



**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
96419

Psychological Assessment Resources
16204 N Florida Ave
Lutz FL 33549

DATE
8/20/2012
F.O.B. POINT

PURCHASE ORDER NO.
182591 - 000- OP
REQUISITION NO.
00105196 OR

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

SHIP TO Forensic Clinical Services - Circuit Ct
Criminal Justice Administration Bldg
2650 S. California Avenue RM 1001
CHICAGO IL 60608-5146

DELIVERY INSTRUCTIONS

Dr. M. Markos (773) 674-
6123

DEPT NO	
3120799	Page 1 of 1

LINE	FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE	QUANTITY/ UOM	UNIT PRICE	EXTENDED PRICE	ACCOUNT NUMBER
1.00	pal-sp download	1.00 EA	650.0000	650.00	3120799.530650
2.00	pal-sp counte 25 pal dl	1.00 EA	110.0000	110.00	3120799.530650
3.00	pal manual, 2n ed.	1.00 EA	74.0000	74.00	3120799.530650
4.00	sirs-2 Interview bk (25	1.00 EA	220.0000	220.00	3120799.530650
5.00	mfast interview bklt (25)	1.00 EA	118.0000	118.00	3120799.530650
6.00	shipping & handling PER QUOTATION NO. T17227 DATED 7/24/12	1.00 EA	32.9600	32.96	3120799.530650
***** Total Order *****				1,204.96	

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.

I hereby certify that this purchase is in agreement with the requisition on file authorizing the expenditure and is properly approved.
Date: 8/23/12

PURCHASING AGENT *[Signature]*

Authorized Signature: _____ Date: _____

[Handwritten mark]

COOK COUNTY AWARD CHECKLIST FOR BIDS/RFP'S

IMPORTANT: PLEASE READ AND FOLLOW THE INSTRUCTIONS FOR COMPLETING THE AWARD CHECKLIST AND CONTACT THE APPROPRIATE DEPUTY P.A. IF YOU HAVE ANY FURTHER QUESTIONS. ALL INFORMATION SHOULD BE COMPLETED AND RETAINED IN THE PROCUREMENT FILE.

Bids Report Date _____
 Permission to Negotiate Date _____
 Contracts and Bonds Date _____

Project Description: TESTING MATERIAL
 Vendor: PNsy. Assessment Award Amount: 120496 One-Time Term Agreement
 Contract No.: _____ Award Type: Single Multiple Renewals: _____
 Requisition No.: (if known) 105196 Start Date: _____ End Date: _____
 PO No.: (if known) _____ Contact Person: _____ Department: _____
 Telephone: 813 968 3003 Fax #: _____ Email: _____

Funding Type: Institutional State Federal Grant Other:

*IF GRANT FUNDED, ATTACH COPY OF THE APPROVED GRANT AND APPLICATION AND ANY OTHER TERMS AND CONDITIONS OF FUNDING SOURCE THAT MAY APPLY. GRANT FUNDS MUST BE _____ COMMITTED OR _____ SPENT BY DEADLINE: _____ (DATE)

COMPETITIVE SEALED BIDS Sok Source

<input type="checkbox"/> Board's Permission to Advertise	<input checked="" type="checkbox"/> Detailed Bid Tabulation	<input type="checkbox"/> 3 Vendor Signed Contracts
<input checked="" type="checkbox"/> Requisition /Bid Specifications	<input checked="" type="checkbox"/> Inventory Checklist	<input type="checkbox"/> Legal Review
<input type="checkbox"/> Sealed Bid Document	<input type="checkbox"/> Surety Statement	<input type="checkbox"/> Child Support Verification
<input type="checkbox"/> Legal Ad (if applicable)	<input type="checkbox"/> Insurance Certificate/Waiver	<input type="checkbox"/> OIG/EPLS/IL Secretary State
<input type="checkbox"/> M/WBE Vendor Outreach List	<input type="checkbox"/> Payment /Performance Bond	<input type="checkbox"/> Fee Collecting Agencies Approval
<input type="checkbox"/> Bid Notification Letters/Email	<input type="checkbox"/> Unconditional Price Reduction	<input type="checkbox"/> Ethics Verification
<input type="checkbox"/> Addendum #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> # _____	<input type="checkbox"/> Recommended Awardees' Bid	<input type="checkbox"/> Economic Disclosure Statement
<input type="checkbox"/> Bid Deposit/Bid Bond	<input type="checkbox"/> Department Recommendation Letter	<input type="checkbox"/> Bids Report and Contracts and Bonds Approval
<input type="checkbox"/> Preliminary Bid Tabulation	<input type="checkbox"/> Contract Compliance Letter	

