm's certification must be revalidated annually. In the past the City has provided you with an annual letter confirming your certification; such letters will no longer be issued. As a consequence, we require you to be even more diligent in filing your annual No-Change Affidavit 60 days before your annual anniversary date.**

**It is now your responsibility to check the City's certification directory and verify your certification status. As a condition of continued certification during the five year period stated above, you must file an annual No-Change Affidavit. Your firm's annual No-Change Affidavit is due by 10/15/2014, 10/15/2015, and 10/15/2016. Please remember, you have an affirmative duty to file your No-Change Affidavit 60 days prior to the date of expiration. Failure to file your annual No-Change Affidavit may result in the suspension or rescission of your certification.**

**Your firm's five year certification will expire on 08/15/2017. You have an affirmative duty to file for recertification 60 days prior to the date of the five year anniversary date. Therefore, you must file for recertification by 10/15/2017.**

**It is important to note that you also have an ongoing affirmative duty to notify the City of any changes in ownership or control of your firm, or any other fact affecting your firm's eligibility for certification within 10 days of such change. These changes may include but are not limited to a change of address, change of business structure, change in ownership or ownership structure, change of business operations, gross receipts and or personal net worth that exceed the program threshold. Failure to provide the City with timely notice of such changes may result in the suspension or rescission of your certification. In addition, you may be liable for civil penalties under Chapter 1-22, "False Claims", of the Municipal Code of Chicago.**

**Please note – you shall be deemed to have had your certification lapse and will be ineligible to participate as a WBE if you fail to:**

- File your annual No-Change Affidavit within the required time period;
- Provide financial or other records requested pursuant to an audit within the required time period;
- Notify the City of any changes affecting your firm's certification within 10 days of such change; or
- File your recertification within the required time period.

Please be reminded of your contractual obligation to cooperate with the City with respect to any reviews, audits or investigation of its contracts and affirmative action programs. We strongly encourage you to assist us in maintaining the integrity of our programs by reporting instances or suspicions of fraud or abuse to the City's Inspector General at [chicagoinspectorgeneral.org](mailto:chicagoinspectorgeneral.org), or 866-IG-TIPLINE (866-448-4754).

Be advised that if you or your firm is found to be involved in certification, bidding and/or contractual fraud or abuse, the City will pursue decertification and debarment. In addition to any other penalty imposed by law, any person who knowingly obtains, or knowingly assists another in obtaining a contract with the City by falsely representing the individual or entity, or the individual or entity assisted is guilty of a misdemeanor, punishable by incarceration in the county jail for a period not to exceed six months, or a fine of not less than \$5,000 and not more than \$10,000 or both.

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

**NAICS Code(s):**

**236220 - Construction Management, Commercial and Institutional Building**

**238220 - Mechanical Contractors**

**541330 - Engineering Design Services**

**541620 - Environmental Consulting Services**

Your firm's participation on City contracts will be credited only toward Women Business Enterprise goals in your area(s) specialty. While your participation on City contracts is not limited to your area of specialty, credit toward goals will be given only for work that is self-performed and providing a commercially useful function that is done in the approved specialty category.

Thank you for your interest in the City's Minority and Women-Owned Business Enterprise (MBE/WBE) Program.

Sincerely,



Jamie L. Rhee  
Chief Procurement Officer

JLR/si

## Vendor Information

CLOSE WINDOW  HELP

## Vendor Information

**Business Name** Autumn Construction Services, Inc.  
**Owner** Ms. Susan Nelson  
**Address** 449 Eisenhower Lane South  
 > [Map This Address](#) Lombard, IL 60148  
**Phone** 630-588-9585  
**Fax** 630-588-9586  
**Email** [susan.nelson@autumnconstruction.com](mailto:susan.nelson@autumnconstruction.com)  
**Website** <http://www.autumnconstruction.com>

## Certification Information

**Certifying Agency** City of Chicago  
**Certification Type** WBE - Women Business Enterprise  
**Certification Date** 8/28/2015  
**Renewal Date** 10/15/2016  
**Expiration Date** 10/15/2017  
**Certified Business Description** NAICS 236220 Construction management, commercial and institutional building  
 NAICS 238220 Mechanical contractors  
 NAICS 541330 Engineering design services  
 NAICS 541620 Environmental consulting services

## Commodity Codes

Code	Description
NAICS 236220	Construction management, commercial and institutional building
NAICS 238220	Mechanical contractors
NAICS 541330	Engineering design services
NAICS 541620	Environmental consulting services

**Customer Support**

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Buyer Name	:
Fiscal Year + Buyer Number	: 0
Lead Department	: Capital Planning and Policy - 031
Using Department(s)	:
Description	: PH ER HVAC UPGRADE SUPPLEMENTA
Vendor Number	: 845783
Vendor Name	: PASCHEN AUTUMN JOINT VENTURE
Auto Update From PO Data	:
Contract Original Amount	: 17,027
Contract Start Date	:
Contract End Date	:
Fiscal Year	:
# Of Renewal Options	:
Cost Savings	: 0
Total Contract Amount	: 0
Total Contract Term Start	:
Total Contract Term End	:
Priority	: 4 ? Normal, Routine Request
Status Updates	:
Additional Status Updates	:
Requisition Entered In JDE	: Aug 22, 2016
Receipt of New Project	:
Assigned To Buyer	:
MWDBE Goals Request Compliance	:
MWDBE Goals Received Compliance	:
Specification Approved	:
Advertise Date	:
Bid/Proposal Open Date	:
Evaluation Complete	:
To Compliance	:
Compliance Approval	:
Receive Letter Of Recommendation	:
Utilization PIn To Compliance Eval	:
Utilization PIn Receive From Compliance	:
Contract Docs Sent To Vendor	:
Receive Contract Docs From Vendor	:
Background Check - Start Date	:
Background Check - Complete Date	:
Deputy Approval	:
Board Contract Approval	:
CPO Final Signature	:
Contract Award And Release	:
Cancelled Date	:
Requestor Name	:
Requestor Phone	:
Requestor E-Mail	:
EDS Signed Date + 1 Year	:
Insurance Expiration Date - General Liability	:
Insurance Expiration Date - Professional Liability	:
Insurance Expiration Date - Auto	:
Insurance Expiration Date - Railroad	: