



**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  
819411

Elevator Inspection Service Co Inc  
745 McClintock Dr Ste 235  
Burr Ridge IL 60527

DATE  
11/2/2011  
F.O.B. POINT

PURCHASE ORDER NO.  
**178705 - 000- OP**  
REQUISITION NO.  
00096748 OR

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

**SHIP TO** Facilities Management  
Juvenile Court  
2245 W. Ogden Ave  
CHICAGO IL 60612-3785

**DELIVERY INSTRUCTIONS**  
Bill Rook 773-869-3758

DEPT NO	
2001114	Page 1 of 2

LINE	FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE	QUANTITY/ UOM	UNIT PRICE	EXTENDED PRICE	ACCOUNT NUMBER
1.00	<p>Inspection, elevator Service, Elevator Inspection Perform annual inspection on the equipment listed at the locations provided below. All inspections shall be in accordance with ANSI A17.1 standards, conducted by an Illinois licensed Qualified Elevator Inspector (Q.E.I.) certified inspector. Conducted inspections will also comply with the Cit of Chicago AIC, Annual Inspection Certification, program, the City of Chicago Municipal Code Section 13-20-100 and with codes adopted by ASME. Inspections shall be performed by an independent elevator inspection company or elevator consulting firm not affiliated with an elevator company. A copy of the elevator inspection form for each unit inspected shall be provided to the Department of Facilities management. For any equipment reported as "failed" during the initial inspection, a re-inspection proposal for non-permitted corrections or repairs shall be submitted. The contractor is required to report to the building engineer upon arrival and departure. All services shall be performed at the following locations during normal working hours. Domestic Violence Courthouse Eighteen (18) Total units Domestic Violence 555 W. Harrison Jim O'Shea</p>	1.00 JB	1,535.0000	1,535.00	2001114.540360

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: *Maia de Luna*



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

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

PURCHASE ORDERED ISSUED TO

819411  
Elevator Inspection Service Co Inc  
745 McClintock Dr Ste 235  
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MUST APPEAR ON ALL PACKAGES,  
INVOICES, SHIPPING PAPERS AND  
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DATE  
11/2/2011  
F.O.B. POINT

PURCHASE ORDER NO.  
178705 - 000- OP

REQUISITION NO.  
00096748 OR

Page 2 of 2

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

LINE	FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE	QUANTITY/ UOM	UNIT PRICE	EXTENDED PRICE	ACCOUNT NUMBER
2.00	312-325-9321 Inspection, elevator Cook County Building twenty-Four (24) Total Units John Biangmano 312-603-6338 118 north clark Street Chicago, IL 60602 Req. #12000125	1.00 JB	2,385.0000	2,385.00	2001114.540360
3.00	Inspection, elevator Re-inspection services for reinspection of any unit reported as failed during initial inspection Req. #12000125	2.00 EA	85.0000	170.00	2001114.540360
***** Total Order *****				4,090.00	

# Purchase Requisition

Office of the Purchasing Agent  
Cook County of Illinois

919411

178-725

81 BR Head

Requisition # **OR 96748** Contract #

Ship To: 8000407 Facilities Management Delivery Instructions: Bill Rook

Juvenile Court  
2245 W. Ogden Ave  
CHICAGO IL 60612-3785  
773-869-3758

Supplier: 289999

TEAM LEAD MAILBOX

Open Date  
10/28/17

Buyer Number 724151 Supervisor 50  
Bid/Sale Str Code OSV  
Business Unit 2001114  
Internal Req Number 12000125  
Board Apr Date & Item  
Requisition Date 3/17/2011  
Date Needed 5/19/2011

One Time Purchase  Yes  No Covers Need for \_\_\_\_\_ months. Specific Period of time \_\_\_\_\_ thru \_\_\_\_\_

Line # Commodity Description Bal. on Hand Quantity UOM Est Unit Cost Extended Cost Business Unit and Object Account

1,000 961 Inspection, elevator < > 1.00 JB 1,700.0000 1,700.00 2001114.540360

Service, Elevator Inspection

Perform annual inspection on the equipment listed at the locations provided below. All inspections shall be in accordance with

ANSI A17.1 standards, conducted by an Illinois licensed

Qualified Elevator Inspector (Q.E.I.) certified inspector.

Conducted inspections will also comply with the City of Chicago A.I.C.

Annual Inspection Certification, program, the City of Chicago

Municipal

Code Section 13-20-100 and with codes adopted by ASME.

Inspections shall be performed by an independent elevator inspection

company or elevator consulting firm not affiliated with an elevator

company.

A copy of the elevator inspection form for each unit inspected shall

be

provided to the Department of Facilities management.

For any equipment reported as "failed" during the initial inspection,

a

re-inspection proposal for non-permitted corrections or

repairs shall be submitted.

The contractor is required to report to the building engineer upon

arrival and departure.

All services shall be performed at the following locations during

normal working hours.

