



**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
772560

Hygiene Solutions
2296 Cornell Ave
Montgomery IL 60538

DATE
10/1/2011
F.O.B. POINT

PURCHASE ORDER NO.
178357 - 000- OP
REQUISITION NO.
00097703 OR

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

SHIP TO County Clerk -Real Estate & Tax Divisio
Cook County Building
118 N. Clark Street - RM 434
Chicago IL 60602-1304

DELIVERY INSTRUCTIONS

Regan Burke (312) 603-3005

DEPT NO

1101195 Page 1 of 1

LINE	FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE	QUANTITY/ UOM	UNIT PRICE	EXTENDED PRICE	ACCOUNT NUMBER
1.00	Auto Fresh Fragrance Units MICRO BURST 3,000 SPRAY PER REFILL	4.00 EA	144.0000	576.00	1101195.540140
2.00	Ladles Sanitary Disposal Units Compac 1" size,larger capacity ,hands free operation the unit sits conveniently next to the toilet and products are deposited by depressing the extended -reach foot pedal. Dimension 16" h x 7 1/2" w x20 1/2" l Capacity 5.5 Gallon Hold a plastic waste bag securely in place. Must be serviced monthly, service include refills of fragrance units, cleaning of the sanitary units, and battery changes as required. Must be serviced monthly, service include refills of fragrance units, cleaning of the sanitary units, and battery changes as required. (INCLUDED)	3.00 EA	240.0000	720.00	1101195.540140
***** Total Order *****				1,296.00	

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

Maria de la Cruz
Date: 10/4/11

Be 10/4/11

Purchase Requisition

Office of the Purchasing Agent
Cook County of Illinois

Purchase Order Number

178357

Requisition # **OR 97703** Contract #

Ship To: 8000178 County Clerk - Real Estate & Ta

Cook County Building
118 N. Clark Street - RM 434
Chicago IL 60602-1304

Delivery Instructions:
Regan Burke
(312) 603-3005

Supplier: 299999

TEAM LEAD MAILBOX

Open Date
5/18/2011

Buyer Number 724150 Supervisor 40
Bid/Sole Src Code BSP
Business Unit 1101195

Internal Req Number 11100011
Board App Date & Item
Requisition Date 5/18/2011
Date Needed 5/18/2011

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

Expiration Date

Emergency No.

Line #	Commodity Description	Quantity	UOM	Est. Unit Cost	Extended Cost	Business Unit and Object Account
1,000	985 Auto Fresh Fragrance Units	4.00	EA	110.7500	443.00	1101195.540140
2,000	985 Ladies Sanitary Disposal Units	3.00	EA	185.0000	555.00	1101195.540140
Annual Services Agreement for Real Estate & Taxes 10/17/11 thru 9/30/12 Must be serviced monthly, service include refills of fragrance units, cleaning of the sanitary units, and battery changes as required.						
				Total of Items Ordered	998.00	

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

Regan Burke

RECEIVED
OFFICE OF THE
PURCHASING AGENT
MAY 20 2011 3:11 PM
PROCUREMENT



RETURN THIS QUOTATION TO:
OFFICE OF THE PURCHASING AGENT
COUNTY OF COOK

118 NORTH CLARK ST. ROOM 1018 CHICAGO, ILLINOIS 60602-1375
 SEALED BIDS FOR THE FOLLOWING SUPPLIES AND/OR SERVICES
 WILL BE ACCEPTED AT THIS OFFICE UP TO 10:00 A.M.

QUOTATION
 This is not an order - submit all
 quotations on this form.

DATE 8/24/2010	BUYER BEARD, BRENDA	BUYER PHONE 312 6035383	ORDER NO. 93371 OR	RESPOND BY 9/14/2010	Quotes must be in Bid Box by 10:00 A.M.	Page 1 of 1
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Vendor Address 772560
HYGIENE SOLUTIONS
2296 CORNELL AVE
MONTGOMERY IL 60538

TERMS AND CONDITIONS

Acceptance: If this bid is accepted by the County within 30 days from date of opening, bidder offers and agrees to furnish any or all of the items upon which prices are quoted, at the price and delivery time stated, subject to all terms and conditions endorsed hereon.

Bidding: The right is reserved to reject any and all bids; to waive a formality in bids; to award by item or class. Bidders cannot limit the acceptance of bid to less than 30 days.

Errors in Bid: Bidders are cautioned to verify their bids before submission. No bid may be withdrawn or changed after it has been opened. In case of error in extension, unit price will govern.

Deliveries: Bid price must reflect any delivery charges to point designated. Title is to pass at delivery point.

Taxes: Materials and services purchased by Cook County are exempt from Federal Excise Tax by virtue of exemption certificate #36-75-0038K, from Illinois Retailers' Occupation Tax, Municipal Retailers' Occupation Tax and all Service Taxes.

In General: The prices quoted herein shall agree with all Federal Laws and Regulations.

Brand Names: Where brand names, model or part numbers are employed in the description, it is not intended that they are restrictive. Where a bidder proposes an "or equal", bidder shall fully describe the item proposed.

