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.

DATE
8/31/2012
F.O.B. POINT

PURCHASE ORDER NO.
182714 - 000- OP
REQUISITION NO.
00105271 OR

PURCHASE ORDERED ISSUED TO
85073
Multi-Health Systems Inc
PO Box 950
North Tonawanda NY 14120-0950

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

SHIP TO Adult Probation - Walnut
1644 W Walnut
Chicago IL 60602-1304

DELIVERY INSTRUCTIONS
Maureen Noonan 312-603-0259

DEPT NO	
5321453	Page 1 of 1

LINE	FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE	QUANTITY/ UOM	UNIT PRICE	EXTENDED PRICE	ACCOUNT NUMBER
1.00	LSI-R PAPER VERSION LSI-R QUICK SCORE FORMS PACKAGES OF 25 ORDER NUMBER: LS6POE PLEASE CALL 312-603-0259 FOR VERIFICATION OF SHIPPING ADDRESS BEFORE DELIVERY.	625.00 PK	26.0000	16,250.00	5321453.530645
2.00	ESTIMATED SHIPPING COST ESTIMATED SHIPPING CHAGES FOR LSI-R FORMS	1.00 LT	700.0000	700.00	5321453.530645
	*******	Total Order *******		16,950.00	

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:**
Maria de Lourdes Cos
9/7/12 BK

Report: R56REQ2

Purchase Requisition

Office of the Purchasing Agent

Cook County of Illinois

~~35 BP~~ 81 Bp new Priscilla

Purchase Order Number 182714

Requisition # OR 105271 Contract #

Open Date

Buyer Number 724150 Supervisor 40
Bid/Sole Src Code
Business Unit 5321453
Internal Req Number 25324067
Board Apr Date & Item
Requisition Date 8/15/2012
Date Needed 8/15/2012

Ship To: 460966 Adult Probation - Walnut
1644 W Walnut
Chicago IL 60602-1304

Delivery Instructions:
Maureen Noonan
312-603-0259

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

1-800-456-3003 ext 227

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	961	LSI-R PAPER VERSION LSI-R QUICK SCORE FORMS PACKAGES OF 25 ORDER NUMBER: LS6POE PLEASE CALL 312-603-0259 FOR VERIFICATION OF SHIPPING ADDRESS BEFORE DELIVERY.	< >	625.00	PK	26.0000	16,250.00	5321453.530645
2.000	961	ESTIMATED SHIPPING COST ESTIMATED SHIPPING CHAGES FOR LSI-R FORMS	< >	1.00	LT	700.0000	700.00	5321453.530645

Total of Items Ordered 16,950.00

8-20-2012 I left a message on Katherine's voice mail. for expired

2012 AUG 17 AM 8:45

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.

Maureen Noonan

REQUISITIONER BUREAU or DEPARTMENT HEAD

Maureen Noonan, Director of Finance

CB

CCA

APPROVED BUDGETARY ACCOUNT

ACCT # _____

DATE _____ BY _____

PURCHASING USE ONLY

Timothy C. Evans
Chief Judge

Jesús Reyes, AM, LCSW
Acting Chief Probation Officer

STATE OF ILLINOIS
CIRCUIT COURT OF COOK COUNTY
ADULT PROBATION DEPARTMENT

GEORGE W. DUNNE
COOK COUNTY OFFICE BUILDING
69 WEST WASHINGTON STREET, SUITE 1940
CHICAGO, ILLINOIS 60602
TEL: (312) 603-0240
FAX: (312) 603-9993
TDD: (773) 869-6880

August 15, 2012

Ms. Maria de Lourdes Coss
Purchasing Agent
118 North Clark Street
Room 1018 – County Building
Chicago, Illinois 60602

Dear Ms. Maria de Lourdes Coss:

Please accept this letter as justification for Purchase Requisition #25325067/105271 in the amount of $16,950.00 to Multi-Health Systems, Inc.

The Adult Probation Department was selected as one of five probation agencies in Illinois to participate in a national pilot project entitled "Implementing Effective Correctional Management of Offenders in the Community". The LSI-R Quick Score Form is an essential part of this pilot project. This form was selected by the AOIC to be used to identify risk factors of clients. Research is proving that community corrections programs can be effective in reducing crime when specific risk factors associated with criminal behavior are identified and appropriately addressed. Per the attached sole source letter, Multi-Health Systems Inc. is the only company that produces the LSI-R Quick Score forms and SARA Quick Score forms that we have trained our officers to use.

If additional information is required, please contact this office at (312) 603-0281.

Sincerely,

Maureen Noonan
Director of Finance

Cook County
Office of the Purchasing Agent

Sole Source Justification

General Information	Date: August 15, 2012
Unit/Department: 5321453	Phone No. 312/603-0259
Contact Name: Maureen Noonan, Director of Finance	Email Maureen.noonan@cookcountyil.gov

Vendor Information	Requisition No. 105271
Name: Multi-Health Systems, Inc.	Purchase Order No.
Address: P.O. Box 950, North Tonawanda, NY	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.