### 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.

CCA

APPROVED BUDGETARY ACCOUNT

PURCHASING USE ONLY

*Michael S. Davis*

REQUISITIONER BUREAU or DEPARTMENT HEAD

ACCT #

DATE

BY

*Be under - three quotes under \$5K. OK to issue PO today*

*BRK 10/28/17*

# Purchase Requisition

Purchase Order Number

Office of the Purchasing Agent

Cook County of Illinois

Requisition # **OR 96748** Contract #

Open Date

Ship To: 8000407

Facilities Management  
Juvenile Court  
2245 W. Ogden Ave  
CHICAGO IL 60612-3785

Delivery Instructions:  
Bill Rook  
773-869-3758

Supplier: 299999

TEAM LEAD MAILBOX

Buyer Number 724151 Supervisor 50  
Bid/Sole Src Code QSV  
Business Unit 2001114  
Internal Req Number 12000125  
Board Apr Date & Item  
Requisition Date 3/17/2011  
Date Needed 5/19/2011

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

Domestic Violence Courthouse Eighteen (18) Total units  
Domestic Violence  
555 W. Harrison  
Jim O'Shea  
312-325-9321  
2,000 961 Inspection, elevator  
Cook County Building Twenty-Four (24) Total Units  
John Biangmano  
312-603-6338  
118 north clark Street  
Chicago, IL 60602  
Req. #12000125  
3,000 961 Inspection, elevator

Re-inspection services for reinspection of any unit reported as failed during initial inspection  
Req. #12000125

Total of Items Ordered

3,870.00

Recommended Supplier List:

A/B Number Supplier Name  
81137 Warehouse Direct  
93402 Chicago United Industries

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.

CCA

APPROVED BUDGETARY ACCOUNT

PURCHASING USE ONLY

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

REQUISITIONER

BUREAU or DEPARTMENT HEAD

*Richard S. Pines*

SPECIAL CONDITIONSSC-01 SCOPE

The Contractor shall provide labor for ELEVATOR INSPECTION SERVICES for COOK COUNTY DEPARTMENT OF FACILITIES MANAGEMENT, all in accordance with the Contract Documents, Specifications and Proposal herein.

SC-02 CONTRACT PERIOD

This is a ONE TIME purchase.

SC-03 AWARD OF CONTRACT

The contract shall be awarded to the lowest responsible and responsive bidder whose bid meets the requirements and criteria set forth in the Request for Sealed Bid. All items, unless otherwise stated, will be assumed to meet all specifications and requirements as set forth in the Request of Sealed Bid. Ambiguous bids which are uncertain as to terms, delivery, quantity, or compliance with specifications may be rejected or declared non-responsive. The County shall be sole determinant of the relevant and appropriate cost factors used in evaluating any Base, Options and/or alternate bids. Bidders must quote all lines for consideration. It is the intent of the County to award this bid in whole and not in part. Only one award will result from this bid.

SC-04 INQUIRIES

During the bidding process all inquiries must be directed, in writing, only to the Cook County Department of Facilities Management:

COOK COUNTY FACILITIES MANAGEMENT  
C/O MICHAEL RUSCO, BUSINESS MANAGER  
2245 W. OGDEN AVENUE, 5<sup>TH</sup> FLOOR  
CHICAGO, IL 60612

Or via email at [michael.rusco@cookcountyil.gov](mailto:michael.rusco@cookcountyil.gov)

SC-05 SERVICE LOCATIONS

The contractor is required to report to the building engineer upon arrival and departure. All services shall be performed at the following locations during normal working hours:

Domestic Violence	Cook County Building
555 W. Harrison	118 N. Clark Street
Chicago, IL 60602	Chicago, IL 60602
Bill Rook	John Biangmano
708-935-5913	

SC-06 NOTIFICATION

DO NOT SERVICE UNTIL NOTIFIED BY THE USING DEPARTMENT. IT IS THE INTENT OF FACILITIES MANAGEMENT TO COORDINATE THE INSPECTION SERVICES AT THE ABOVE LOCATIONS.

SPECIFICATIONS

**ITEM No. 1 & 2**

- The vendor is to perform an annual inspection of the equipment listed at the locations provided in this bid document. All inspections shall be in accordance with ANSI A-17.1 standards, conducted by an Illinois licensed Qualified Elevator Inspector (Q.E.I.) certified inspector.
- All inspections conducted will also comply with the City of Chicago AIC, Annual Inspection Certification program, the City of Chicago Municipal Code Section 13-20-100 and with codes adopted by ASME.
- Inspections shall be performed by an independent elevator inspection company or elevator consulting firm not affiliated with an elevator company.
- Inspections shall be performed at a mutually acceptable time Monday through Friday between 7 am and 3 pm, within 10 working days of award.
- A copy of the elevator inspection for each unit inspected shall be provided to the Department of Facilities Management upon completion.
- Inspection reports with a "passed" status shall be filed on line in accordance with the AIC program, within 5 working days of the inspection.

**ITEM #1: DOMESTIC VIOLENCE COURTHOUSE EIGHTEEN (18) TOTAL UNITS**

<u>TYPE</u>	<u>QUANTITY</u>	<u>FLOORS</u>
TRACTION ELEVATOR	3	5
HYDRAULIC ELEVATOR	1	6
HYDRAULIC ELEVATOR	1	5
HYDRAULIC ELEVATOR	1	4
HYDRAULIC ELEVATOR	1	3
PLATFORM LIFTS	10	1
VERTICLE WHEELCHAIR LIFT	1	1

**ITEM #2 COOK COUNTY BUILDING TWENTY-FOUR (24) TOTAL UNITS**

<u>TYPE</u>	<u>QUANTITY</u>	<u>FLOORS</u>
TRACTION ELEVATOR	1	16
TRACTION ELEVATOR	1	13
TRACTION ELEVATOR	12	12
HYDRAULIC ELEVATOR	1	2
ESCALATORS	4	2
VERTICLE WHEELCHAIR LIFT	1	1
DUMBWAITERS	2	2
DUMBWAITERS	2	3

SPECIFICATIONS

**ITEM No. 3 RE-INSPECTION CHARGE**

Any unit reported at a "Failed" status during the initial inspection, for non-permitted corrections or repairs, must be re-inspected within 10 working days of written or electronic notice from Facilities Management for completed repairs. This item is per unit charge for re-inspection services.