Product Delivery Point
 County Clerk -Real Estate & Tax Division
 Cook County Building
 118 N. Clark Street - RM 434
 Chicago IL 60602-1304

INSTRUCTIONS ON MARKING BID ENVELOPE

Before returning bid, mark the envelope in which the bid will be enclosed with the following information: Order Number, Date and Time bid is to be opened. Mark envelope "BID". Vendor is responsible for having quotation in bid box before bid opening date and time.

DELIVERY IN WORKING DAYS 1
 PHONE NUMBER 630 801-6970
 SIGNED BY Max Clemons
 (PLEASE PRINT) MARC CLEMONS

430405 8307

DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL PRICE	EXTENDED PRICE
Auto Fresh Fragrance Units w/Service <u>MURKIN QUINSE 3.000 SPRAY PER REFILL</u>	<u>14</u>	<u>4.00</u>	EA	<u>\$56.00</u>
Ladies Sanitary Disposal Units w/Service Annual Services Agreement For Real Estate & Taxes 10/1/10 thru 9/30/11 Must be serviced monthly, service include refills of fragrance units, cleaning of the sanitary units, and battery changes as required. <u>(3 EA)</u>	<u>3</u>	<u>3.00</u>	EA	<u>\$9.00</u>
<p>9/21/10 See attachments attached</p>				<p>\$48.00 PER MONTH = 574 \$60.00 PER MONTH = 720. \$108.00 PER MONTH</p>
<p>0.00 + 144.00 x 4.00 = 576.00M+</p> <p>240.00 x 3.00 = 720.00M+</p>				
OFFICE USE ONLY PURCHASE ORDER #				TOTAL
ADDITIONAL TERMS ON REVERSE SIDE				<u>\$1296.00 PER ANNUM</u>

002

1,296.00M*



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
 772560

Hygiene Solutions
 2296 Cornell Ave
 Montgomery IL 60538

DATE
 9/20/2010
 F.O.B. POINT

PURCHASE ORDER NO.
174085 - 000- OP
 REQUISITION NO.
 00093371 OR

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

SHIP TO County Clerk -Real Estate & Tax Divisio
 Cook County Building
 118 N. Clark Street - RM 434
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DELIVERY INSTRUCTIONS

Regan Burke (312) 603-3005

DEPT NO	
1101195	Page 1 of 1

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1.00	Auto Fresh Fragrance Units w/Service	4.00 EA	144.0000	576.00	1101195.540140
2.00	Ladies Sanitary Disposal Units w/Service Annual Services Agreement For Real Estate & Taxes 10/1/10 thru 9/30/11 Must be serviced monthly, service include refills of fragrance units, cleaning of the sanitary units, and battery changes as required.	3.00 EA	240.0000	720.00	1101195.540140
***** Total Order *****				1,296.00	

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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:

Regan Burke 9-20-10

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 9/16/11
 Permission to Negotiate Date _____
 Contracts and Bonds Date _____

Project Description: SANITARY CLEANING
 Vendor: Hygiene 'SOL. Award Amount: 1296.00 One-Time Term Agreement
 Contract No.: _____ Award Type: Single Multiple Renewals: _____
 Requisition No.: (if known) 97703 Start Date: _____ End Date: _____
 PO No.: (if known) 118357 Contact Person: _____ Department: _____
 Telephone: 630-8016970 Fax #: _____ Email: _____
 Cost Savings: _____
 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

<input type="checkbox"/> Board's Permission to Advertise	<input checked="" type="checkbox"/> Detailed Bid Tabulation	<input type="checkbox"/> 3 Vendor Signed Contracts
<input 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: Brenda Bell Date: 10/1/11 Deputy P.A.: _____ Date: _____

Auto Fresh Fragrance Units, Micro Burst 3,000 Spray Per Refill, Ladies Sanitary
Disposal Units, Compac 1" Size Larger- Real Estate Management Division
DUE DATE: Friday Sept. 16, 2011 AT 10:00AM Quote Q-97703-OR- B. Beard

VENDOR NAME	VENDOR ADDRESS	VENDOR AMOUNT
1 HYGIENE SOLUTIONS	2096 CORNELL AVE MONTGOMERY, IL, 60538	1,296.00
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COUNTY OF COOK

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 SEALED BIDS FOR THE FOLLOWING SUPPLIES AND/OR SERVICES
 WILL BE ACCEPTED AT THIS OFFICE UP TO 10:00 A.M.

QUOTATION
 This is not an order - submit all
 quotations on this form.

DATE 8/31/2011	BUYER BEARD, BRENDA	BUYER PHONE 312 6035383	ORDER NO. 97703 OR	RESPOND BY 9/16/2011	Quotes must be in Bid Box by 10:00 A.M.	Page 1 of 1
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Vendor Address 772560

HYGIENE SOLUTIONS
2296 CORNELL AVE
MONTGOMERY IL 60538

Product Delivery Point
 County Clerk -Real Estate & Tax Division
 Cook County Building
 118 N. Clark Street - RM 434
 Chicago IL 60602-1304

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In General: The prices quoted herein shall agree with all Federal Laws and Regulations.

