



**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
 805493
 Corporate Cleaning Services
 21 W Elm St
 Chicago IL 60610

DATE
 12/14/2011
F.O.B. POINT

PURCHASE ORDER NO.
179340 - 000- OP
REQUISITION NO.
 00099815 OR

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

SHIP TO Medical Examiner
 Robert J. Stein Institute of Forensic Me
 2121 W. Harrison RM 143
 Chicago IL 60612-3706

DELIVERY INSTRUCTIONS
 OFFICE OF THE MEDICAL EXAMINER
 KIMBERLY JACKSON 312-997-4482

DEPT NO	
2590886	Page 1 of 2

LINE	FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE	QUANTITY/ UOM	UNIT PRICE	EXTENDED PRICE	ACCOUNT NUMBER
1.00	WINDOW WASHING SERVICES CONTRACT PERIOD: MARCH 15, 2012 THROUGH MARCH 14, 2014. . WINDOWS ARE TO BE CLEANED FIVE (5) TIMES EACH YEAR DURING CONTRACT PERIOD . VENDOR TO CLEAN ALL INTERIOR AND EXTERIOR WINDOWS . CONTRACTOR TO FURNISH ALL LABOR, SUPPLIES, SAFETY BARRICADES, ETC., NECESSARY TO WASH GLASS WINDOWS . THE SERVICE SHALL BE PERFORMED IN A FIRST CLASS, HIGH QUALITY TRADE PRACTICE WORKMAN-LIKE MANNER . THE CONTRACTOR SHALL PROVIDE WORKERS IN SUFFICIENT NUMBERS AND ADEQUATE PHYSICAL CONDITION TO ACCOMPLISH THE CLEANING DUTIES . THE CONTRACTOR SHALL REQUIRE THAT ALL MEMBERS OF THE CLEANING CREW WEAR PROPER IDENTIFICATION WHILE ON PREMISES . ALL INTERIOR WINDOWS WITH BLINDS MUST BE OPENED AND CLEANED . ALL INSIDE SURFACES OF ALL PANELS AND GLASS DOORS, SHOWCASES AND SKYLIGHTS, INTERIOR AND EXTERIOR ARE INCLUDED . THE CONTRACTOR MUST PAY ALL WAGES, HEALTH & WELFARE AND FRINGE BENEFITS AS SET FORTH BY THE BUILDING OWNERS AND SERVICE EMPLOYEES LOCAL UNION NO. 1 . AMOUNT AWARDED: \$15,600.00	.00 LO	.0000	11,500.00	1100.300356

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:

Mania de la Cruz
 3/14/12 BK

Purchase Requisition

Office of the Purchasing Agent
Cook County of Illinois

53 BK by bus a contract
Purchase Order Number
179340

Requisition # **OR 99815** Contract # ~~115~~ **2775** Open Date

Ship To: 8000739 Medical Examiner
Robert J. Stein Institute of Fo
2121 W. Harrison RM 143
Chicago IL 60612-3706

Delivery Instructions: OFFICE OF THE MEDICAL EXAMINER
KIMBERLY JACKSON 312-997-4482

Supplier: 299999 TEAM LEAD MAILBOX

Buyer Number 724151 Supervisor 50
Bid/Sole Src Code BSV
Business Unit 2590886
Internal Req Number 12590149
Board Apr Date & Item
Requisition Date 10/13/2011
Date Needed 10/13/2011

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

1.000 961 WINDOW WASHING SERVICES < > 10.00 EA 1,150.0000 11,500.00 2590886:520430

WINDOW WASHING SERVICES < > 10.00 EA 1,150.0000
CONTRACT PERIOD WILL BE FOR TWENTY-FOUR (24) MONTHS FROM DATE AWARDED (2011-2013)
WINDOWS ARE TO BE CLEANED FIVE (5) TIMES EACH YEAR DURING CONTRACT PERIOD.
VENDOR TO CLEAN ALL INTERIOR AND EXTERIOR WINDOWS.
CONTRACTOR TO FURNISH ALL LABOR, SUPPLIES, SAFETY BARRICADES, ETC., NECESSARY TO WASH GLASS WINDOWS.
THE SERVICE SHALL BE PERFORMED IN A FIRST CLASS, HIGH QUALITY TRADE PRACTICE WORKMAN-LIKE MANNER.
THE CONTRACTOR SHALL PROVIDE WORKERS IN SUFFICIENT NUMBERS AND ADEQUATE PHYSICAL CONDITION TO ACCOMPLISH THE CLEANING DUTIES.
THE CONTRACTOR SHALL REQUIRE THAT ALL MEMBERS OF THE CLEANING CREW WEAR PROPER IDENTIFICATION WHILE ON PREMISES.
ALL INTERIOR WINDOWS WITH BLINDS MUST BE OPENED AND CLEANED.
ALL INSIDE SURFACES OF ALL PANELS AND GLASS DOORS, SHOWCASES AND SKYLIGHTS, INTERIOR AND EXTERIOR ARE INCLUDED.
THE CONTRACTOR MUST PAY ALL WAGES, HEALTH & WELFARE AND FRINGE BENEFITS AS SET FORTH BY THE BUILDING OWNERS AND SERVICE EMPLOYEES LOCAL UNION NO. 1.
BY SUBMITTING A PROPOSAL, THE BIDDER ACKNOWLEDGES THAT: THE LABOR STANDARDS REGARDING THE PAYMENT OF PREVAILING WAGE IS IN ACCORDANCE WITH THE COOK COUNTY SERVICE CONTRACT PREVAILING WAGE ORDINANCE.
CORRECTIONS OF ANY INFRACTIONS INCLUDING FRACTIONS BY ANY

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 amount to grant same.