BIDDER \_\_\_\_\_

PROPOSAL

The undersigned declares that he has carefully examined the Advertisement for Bids, the Proposal Form, General and Special Conditions and Specifications identified as Contract Document Number for **ELEVATOR INSPECTION SERVICES** for **COOK COUNTY DEPARTMENT OF FACILITIES MANAGEMENT**, as prepared by Cook County and that he has familiarized himself with all of the conditions under which it must be carried out and understands that in making this Proposal he waives all right to plead any misunderstandings regarding the same.

<u>ITEM NO.</u>	<u>UNIT OF MEASURE</u>	<u>QTY</u>	<u>DESCRIPTION</u>
1.	JOB	1	INSPECTION, ANNUAL CERTIFICATION DOMESTIC VIOLENCE COURTHOUSE AS PER SPECIFICATIONS HEREIN. \$ _____ /JB \$ _____ /TOTAL
2.	JOB	1	INSPECTION, ANNUAL CERTIFICATION COOK COUNTY BUILDING AS PER SPECIFICATIONS HEREIN. \$ _____ /JB \$ _____ /TOTAL
3.	EACH	2	RE-INSPECTION CHARGE AS PER SPECIFICATIONS HEREIN. \$ _____ /EA \$ _____ /TOTAL

GRAND TOTAL: \$ \_\_\_\_\_

DELIVERY DATE: \_\_\_\_\_  
(NUMBER OF CALENDAR DAYS AFTER AWARD OF CONTRACT)

THE RECEIPT OF THE FOLLOWING ADDENDA TO THE SPECIFICATIONS IS ACKNOWLEDGED:

ADDENDUM NO. \_\_\_\_\_ DATE \_\_\_\_\_

ADDENDUM NO. \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
CONTACT SIGNATURE DATE

\_\_\_\_\_  
EMAIL PHONE FAX

THE BOARD OF COMMISSIONERS

TONI PRECKWINKLE

PRESIDENT

EARLEAN COLLINS	1st Dist.	BRIDGET GAINER	10th Dist.
ROBERT STEELE	2nd Dist.	JOHN P. DALEY	11th Dist.
JERRY BUTLER	3rd Dist.	JOHN A. FRITCHEY	12th Dist.
WILLIAM M. BEAVERS	4th Dist.	LAWRENCE SUFFREDIN	13th Dist.
DEBORAH SIMS	5th Dist.	GREGG GOSLIN	14th Dist.
JOAN P. MURPHY	6th Dist.	TIMOTHY O. SCHNEIDER	15th Dist.
JESUS G. GARCIA	7th Dist.	JEFFREY R. TOBOLSKI	16th Dist.
EDWIN REYES	8th Dist.	ELIZABETH ANN DOODY GORMAN	17th Dist.
PETER N. SILVESTRI	9th Dist.		



DEPARTMENT OF  
FACILITIES MANAGEMENT

**JIM D'AMICO - DIRECTOR**  
DEPARTMENT OF FACILITIES MANAGEMENT  
George W. Dunne Cook County Office Building  
69 W. Washington, Suite 3015  
Chicago, Illinois 60602-4053  
TEL: 312-603-0340  
FAX: 312-603-9990

October 28, 2011

Maria de Lourdes Coss, MPA, CPPO  
Chief Procurement Officer  
Room 1018  
Cook County Building

Dear Mrs. Coss:

Please allow this letter to serve as request to issue Purchase Order for Requisition #12000125, System #96748, to Elevator Inspection Services, Burr Ridge, IL for elevator inspection services.

Reason: The City of Chicago Code requires elevators to be inspected on an annual basis. This is a one-time purchase.

The vendor was chosen because submitted the lowest bid of the three bids received and is below the \$5,000 limit.

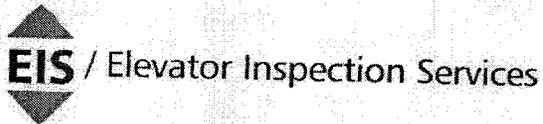
Fiscal Impact: \$4,090.00

Account: 2001114.540360

Sincerely,

Michael S. Rusco  
Business Manager  
Facilities Management

MSR: kwb



Quote 96748

Exhibit A

COOK COUNTY BUILDING  
118 NORTH CLARK STREET  
CHICAGO, ILLINOIS

<u>CONVEYANCE</u>	<u>QUANTITY</u>	<u>AMOUNT</u>	<u>TOTAL</u>
ELEVATORS	7	\$105.00	\$735.00
ELEVATORS	8	\$125.00	\$1,000.00
ESCALATORS	4	\$75.00	\$300.00
VERTICAL WHEEL CHAIR LIFT	1	\$50.00	\$50.00
DUMBWAITERS	4	\$75.00	\$300.00
<u>SUBTOTAL</u>			\$2,385.00