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INSTRUCTIONS ON MARKING BID ENVELOPE

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DELIVERY IN WORKING DAYS 2
 PHONE NUMBER 630 801 1970
 SIGNED BY Marc Clemans
 (PLEASE PRINT) Marc Clemans

DESCRIPTION	QUANTITY ORDERED	UNIT OF MEASURE	UNIT PRICE	EXTENDED PRICE
uto Fresh Fragrance Units ICRO BURST 3,000 SPRAY PER REFILL	4.00	EA	144.00	576.00
adies Sanitary Disposal Units. ompac 1" size, larger capacity, hands free operation he unit sits conveniently next to the toilet and products re deposited by depressing he extended -reach foot pedal. imension 16" h x 7 1/2" w x 20 1/2" l apacity 5.5 Gallon old a plastic waste bag securely in place.	3.00	EA	240.00	720.00
ervice Agreement ust be serviced monthly, service include refills of ragrance units, leaning of the sanitary units, and battery changes as equired.	12.00	MO	<i>Included</i>	1296.00 PER YEAR

OFFICE USE ONLY	PURCHASE ORDER #	ADDITIONAL TERMS ON REVERSE SIDE	TOTAL
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CHECKLIST FOR REQUEST FOR QUOTATION SUBMISSION

Here's a check list for you to make sure the bid document you submit is complete.

Incomplete bid documents will not be considered for award so please contact us at VendorServices@cookcountygov.com with your questions, but be sure to allow enough time for us receive your inquiry and reply.

For the bid documents you are submitting, did you:

- FILL OUT the Vendor Address section of the *Request for Quotation* with your name and address, along with the attached Affidavit of Child Support Obligation page.
- Be sure to SIGN the *Request for Quotation*
- DOUBLE CHECK the unit, extended, and total price of the *Request for Quotation* you are submitting.
- READ the Terms and Conditions, Instructions on Marking Bid Envelope directions, located on the front of the *Request for Quotation* page and the Instructions for Delivery and for Invoicing of Goods page.

Finally, make sure you:

- Submit your bid documents on or before the Respond by Date and Time listed at the top of the page.
- Deposit your bid documents in the bid box located in Room 1018 of the County Building, 118 North Clark Street, Chicago, Illinois 60602 before 10:00 a.m. the date of the Bid Opening.
- Send in all pages of the *Request for Quotation*.

Bid documents submitted late or deposited in the wrong location will not be considered for award.

Good luck!

INSTRUCTIONS FOR DELIVERY AND FOR INVOICING OF GOODS

1. **Clearly mark every package with the name of the institution, department or agency to which goods are to be delivered. MARK ALL PACKAGES WITH THE COOK COUNTY PURCHASE ORDER NUMBER.**
2. **Stencil on or attach a tag to every package that bears your own names so the receiving clerk will know from whom the order was shipped.**
3. **Delivery time, unless otherwise stipulated, is Monday through Friday between 9:00 a.m. and 3:00 p.m.**
4. **Charge all goods to Cook County.**
5. **Direct all inquiries and send the original and all appropriate copies of the invoice with the proper Cook County invoice forms (i.e., 29A voucher form) to the following address:**

**Cook County Department of Purchasing
118 North Clark Street – Room 1018
Chicago, Illinois 60602**
6. **Never include goods furnished on two or more purchase orders on a single invoice.**
7. **All prices must be in compliance with federal, state, and local regulations.**
8. **Partial shipments or partial pay warrants will not be considered unless authorized or requested by the Purchasing Agent.**
9. **The law provides that every person selling goods to Cook County must make invoice form with certification as to the correctness of the bill.**
10. **Execute certification on the bottom of the invoice before mailing.**
11. **All pay warrants will be mailed to you by the Cook County Comptroller.**
12. **INDEMNITY – The contractor shall indemnify, keep and save harmless the County, its agents, officials and employees, against all injuries, deaths, loss, damages, claims, patent claims, suits, liabilities, judgments, costs and expenses, which may in anywise accrue against the County in consequence of the granting of this contract of which may in anywise result therefrom, whether or not it shall be alleged or determined that the act was caused through negligence or omission of the Contractor or his employees, of the subcontractor or his employees, if any, or of the County of Cook or its employees, and the Contractor shall, at his own expense, appear, defend, and pay all charges of attorneys and all costs and other expenses, arising therefrom or incurred in connection therewith, and, if any judgment shall be rendered against the County in any such action, the Contractor shall, at his own expense, satisfy and discharge the same. The Contractor expressly understands and agrees that any performance bond or insurance protection required by this contract, or otherwise provided by the Contractor, shall in no way limit the responsibility to indemnify, keep and save harmless and defend the County as herein provided. If this purchase order covers services, a Certificate of Insurance must be submitted before performance of service.**
13. **Compliance with the above will help avoid errors and delays.**