REQUEST FOR PROPOSALS

<input type="checkbox"/> Scope of Services	<input type="checkbox"/> Bid Deposit/Bid Bond	<input type="checkbox"/> Payment Bond/Performance Bond
<input type="checkbox"/> RFP Document	<input type="checkbox"/> Preliminary RFP Tabulation	<input type="checkbox"/> Legal Review
<input type="checkbox"/> Appendix: Scope of Services	<input type="checkbox"/> Inventory Checklist	<input type="checkbox"/> 3 Vendor Signed Contracts
<input type="checkbox"/> Appendix: Schedule of Compensation	<input type="checkbox"/> RFP Evaluation Matrix	<input type="checkbox"/> Contract Compliance Letter
<input type="checkbox"/> Appendix: EDS	<input type="checkbox"/> RFP Pricing Analysis Matrix: Pre-BAFO <input type="checkbox"/> Post-BAFO <input type="checkbox"/>	<input type="checkbox"/> Child Support Verification
<input type="checkbox"/> Appendix: Misc. Attachments	<input type="checkbox"/> RFP Best and Final Offer (BAFO) Letters #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> # _____	<input type="checkbox"/> OIG/EPLS/IL Secretary State
<input type="checkbox"/> Appendix: Contract	<input type="checkbox"/> Committee Recommendation Letter	<input type="checkbox"/> Fee Collecting Agencies Approval
<input type="checkbox"/> Appendix: Board Approval	<input type="checkbox"/> Dept. Recommendation Letter	<input type="checkbox"/> Ethics Verification
<input type="checkbox"/> M/WBE Vendor Outreach List	<input type="checkbox"/> Economic Disclosure Statement	<input type="checkbox"/> Economic Disclosure Statement
<input type="checkbox"/> RFP Notification Letters/Email	<input type="checkbox"/> Recommended Awardees' Technical and Pricing Proposal	<input type="checkbox"/> Bids Report and Contracts and Bonds Approval
<input type="checkbox"/> Addendum #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> # _____	<input type="checkbox"/> Insurance Certificate/Waiver	

Spec. Engineer: RB Date: 8/20/10 Deputy P.A.: _____ Date: _____

BID TABULATION

PSYCHOLOGICAL TESTING MATERIALS

BID NAME: MATERIALS
 BID NUMBER: 105196
 BID OPENING DATE: Monday, August 20, 2012
 BID OPENING TIME: 10:00AM
 BUYER NAME: BRENDA BEARD

VENDOR #1:

ITEM #	DESCRIPTION	QUANTITY	UNIT	PAR (PSYCHOLOGICAL ASSESSMENT RESOURCES)		
				UNIT PRICE	TOTAL PRICE	
1	Pal-sp download	1.00	EACH	\$650.00	\$650.00	
2	Pal - sp counted 25 pal dl	1.00	EACH	\$110.00	\$110.00	
3	Pal Manual 2n ed.	1.00	EACH	\$74.00	\$74.00	
4	Sirs 2 interview bk (25)	1.00	EACH	\$220.00	\$220.00	
5	Mfast Interview Bkit (25)	1.00	EACH	\$118.00	\$118.00	
6	Shipping & Handling	1.00	EACH	\$32.96	\$32.96	
					\$1,204.96	

Purchase Requisition

Office of the Purchasing Agent

Cook County of Illinois

SI Bte New

Purchase Order Number

182591

Requisition # **OR 105196** Contract #

Ship To: 8000420 Forensic Clinical Services - C
Criminal Justice Administrato
2650 S. California Avenue RM 1
CHICAGO IL 60608-5146

Delivery Instructions:
Dr. M. Markos
(773) 674-6123

Supplier: 96419 Psychological Assessment Resou
16204 N Florida Ave
Lutz FL 33549

Buyer Number
Bid/Sole Src Code
Business Unit
Internal Req Number
Board Apr Date & Item
Requisition Date
Date Needed

Expiration Date

Emergency No.

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

Line #	Commodity	Description	Bal. on Hand	Quantity	UOM	Est. Unit Cost	Extended Cost	Business Unit and Object Account
1.000	578	pai-sp download	<	1.00	EA	650.0000	650.00	3120799.530650
2.000	578	pai-sp counce 25 pai dl	<	1.00	EA	110.0000	110.00	3120799.530650
3.000	578	pai manual, 2n ed.	<	1.00	EA	74.0000	74.00	3120799.530650
4.000	578	sirs-2 interview bk (25	<	1.00	EA	220.0000	220.00	3120799.530650
5.000	578	mfast interview bklt (25)	<	1.00	EA	118.0000	118.00	3120799.530650
6.000	999	shipping & handling	<	1.00	EA	32.9600	32.96	3120799.530650
Total of Items Ordered							<u>1,204.96</u>	

2012 AUG 14 PM 12:23

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 Mark C. N... BUREAU or DEPARTMENT HEAD