DOMESTIC VIOLENCE COURT  
555 WEST HARRISON  
CHICAGO, ILLINOIS

ELEVATORS	7	\$105.00	\$735.00
PLATFORM LIFTS	10	\$75.00	\$750.00
VERTICAL WHELL CHAIR LIFT	1	\$50.00	\$50.00
<u>Re-inspections</u>	2	\$85.00	170.00

SUBTOTAL \$1,535.00

GRAND TOTAL \$4,090.00

1,705.00  
10/30  
RB

PROPOSAL

BIDDER \_\_\_\_\_

The undersigned declares that he has carefully examined the Advertisement for Bids, the Proposal Form, General and Special Conditions and Specifications identified as Contract Document Number for **ELEVATOR INSPECTION SERVICES** for **COOK COUNTY DEPARTMENT OF FACILITIES MANAGEMENT**, as prepared by Cook County and that he has familiarized himself with all of the conditions under which it must be carried out and understands that in making this Proposal he waives all right to plead any misunderstandings regarding the same.

<u>ITEM NO.</u>	<u>UNIT OF MEASURE</u>	<u>QTY</u>	<u>DESCRIPTION</u>
1.	JOB	1	INSPECTION, ANNUAL CERTIFICATION DOMESTIC VIOLENCE COURTHOUSE AS PER SPECIFICATIONS HEREIN. \$ _____ /JB \$ <u>1535.00</u> /TOTAL
2.	JOB	1	INSPECTION, ANNUAL CERTIFICATION COOK COUNTY BUILDING AS PER SPECIFICATIONS HEREIN. \$ _____ /JB \$ <u>2385.00</u> /TOTAL
3.	EACH	2	RE-INSPECTION CHARGE AS PER SPECIFICATIONS HEREIN. \$ <u>85.00</u> /EA \$ <u>170.00</u> /TOTAL

GRAND TOTAL: \$ 4090.00

DELIVERY DATE: \_\_\_\_\_  
(NUMBER OF CALENDAR DAYS AFTER AWARD OF CONTRACT)

THE RECEIPT OF THE FOLLOWING ADDENDA TO THE SPECIFICATIONS IS ACKNOWLEDGED:

ADDENDUM NO. \_\_\_\_\_ DATE \_\_\_\_\_

ADDENDUM NO. \_\_\_\_\_ DATE \_\_\_\_\_

Patricia Brewer  
 CONTACT SIGNATURE DATE 10-20-11  
Patricia Brewer & Elevator-Inspection, Com 630-323-6541 630-323-7941  
 EMAIL PHONE FAX



# Just Elevator Inspection Services, Inc.

13940 South Linder Avenue Crestwood, Illinois 60445

Tel: 312-502-2255 Fax: 708-385-2320

www.justelevatorinspection.com



# FAX

October 24, 2011

Fax Number: **312-433-4756**

To: Michael Rusco  
Business Manager, Cook County Facilities Management  
2245 W. Ogden Avenue, 5<sup>th</sup> Floor  
Chicago, IL 60612

From: Dennis McGlynn  
President  
Just Elevator Inspection Services, Inc.

Dear Mr. Rusco,

Thank you for the opportunity to quote the Elevator Inspection Services for the Cook County Department of Facilities Management. Per your request, we have re-faxed over the required proposal detailed to our current pricing.

Please contact me with any questions or concerns.

Sincerely,

Dennis McGlynn  
President  
Just Elevator Inspection Services, Inc.

QUOTE #96748

BIDDER \_\_\_\_\_

PROPOSAL

The undersigned declares that he has carefully examined the Advertisement for Bids, the Proposal Form, General and Special Conditions and Specifications identified as Contract Document Number for **ELEVATOR INSPECTION SERVICES** for **COOK COUNTY DEPARTMENT OF FACILITIES MANAGEMENT**, as prepared by Cook County and that he has familiarized himself with all of the conditions under which it must be carried out and understands that in making this Proposal he waives all right to plead any misunderstandings regarding the same.

<u>ITEM NO.</u>	<u>UNIT OF MEASURE</u>	<u>QTY</u>	<u>DESCRIPTION</u>
1.	JOB	1	INSPECTION, ANNUAL CERTIFICATION DOMESTIC VIOLENCE COURTHOUSE AS PER SPECIFICATIONS HEREIN. \$ 102.22 /JB \$ 1840.00 /TOTAL
2.	JOB	1	INSPECTION, ANNUAL CERTIFICATION COOK COUNTY BUILDING AS PER SPECIFICATIONS HEREIN. \$ 120.83 /JB \$ 2900.00 /TOTAL
3.	EACH	2	RE-INSPECTION CHARGE AS PER SPECIFICATIONS HEREIN. \$ 120.00 /EA \$ 240.00 /TOTAL

GRAND TOTAL: \$ 4980.00 \_\_\_\_\_

DELIVERY DATE: up to (5) business days

(NUMBER OF CALENDAR DAYS AFTER AWARD OF CONTRACT)

THE RECEIPT OF THE FOLLOWING ADDENDA TO THE SPECIFICATIONS IS ACKNOWLEDGED:

ADDENDUM NO. N/A DATE 10/24/2011

ADDENDUM NO. N/A DATE 10/24/11

Dennis McGlynn- President CONTACT  
Dennis McGlynn SIGNATURE  
10/24/2011 DATE

justeis@att.net EMAIL  
312-502-2255 PHONE  
708-385-2320 FAX

BIDDER LERCH BATES, INC.