Type. Please select one of the options and explain below.The Level of Service Inventory Revised (LSI-R), which is a validated risk and needs assessment instrument utilized widely in community corrections throughout the county, is used by the department to assess individuals sentenced to probation. The form assists in effective case planning and supervision by helping determine the probationer's risk level (i.e., his or her likelihood of recidivating) and by identifying the probationer's criminogenic needs (i.e., factors that contribute to antisocial/criminal behavior) as well as the probationer's strengths and protective factors that can help the probationer avoid criminal behavior.

X 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)?
Based on several factors,
The Probation Division of the Administrative Office of the Illinois courts, (AOIC) selected the LSI-R based on a number of factors including its proven track recored, its inter-rater reliability and validity, and availability of training and training aides needed to properly implement the tool.

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

MHS – Multi Health Systems, Inc. has the copyright to this tool and is the only source where we can purchase it. Included is a sole source justification letter from MHS stating that they are the copyright holder, distributor and sole manufacturer of the LSI-R form.

Department Recommendation	
Requestor: Maureen Noonan, Director of Finance	Date: August 15, 2012
Department Head: Jesús Reyes, Acting Chief Probation Officer	Date: August 15, 2012

Purchasing Agent Approval	
Signature: [signature] BA	Date: 9/7/12

6/21/11

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

Tuesday, August 21, 2012

Direct dial: 416.492.2627 ext.227
E-mail: catherine.wong@mhs.com

Maureen Noonan
Cook County

Re: Sole Copyright Holder, Distributor and Manufacturer of Level of Service Inventory Revised("LSI-R™.")

:

This is to confirm that Multi-Health Systems, Inc. ("MHS") represents and warrants that it is the copyright holder, distributor and sole manufacturer of the following products:

Level of Service Inventory Revised "LSI-R™"
(includes all derivative works)

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

Sincerely,

MULTI-HEALTH SYSTEMS INC.

Per: Catherine Wong
Inside Sales Support

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. 670036
Customer ID CA7M86-1

INVOICE ADDRESS:	DELIVERY ADDRESS:
Mary Rose Heffernan County of Cook Social Services Dept 2600 S. California Ave. 9th Fl Chicago, IL 60608	Attention: Cook County Admin Offices Adult Probation Administration 69 W Washington Suite 19740 Chicago, IL 60602

Notes:

DELIVERY METHOD	ENTERED BY
UPS US Ground	CATHERINE.

DATE	TERMS	EXPIRATION DATE
August 22, 2012	Due on receipt	22/08/2013

PART NUMBER	QUANTITY	UNITS	UNIT PRICE	DISC %	NET PRICE
LS5P00	625	EACH	32.500	20.00	16,250.00

LSI-R QuikScore Forms (25/pkg)

Notes:

FREIGHT Shipping and Handling 700.00

Merchandise Total	16,250.00
Misc. Charges - see above	700.00
Sales Tax	0.00
TOTAL	16,950.00 US

Please note our new EIN: 98-0369592

40620

BID TABULATION

BID NAME: LSI-R Quick Score Forms
BID NUMBER: 105271 OR
BID OPENING DATE:
BID OPENING TIME:
READER:
RECORDER:
WITNESS:

				VENDOR #1: Multi - Health Systems Inc.			VENDOR #2:			VENDOR #3:		
ITEM #	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE	RENEWALS	UNIT PRICE	TOTAL PRICE	RENEWALS	UNIT PRICE	TOTAL PRICE	RENEWALS
1	LSI-R Paper Version	625	PK	26.00	$16,250.00		0.00	$0.00		0.00	$0.00	
2	Delivery	1	EA	700.00	$700.00		0.00	$0.00		0.00	$0.00	
3				0.00	$0.00		0.00	$0.00		0.00	$0.00	
4				0.00	$0.00		0.00	$0.00		0.00	$0.00	
5				0.00	$0.00		0.00	$0.00		0.00	$0.00	
6				0.00	$0.00		0.00	$0.00		0.00	$0.00	
7				0.00	$0.00		0.00	$0.00		0.00	$0.00	
8				0.00	$0.00		0.00	$0.00		0.00	$0.00	
9				0.00	$0.00		0.00	$0.00		0.00	$0.00	
10				0.00	$0.00		0.00	$0.00		0.00	$0.00	
11				0.00	$0.00		0.00	$0.00		0.00	$0.00	
12				0.00	$0.00		0.00	$0.00		0.00	$0.00	
13				0.00	$0.00		0.00	$0.00		0.00	$0.00	
14				0.00	$0.00		0.00	$0.00		0.00	$0.00	
15				0.00	$0.00		0.00	$0.00		0.00	$0.00	
16				0.00	$0.00		0.00	$0.00		0.00	$0.00	
17				0.00	$0.00		0.00	$0.00		0.00	$0.00	
18				0.00	$0.00		0.00	$0.00		0.00	$0.00	
					$16,950.00			**$0.00**			**$0.00**	

NOTES

Vendor #1 Precision Label Products, Inc. substituted Items 1 and 2.