CCA

APPROVED BUDGETARY ACCOUNT

PURCHASING USE ONLY

ACCT # _____

DATE _____ BY _____

FORENSIC CLINICAL SERVICES

State of Illinois
Circuit Court of Cook County
Criminal Courts Administration Bldg.
2650 S. California Avenue, Room 1001
Chicago, IL 60608

Timothy C. Evans
Chief Judge

Mathew S. Markos, M.D.
Director

Phone 773-869-6100
Fax 773-869-2371
TDD 773-869-7605

July 25, 2012

Mathew S. Markos, M.D.
Director
Forensic Clinical Services
Circuit Court of Cook County

Re: Purchase of Psychological Testing Materials

Dear Dr. Markos,

I am writing to explain the need to purchase psychological testing materials from Psychological Assessment Resources, Inc (PAR). This order includes materials related to the following tests: Miller Forensic Assessment of Symptoms Test (MFAST), Structured Inventory of Reported Symptoms, Second Edition (SIRS-2), and the Personality Assessment Inventory (PAI). These tests are essential to Forensic Clinical Services' ability to complete clinical evaluations for the Courts.

It is necessary to purchase these materials from PAR because they are the publisher of these tests and are therefore either the sole vendor or have the lowest prices. I have attached a letter from PAR. We most recently purchased testing materials from them using a purchase order in 2010.

Sincerely,


Christopher J. Cooper, Ph.D., ABPP
Chief of Psychology
Forensic Clinical Services



STATE OF ILLINOIS
CIRCUIT COURT OF COOK COUNTY
FORENSIC CLINICAL SERVICES

TIMOTHY C. EVANS
CHIEF JUDGE

MATHEW S. MARKOS, M.D.
DIRECTOR

2650 S. California Ave. Rm. 1001
Chicago, Illinois 60608
Phone: (773) 674-6123
Fax: (773) 674-5113

August 13, 2012

Ms. Maria de Lourdes Coss
Purchasing Agent
118 N. Clark St. Rm 1018
Chicago, IL 60602

Re: Purchase of essential Psychological Tests:

Dear Ms. Coss,

Attached Please find specifications for essential psychological tests required for the Department's services.

Thank you for your kind assistance in this matter.

Very Truly Yours

A handwritten signature in black ink that reads "Mathew S. Markos".

Mathew S. Markos, M.D.
Director, Forensic Clinical Services
Circuit Court of Cook County
Professor, UIC College of Medicine
UIC Dept. of Psychiatry



16204 N. Florida Ave. · Lutz, FL · 33549
 1.800.331.8378 · www.parinc.com

GST# 12978 7842 RT · FED ID# 59-1913294

Quote #: T17227
 Quote Date: 07-24-12

Bill to: R2970
 COOK COUNTY GOVERNMENT
 118 NORTH CLARK STREET #1018
 CHICAGO, IL 60602-1375

Ship to: R2970*S001
 FORENSIC CLIN SVCS CIRCUIT CT
 2650 S CALIFORNIA AVENUE #1001
 CRIMINAL JUSTICE ADMIN BLDG
 CHICAGO, IL 60608

Funds Expressed in US Dollars

Ship Via: GROUND - GENERIC

Item #	Description	Ordered Quantity	Shipped Quantity	List Price	Unit Price	Extended Price
6165-DL	PAI-SP DOWNLOAD	1	N/A	650.00	650.00	650.00
5455-DL	PAI-SP COUNTER 25 PAI DL	1	N/A	110.00	110.00	110.00
5966-TM	PAI MANUAL, 2ND ED.	1	N/A	74.00	74.00	74.00
6712-TB	SIRS-2 INTERVIEW BK (25)	1	N/A	220.00	220.00	220.00
4649-TB	MFAST INTERVIEW BKLT (25)	1	N/A	118.00	118.00	118.00

Sub Total 1172.00
 Shipping & handling 32.96
 Sales Tax 0.00
 Total \$1,204.96

Sales Rep:

Prices as quoted are good for 60 days.

Payment in US Funds by Credit Card, check, money order,
 or wire transfer is necessary prior to shipment.

Creating Connections. Changing Lives.



16204 North Florida Avenue
Lutz, Florida 33549
Tel: (813) 968-3003
Fax: (813) 961-2196
<http://www.parinc.com>

July 25, 2012

Thank you for your interest in our products.

This letter is in reference to your request today to have a "sole source letter" regarding the PAI, MFAST, and SIRS 2 materials. Although PAR does publish these assessments, other companies may distribute these materials for us.

Please note, however, **that since we are the publisher, we are most likely to have the lowest prices.**

Our Federal I.D. number is 59-1913294.

Please let me know if you have any further questions or concerns.

Sincerely,
PAR Customer Support