PROPOSAL

The undersigned declares that he has carefully examined the Advertisement for Bids, the Proposal Form, General and Special Conditions and Specifications identified as Contract Document Number for **ELEVATOR INSPECTION SERVICES** for **COOK COUNTY DEPARTMENT OF FACILITIES MANAGEMENT**, as prepared by Cook County and that he has familiarized himself with all of the conditions under which it must be carried out and understands that in making this Proposal he waives all right to plead any misunderstandings regarding the same.

<u>ITEM NO.</u>	<u>UNIT OF MEASURE</u>	<u>QTY</u>	<u>DESCRIPTION</u>
1.	JOB	1	INSPECTION, ANNUAL CERTIFICATION DOMESTIC VIOLENCE COURTHOUSE AS PER SPECIFICATIONS HEREIN. <u>\$2,335.00</u> /JB
			<u>\$2,335.00</u> /TOTAL
2.	JOB	1	INSPECTION, ANNUAL CERTIFICATION COOK COUNTY BUILDING AS PER SPECIFICATIONS HEREIN. <u>\$3,925.00</u> /JB
			<u>\$3,925.00</u> /TOTAL
3.	EACH	2	RE-INSPECTION CHARGE AS PER SPECIFICATIONS HEREIN. <u>\$100</u> /EA
			<u>\$200.00</u> /TOTAL

GRAND TOTAL: \$6,460.00

DELIVERY DATE: Within 10 working days of award of contract

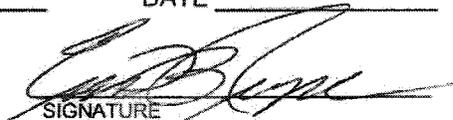
(NUMBER OF CALENDAR DAYS AFTER AWARD OF CONTRACT)

THE RECEIPT OF THE FOLLOWING ADDENDA TO THE SPECIFICATIONS IS ACKNOWLEDGED:

ADDENDUM NO. N/A DATE \_\_\_\_\_

ADDENDUM NO. N/A DATE \_\_\_\_\_

Eric Rupe  
CONTACT

  
SIGNATURE

10/26/2011  
DATE

Eric.rupe@lerchbates.com  
EMAIL

312.386.7658  
PHONE

312.332.5442  
FAX



**COOK COUNTY FACILITIES MANAGEMENT**

**CHICAGO, ILLINOIS**

**ANNUAL INSPECTION CERTIFICATION  
SERVICES PROPOSAL**

**OCTOBER 14, 2011**

*Prepared For:*

MR. MICHAEL RUSCO  
BUSINESS MANAGER  
Cook County Facilities Management  
2245 West Ogden Ave, 5<sup>th</sup> Floor  
Chicago IL 60612  
Email: Michael.rusco@cookcountyil.gov

*Prepared By:*

ERIC RUPE  
GENERAL MANAGER – CHICAGO REGION  
LERCH BATES, INC.

Lerch Bates Project #: 2011001845-50



I. BASIC VERTICAL TRANSPORTATION CONSULTING SERVICES

Lerch Bates Inc. (Lerch Bates) agrees to provide Cook County Facilities Management (Client) with the following services.

Lerch Bates Inc. will provide, as qualified elevator inspectors, annual inspection services for the properties listed in accordance with the City of Chicago Municipal Code Section 13-20-100. Lerch Bates meets all of the requirements as referenced in Exhibit A. The number of licensed Qualified Elevator Inspectors employed by our firm: 12.

II. FEES AND EXPENSES

A. The fee schedule for annual inspection services as defined above shall be as follows:

Base Line Pricing for Inspection Services (unit cost):

Elevators	Floors 0-10	\$160.00
Elevators	Floors 11-20	\$180.00
Elevators	Floors 21-30	\$195.00
Platform Lifts		\$110.00
Wheelchair Lifts		\$105.00
Dumbwaiters		\$105.00

The total initial inspection, as described above, cost for each of your properties is as follows:

Domestic Violence Courthouse	7 Elevators = \$1,120.00
	10 Platform Lifts = \$1,110.00
	1 Wheelchair Lift = \$105.00

**Total for the Domestic Violence Courthouse: \$2,335.00**

Cook County Building	15 Elevators = \$2,680.00
	4 Escalators = \$720.00
	1 Wheelchair lift = \$105.00
	4 Dumbwaiters = \$420.00

**Total for the Cook County Building: \$3,925.00**

All pricing is based on regular time as defined by the International Union of Elevator Constructors (IUEC). Any additional work outside of those hours is not included in this pricing. If required

firefighters' Phase I and II service are to be accomplished after hours; an additional fee per unit may be added to the base line pricing.

Re-inspection may be required, and pricing for this is not included in this proposal.

**B. Invoice Payment, Interest on Unpaid Amount and Disputed Invoices**

Lerch Bates will submit progress invoices which are due upon receipt and considered past due if not paid within thirty (30) days of invoice date. If payment in full is not received by Lerch Bates within sixty (60) calendar days of invoice date, invoices will bear interest at one-and-one-half (1.5) percent (or the maximum rate allowable by law, whichever is less) of the unpaid amount per month, which will be calculated from the invoice date. Furthermore, if the Client has not objected to the invoice, as provided for below, and the invoice is more the sixty (60) days outstanding, Lerch Bates may proceed immediately to collection of the invoice without mediation as a condition precedent. Payment thereafter will first be applied to accrued interest and then to the unpaid principal.

