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

85073

Multi-Health Systems Inc
PO Box 950
North Tonawanda NY 14120-0950

DATE
6/25/2012
F.O.B. POINT

PURCHASE ORDER NO.
181939 - 000- OP

REQUISITION NO.
00103830 OR

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

SHIP TO Social Casework Dept - Circuit Court Ad
Criminal Justice Administration Bldg.
2650 S. California Ave RM 901
CHICAGO IL 60608-5146

DELIVERY INSTRUCTIONS
Mary Rose Heffernan 773 674-6027

DEPT NO 5411827

Page 1 of 1

LINE	FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE	QUANTITY/ UOM	UNIT PRICE	EXTENDED PRICE	ACCOUNT NUMBER
1.00	LSI-R QUIKSCORE FORMS LSI-R QUICKSCORE AND SARA QUICKSCORE EVALUATION FORMS USED FOR SOCIAL SERVICE DEPARTMENT.	300.00 EA	26.0000	7,800.00	5411827.520495
2.00	SARA QUIKSCORE FORMS	100.00 EA	33.1500	3,315.00	5411827.520495
3.00	SHIPPING & HANDLING	1.00 EA	546.0000	546.00	5411827.520495
	*******	Total Order *******		11,661.00	

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:**

8/30/12 BK

81 Br New
Ryan

Report: R56REQ2

Purchase Requisition

Office of the Purchasing Agent

Cook County of Illinois

Purchase Order Number

181939 RC 6/25/12

Requisition # OR 103830 Contract #

Open Date

Buyer Number	
Bid/Sole Src Code	SSV
Business Unit	5411827
Internal Req Number	25410065
Board Apr Date & Item	
Requisition Date	5/21/2012
Date Needed	5/21/2012

Ship To: 8001052 Social Casework Dept - Circuit
Criminal Justice Administratio
2650 S. California Ave RM 9
CHICAGO IL 60608-5146

Delivery Instructions:
Mary Rose Heffernan
773 674-6027

Supplier: 85073 Multi-Health Systems Inc
PO Box 950
North Tonawanda NY 14120-0950

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	578	LSI-R QUIKSCORE FORMS LSI-R QUICKSCORE AND SARA QUICKSCORE EVALUATION FORMS USED FOR SOCIAL SERVICE DEPARTMENT.	< >	300.00	EA	26.0000	7,800.00	5411827.520495
2.000	578	SARA QUIKSCORE FORMS	< >	100.00	EA	33.1500	3,315.00	5411827.520495
3.000	999	SHIPPING & HANDLING	< >	1.00	EA	546.0000	546.00	5411827.520495

Total of Items Ordered 11,661.00

RECEIVED
OFFICE OF THE
PURCHASING AGENT
2012 JUN -4 PM 2:26
BOOKKEEPING

CERTIFICATION

I hereby certify that the items and/or services above are necessary to this department (or institution) and that the dept. 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.

REQUISITIONER

Mary Rose Heffernan
BUREAU or DEPARTMENT HEAD

CJ

CCA

APPROVED BUDGETARY ACCOUNT

ACCT # _____

DATE _____ BY _____

PURCHASING USE ONLY

STATE OF ILLINOIS
CIRCUIT COURT OF COOK COUNTY
SOCIAL SERVICE DEPARTMENT

CRIMINAL COURTS ADMINISTRATION BUILDING
2650 SOUTH CALIFORNIA AVENUE, ROOM 901
CHICAGO, ILLINOIS 60608
PHONE: 773/674-6012
FAX: 773/674-6020

TIMOTHY C. EVANS
CHIEF JUDGE

JESÚS REYES, AM, LCSW
DIRECTOR

May 22, 2012

Ms. Maria de Lourdes Coss
Cook County Purchasing Agent
118 N. Clark Room 1018
Chicago, IL 60602

Dear Ms. Coss:

The Social Service Department respectfully requests permission to obtain a sole source agreement with Multi-Health Systems, Inc.

Multi-Health Systems, Inc is the sole copyright holder of the LSI-R Quickscore forms and SARA Quickscore Forms, which the Administrative Office of the Illinois Courts requires that our Department use for evaluating defendants.

Thank you for your consideration.

Sincerely,
Jesús Reyes, Director

Mary Rose Heffernan

By: Mary Rose Heffernan
Business Manager

/mrh

MHS
Multi-Health Systems Inc.
P.O. Box 950
North Tonawanda, NY 14120-0950
1-800-456-3003

3770 Victoria Park Ave
Toronto, ON M2H 3M6
(416) 492-2627 1-800-268-6011

Fax: 1-888-540-4484
E-mail: CustomerService@mhs.com
www.mhs.com

PROFORMA INVOICE

Reference No. 660788
Customer ID BGBI8B-1

INVOICE ADDRESS:	DELIVERY ADDRESS:
Accounts Payable Cook Cty Social Services 2650 S California Ave Room 901 Chicago, IL 60608-5146	Cook Cty Social Services 2650 S California Ave Room 901 Chicago, IL 60608-5146

Notes:

DELIVERY METHOD	ENTERED BY
UPS US Ground	shawna.ort

DATE	TERMS	EXPIRATION DATE
May 17, 2012	Due on receipt	5/17/2013

PART NUMBER	QUANTITY	UNITS	UNIT PRICE	DISC %	NET PRICE
LS5P00	300	EACH	32.500	20.00	7,800.00
LSI-R QuikScore Forms (25/pkg)					
Notes:					
SA3P00	100	EACH	39.000	15.00	3,315.00
SARA QuikScore Forms (25/pkg)					
Notes:					

FREIGHT Shipping and Handling 546.00

Merchandise Total	11,115.00
Misc. Charges - see above	546.00
Sales Tax	0.00
TOTAL	11,661.00 US

Please note our new EIN: 98-0369592

40620

MHS
Multi-Health Systems Inc.
Publishers and Developers of Professional Assessment Materials
www.mhs.com

May 21, 2012

Direct dial: 416 492-2627 ext. 269
E-mail: Tammy Holwell@mhs.com

County of Cook County
Attention: Mary Rose Heffernan
2650 S. California Ave. Room 901
Chicago, IL 60608

Dear Ms. Heffernan:

Re: Sole Copyright Holder and Manufacturer of the Level of Service Inventory-Revised ("LSI-R" ™) and the Spousal Assault Risk Assessment (SARA™).

This letter confirms that Multi-Health Systems Inc. ("MHS") is the sole copyright holder, manufacturer, and distributor of the LSI-R™ AND SARA™ in the United Sates of America.

If you require any additional information, please feel free to contact me.

Sincerely,

MULTI-HEALTH SYSTEMS INC.

Per: T. Holwell
Tammy Holwell
MHS Public Safety Division

[illegible]
[illegible]
[illegible]
[illegible]

Fax: 1-888-540-4484 / 1-416-492-2242
International Tel: +1-416-492-2627

[illegible]
2770 Victoria Park Ave.
Toronto, ON
M2J 3M6
Tel: 1-800-268-6011

Memo

To: Brandie Knazzie

From: Ryan Connor

Date: 6/25/2012

Re: Sole Source for Quiksource Forms

The LSI-R and SARA Quikscore Forms requisitioned by the Social Casework Dept are legitimately sole source. Through an internet search, I found no other source for either test—this is because, as stated in the sole source letter from the vendor, Multi-Health Source Inc. is the sole copyright holder, manufacturer, and distributor of the LSI-R and SARA tests; the Social Service Dept. is required by law to use these tests for evaluating defendants.