Lerch Bates shall be compensated to the extent that Lerch Bates services are requested, directed, and provided regardless of project schedule or client's billing arrangement with owner.

If the Client objects to any portion of an invoice, the Client shall so notify Lerch Bates in writing within fifteen (15) calendar days of receipt of the invoice. The Client shall identify in writing the specific cause of the disagreement and the amount in dispute and shall pay that portion of the invoice not in dispute in accordance with the other payment terms of this Agreement.

Any dispute over invoiced amounts due which the Client has objected to and cannot be resolved within twenty-five (25) calendar days after presentation of invoice by direct negotiation between the parties shall be resolved in accordance with the following Disputed Invoice Resolution process:

1. A demand for mediation shall be made in writing, delivered to the other party to the Agreement, and filed with the person or entity administering the mediation.
2. The other party shall deliver a written response to the party demanding mediation within seven (7) calendar days of receipt of the demand for mediation indicating that the other party agrees to mediate.
3. Should the other party fail to provide a written response to the demand for mediation within the seven (7) day time period, the requirement of mediation as a condition precedent under Terms and Conditions paragraph A.14 shall be deemed waived, and Lerch Bates may proceed directly with the filing of a civil complaint in a court of competent jurisdiction.

**C. Termination of Services**

Lerch Bates reserves the right to terminate this agreement upon seven (7) days advance notice in the event Client fails to perform, including failure to make timely payment of invoices. Lerch Bates may, at its option, suspend work in the event payments are not received and will have no liability for any delay caused thereby.

**D. Documents**

All documents furnished by Lerch Bates are instruments of service and shall remain the sole property of Lerch Bates. Lerch Bates shall retain all common law, statutory, and other reserved rights, including the copyright thereto. They are to be used only for this project and are not to be modified, distributed, or used for any other project, in whole or in part, except with the written



authorization of Lerch Bates. Lerch Bates accepts no liability for any unauthorized use or modification of these documents.

E. Insurance

See attached sample Lerch Bates Certificate of Insurance. Insurance Certificates for this project will be provided to the Client upon execution of this agreement. In the event of insurance cancellation, the Client will be given thirty (30) days' written notice.

III. TERMS AND CONDITIONS

A. Lerch Bates Responsibilities

1. Confirmation of Verbal Authorization: Until such time that a written agreement is concluded, we will proceed based upon the terms of this proposal, including the Basic Services, Compensation, Reimbursable Expenses, and Terms and Conditions therein. If that process is not acceptable to you, please notify Lerch Bates Inc. immediately in writing.
2. Standard of Care: Lerch Bates services will be performed with that degree of skill and care ordinarily exercised by other consultants providing similar services under the same or similar circumstances and in the same locale. Lerch Bates makes no other warranty, expressed, or implied.
3. Cost Estimates: Lerch Bates opinions of probable cost, if any, will be based on training and experience. However, Lerch Bates does not have control over contractors' costs of labor or materials, or other conditions affecting market pricing, and accordingly Lerch Bates does not warrant its opinions, nor that contractors' actual or quoted costs will not vary from its opinions of probable cost.
4. Submittal Review: Lerch Bates review of shop drawings and other submittals will be for conformance with the general intent of the Lerch Bates documents, and action taken or comments made by Lerch Bates shall not create or transfer responsibility for the content of such submittals. Responsibility will remain with the contractor or the party preparing said submittals.
5. Review of Pay Applications: Lerch Bates review of the contractor's applications for payment, if any, will constitute Lerch Bates opinion based on its review of the work in progress but will neither be a warranty nor a representation that the contractor has appropriately applied payments for any purpose of the contractor's work.
6. Site Services: Lerch Bates construction phase site services are intended to determine if the work is proceeding in general conformance with the intent of the Lerch Bates documents; notwithstanding the performance of said services, Lerch Bates shall not be responsible nor liable for the contractor's means, methods, techniques, sequences, or procedures, nor for job site safety programs, which remain the sole responsibility of the Client's contractor(s).
7. Matters Outside Parties' Control: Client acknowledges that Lerch Bates, by undertaking this engagement, assumes no obligation or responsibility to Client or its employees, guests, customers, suppliers, or vendors, or any other person whatsoever, for prevention or mitigation of property damage, personal or bodily injury,

loss detention, or delay caused by accidents, strikes, lockouts, and any other cause including those resulting from force majeure.

8. **Schedule:** Lerch Bates will perform its services as expeditiously as is consistent with professional care and diligence. Lerch Bates shall not be responsible or liable for any loss, damage, detention, or delay caused by accidents, strikes, lockouts, or by any other cause which is unavoidable or beyond Lerch Bates control, to include any event for consequential damages of any kind or nature.
9. **Use of Equipment:** Lerch Bates shall have no responsibility for property damage or personal or bodily injury occurring while in, on, or about the equipment which is the subject of this agreement, or for the consequences of such damage or injury.
10. **Code Opinions:** Client acknowledges that Lerch Bates recommendations, interpretations, opinions, and conclusions regarding requirements of applicable codes, ordinances, laws, and regulations shall be based on the current versions of said authorities as they exist at the time of the site review and may not reflect versions existing before or after the date of the review.
11. **Maintenance:** Client also acknowledges that preventive maintenance is required on all mechanical and electrical systems to assure safe, proper, and consistent operation of the equipment, and that as between Client and Lerch Bates said preventive maintenance is Client's sole responsibility.
12. **Client Information:** Client is responsible for providing, at its expense, to Lerch Bates such information as may be necessary to facilitate Lerch Bates services herein; Lerch Bates shall be entitled to rely on all Client-supplied information being current, complete, and accurate regardless of the original source.
13. **Limitation of Liability and Indemnity:**
  - a. In view of the relative risks and rewards of the Client's business and the services to be provided hereunder by Lerch Bates, the Client agrees to limit the liability of Lerch Bates, its employees, and consultants to the Client, and to anyone claiming through Client, for any and all claims, demands, losses, damages, costs, or expenses, including attorneys' fees, resulting from or related to this Agreement or the services hereunder, from any cause or causes, to a total aggregate liability of \$50,000.00 or Lerch Bates fee, whichever is greater. Under no circumstances shall Lerch Bates have liability for personal or bodily injury or property damage except to the extent caused by the negligent errors and omissions of Lerch Bates.
  - b. Further, Client agrees to indemnify and hold harmless Lerch Bates, its employees, and consultants from and against any and all claims, demands, losses, damages, costs, or expenses, including attorneys' fees, which are asserted by any other party, firm, or individual and which are alleged to result from or be related to this Agreement or the services hereunder, and which exceed the sum of \$50,000.00 or Lerch Bates fee for the services hereunder, whichever is greater.
14. **Mediation:** Except for claims based upon a failure to pay outstanding invoices (which is covered in Termination of Services paragraph above), in the event of any dispute, claim, or demand arising from this Agreement or the services hereunder, a condition precedent to the commencement of litigation thereon shall be the parties' good-faith mediation using a neutral mediator selected by mutual agreement of the parties. A



demand for mediation shall be made in writing, delivered to the other party to the Agreement, and filed with the person or entity administering the mediation. Except as provided for in Termination of Services paragraph with respect to dispute over invoiced amounts due, no action shall be filed or commenced in any court until 30 days after the completion of mediation. The costs and fees of a mediator shall be divided among the parties equally.

- 15. Extent of Agreement: This agreement, when executed by authorized representatives of both Lerch Bates and Client, constitutes the Contract between the parties hereto and all prior representations or agreements, oral or written, not expressly incorporated herein, are superseded.
- 16. This Agreement shall be governed by the state laws of the local Lerch Bates office, and all actions pertaining to or arising out of this Agreement shall be filed in the county of the local Lerch Bates office.
- 17. This proposal expires thirty (30) days from the submission date.

FOR: COOK COUNTY FACILITIES  
MANAGEMENT

FOR: LERCH BATES INC.

ACCEPTED

ACCEPTED

BY: \_\_\_\_\_

BY: \_\_\_\_\_

Eric Rupe

TITLE: \_\_\_\_\_

TITLE: General Manager – Chicago Region

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/5/2010

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Van Gilder Insurance Corp. 1515 Wynkoop, Suite 200 Denver CO 80202	<b>CONTACT NAME:</b> Mable Griest <b>PHONE:</b> (AIC No. Ext: 303-837-8500)	<b>FAX:</b> (AIC No: 303-831-5295)
	<b>EMAIL:</b> mgriest@vgic.com <b>PRODUCER CUSTOMER ID:</b> LERBAT	
<b>INSURED</b> Lerch Bates Inc. 8089 S. Lincoln Street Suite 300 Littleton CO 80122	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> National Union Fire Ins Co of	
	<b>INSURER B:</b> XL Specialty Insurance Co.	
	<b>INSURER C:</b> Hartford Insurance Group	
	<b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 192346447      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL USR	INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-RECT <input type="checkbox"/> LOC	Y	Y		340UNRD4729	9/30/2010	9/30/2011	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$100,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
C	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y		340UNRD4729	9/30/2010	9/30/2011	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$	Y	Y		BE011114955	9/30/2010	9/30/2011	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A		34WBCRO5283	9/30/2010	9/30/2011	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
B	Professional liability Claims Made				DPR9683819	9/30/2010	9/30/2011	Per Claim \$1,000,000 Annual Aggregate \$4,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 If required by written contract or written agreement, the following provisions apply subject to the policy terms, conditions, limitations and exclusions: The Certificate Holder and Owner are included as Additional Insureds for ongoing and completed operations under General Liability; Designated Insured under See Attached...

<b>CERTIFICATE HOLDER</b>  FOR PROPOSAL ONLY ***** ***** ** *****	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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Exhibit A

**Joint Committee on Administrative Rules**  
**ADMINISTRATIVE CODE**

**TITLE 41: FIRE PROTECTION**  
**CHAPTER II: ELEVATOR SAFETY REVIEW BOARD**  
**PART 1000 ILLINOIS ELEVATOR SAFETY RULES**  
**SECTION 1000.80 LICENSURE AND REGISTRATION REQUIREMENTS**

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**Section 1000.80 Licensure and Registration Requirements**

- a) **Qualifications for Elevator Mechanic or Limited Elevator Mechanic License**
- 1) **Elevator Mechanic License**  
Section 20(a) of the Act states that *no person shall erect, construct, wire, alter, replace, maintain, remove, or dismantle any conveyance contained within buildings or structures in the jurisdiction of this State unless he or she possesses an elevator mechanic license.*
- A) *No license shall be granted to any person who has not paid the application fee required by Section 1000.100(a).*
- B) **Grandfathering**  
A person applying for an elevator mechanic or limited elevator mechanic license by December 31, 2007 and submitting to the OSFM *acceptable proof that he or she has worked as an elevator constructor or maintenance or repair person for equipment the licensee is authorized to install* shall be issued an elevator mechanic license. *Acceptable proof shall consist of documentation that he or she worked without direct and immediate supervision for an elevator contractor who has worked on elevators in this State for a period of not less than 3 years immediately prior to April 24, 2007.*
- C) *No license shall be granted to any person who has not proven his or her qualifications and abilities. Applicants for an elevator mechanic license must demonstrate one of the following qualifications:*
- i) *an acceptable combination of documented experience and education credits consisting of:*



- *not less than 3 years work experience in the elevator industry, in construction, maintenance, or service and repair, as verified by current and previous employers licensed to do business in this State or in another state if the Board deems that out-of-state experience equivalent; and*
  - *satisfactory completion of a written examination administered by the Elevator Safety Review Board or its designated provider on this Part and the State codes incorporated in Section 1000.60; or*
- ii) *a certificate of successful completion of the mechanic examination of a nationally recognized training program for the elevator industry, such as the National Elevator Industry Educational Program or its equivalent; or*
  - iii) *a certificate of completion of an elevator mechanic apprenticeship program, with standards substantially equal to those of the Act, registered with the Bureau of Apprenticeship and Training, U.S. Department of Labor; or*
  - iv) *a valid license from a state having standards substantially equal to those of this State. [225 ILCS 312/45]*

(Source: Amended at 32 Ill. Reg. 8377, effective May 27, 2008)

<http://www.ilga.gov/commission/jcar/admincode/041/041010000000800R.html>



STATE OF ILLINOIS

OFFICE OF THE STATE FIRE MARSHAL  
DIVISION OF ELEVATOR SAFETY

James R. Thompson Center • 100 West Randolph St., Suite 4-600 • Chicago, IL 60601



ELEVATOR INSPECTION CO LICENSE NO. IL03922

Expiration Date (02/26/2013)

This is to certify that Lerch Bates, Inc. has met all the requirements and is duly authorized to perform such work as set forth by the Elevator Safety Review Board in this state under this license issued this day 02/26/2009.

Lawrence T. Matkajtis  
STATE FIRE MARSHAL

Robert Capuani  
DIRECTOR OF ELEVATOR SAFETY

**BID TABULATION**

**BID NAME:** ELEVATOR INSPECTION  
**BID NUMBER:** 96748  
**BID OPENING DATE:** Monday, October 24, 2011  
**BID OPENING TIME:** EMERGENCY  
**BUYER NAME:** BRENDA BEARD

ITEM #	DESCRIPTION	QUANTITY	UNIT	VENDOR #1: ELEVATOR INSPECTION		VENDOR #2: JUST ELEVATOR		VENDOR #3: LERCH BATES	
				UNIT PRICE	TOTAL PRICE	UNIT PRICE	TOTAL PRICE	UNIT PRICE	TOTAL PRICE
1	SERVICE,ELEVATOR INSPECTION,PERFORM ANNUAL INSPECTIONS SHALL BE I ACCORDANCE WITH ANSI A17-1 STANDARDS	1	JB	\$1,535.00	\$1,535.00	\$1,840.00	\$1,840.00	2,335.00	\$2,335.00
	LICENSED.								
2	SERVICE,ELEVATOR INSPECTION,PERFORM ANNUAL INSPECTIONS SHALL BE I ACCORDANCE WITH ANSI A17-1 STANDARDS CONDUCTED BY AN ILLINOIS LICENSED.	1	JB	\$2,385.00	\$2,385.00	\$2,900.00	\$2,900.00	3,925.00	\$3,925.00
3	RE-INSPECTION CHARGE	2	EA	\$85.00	\$170.00	\$120.00	\$240.00	100	\$200.00
					\$4,090.00		\$4,980.00		\$6,460.00

# 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	<u>PH. QUOTE</u>
Permission to Negotiate Date	
Contracts and Bonds Date	

Project Description: <u>Inspection Elevator</u>		
Vendor: <u>ELEVATOR INSP.</u>	Award Amount: <u>4,090.00</u>	One-Time <input checked="" type="checkbox"/> Term Agreement <input type="checkbox"/>
Contract No.:	Award Type: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple	Renewals: <input checked="" type="checkbox"/>
Requisition No.: (if known) <u>96748</u>	Start Date:	End Date:
PO No.: (if known) <u>178705</u>	Contact Person: <u>PAT BREWER</u>	Department:
Telephone: <u>630 323-6541</u>	Fax #:	Email:
Cost Savings: <u>227.00</u>		
Funding Type: <input checked="" type="checkbox"/> Institutional	<input type="checkbox"/> State	<input type="checkbox"/> Federal Grant <input type="checkbox"/> 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

<input type="checkbox"/> Board's Permission to Advertise	<input checked="" type="checkbox"/> Detailed Bid Tabulation	<input checked="" 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"/> # <u>      </u> <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"/> # <u>      </u> <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"/> # <u>      </u> <input type="checkbox"/>	<input type="checkbox"/> Insurance Certificate/Waiver	

Spec. Engineer: P.B. Date: 11/2/11 Deputy P.A.: Brandie V. Knapp Date: 11/2/11  
Rev. [6/3/2011]