CCA

50:1119 611301107
APPROVED BUDGETARY ACCOUNT

PURCHASING USE ONLY

REQUISITIONER *Kimberly Jackson* *Manager of Service M.D.*
BUREAU or DEPARTMENT HEAD *[Signature]*

ACCT # DEVELOPMENT
DATE _____ BY _____

Purchase Requisition
Office of the Purchasing Agent
Cook County of Illinois

Requisition # **OR 99815** Contract #

Open Date

Ship To: 8000739 Medical Examiner
Robert J. Stein Institute of Fo
2121 W. Harrison RM 143
Chicago IL 60612-3706

Delivery Instructions:
OFFICE OF THE MEDICAL EXAMINER
KIMBERLY JACKSON 312-997-4482

Supplier: 299999 TEAM LEAD MAILBOX

Buyer Number 724151 Supervisor 50
Bid/Sole Src Code BSV
Business Unit 2590886
Internal Req Number 12590149
Board Apr Date & Item
Requisition Date 10/13/2011
Date Needed 10/13/2011

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

SUBCONTRACTOR AND ANY LOWER TIER SUBCONTRACTORS ARE THE SOLE RESPONSIBILITY OF THE BIDDING CONTRACTOR.
THE CONTRACTOR FURTHER AGREES TO CERTIFY THAT IT IS THE CONTRACTORS RESPONSIBILITY TO MONITOR, ADJUST AND PAY THE MOST RECENTLY PUBLISHED PREVAILING WAGE RATE AS DEFINED BY SERVICE EMPLOYEES LOCAL NO. 1 IN ACCORDANCE WITH THE COOK COUNTY SERVICE PREVAILING WAGE ORDINANCE. BY SUBMITTING THIS PROPOSAL AND DURING THE COURSE OF THIS CONTRACT, THE BIDDER CERTIFIES THAT THE WAGES PAID TO ITS EMPLOYEES ARE NOT LESS AND FRINGE BENEFITS AND WORKING CONDITIONS OF SUCH EMPLOYEES ARE NOT LESS FAVORABLE THAN THOSE PREVAILING IN THE LOCALITY IN WHICH THE CONTRACT IS TO BE PERFORMED.
SITE INSPECTION:
DUE TO THE COMPLEXITY OF VARIOUS SIZES OF GLASS, THE VENDOR SHALL VISIT THE SITE OF THE PROPOSED WORK AND THOROUGHLY FAMILIARIZE HIMSELF/HERSELF WITH LOCATIONS, THE OPERATING CONDITIONS AND THE CONDITIONS HE/SHE WILL ENCOUNTER AFFECTING THE PROPOSED WORK. NO ADDITIONAL ALLOWANCES WILL BE GRANTED BECAUSE OF LACK OF KNOWLEDGE OF SUCH CONDITIONS. TO SET UP AN APPOINTMENT, CONTACT MRS. KIMBERLY JACKSON 312-997-4482.

Total of Items Ordered 11,500.00

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

Kimberly Jackson
REQUISITIONER
Kimberly Jackson
BUREAU or DEPARTMENT HEAD

ACCT # _____
DATE _____ BY _____



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 1/30/2012	BUYER CASEY, KEVIN B	BUYER PHONE 312 6036830	ORDER NO. 99815 OR	RESPOND BY 2/22/2012	Quotes must be in Bid Box by 10:00 A.M.	Page 1 of 2
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Vendor Address

Corporate Cleaning Services
21 W-ELM
Chicago, IL 60610

Product Delivery Point

Medical Examiner
 Robert J. Stein Institute of Forensic Med
 2121 W. Harrison RM 143
 Chicago IL 60612-3706

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.

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 312-573-3733
 SIGNED BY Neal S. Trucker
 (PLEASE PRINT) Neal S. Trucker

DESCRIPTION	QUANTITY ORDERED	UNIT OF MEASURE	UNIT PRICE	EXTENDED PRICE
WINDOW WASHING SERVICES CONTRACT PERIOD WILL BE FOR TWENTY-FOUR (24) MONTHS FROM DATE AWARD WINDOWS ARE TO BE CLEANED FIVE (5) TIMES EACH YEAR DURING CONTRACT PERIOD VENDOR TO CLEAN ALL INTERIOR AND EXTERIOR WINDOWS CONTRACTOR TO FURNISH ALL LABOR, SUPPLIES, SAFETY BARRICADES, ETC., NECESSARY TO WASH GLASS WINDOWS THE SERVICE SHALL BE PERFORMED IN A FIRST CLASS, HIGH QUALITY TRADE PRACTICE WORKMAN-LIKE MANNER THE CONTRACTOR SHALL PROVIDE WORKERS IN SUFFICIENT NUMBERS AND ADEQUATE PHYSICAL CONDITION TO ACCOMPLISH THE CLEANING DUTIES THE CONTRACTOR SHALL REQUIRE THAT ALL MEMBERS OF THE CLEANING CREW WEAR PROPER IDENTIFICATION WHILE ON PREMISES ALL INTERIOR WINDOWS WITH BLINDS MUST BE OPENED AND CLEANED ALL INSIDE SURFACES OF ALL PANELS AND GLASS DOORS, SHOWCASES AND SKYLIGHTS, INTERIOR AND EXTERIOR ARE INCLUDED THE CONTRACTOR MUST PAY ALL WAGES, HEALTH & WELFARE AND FRINGE BENEFITS AS SET FORTH BY THE BUILDING OWNERS AND SERVICE EMPLOYEES LOCAL UNION NO. 1	10.00	JB	\$1,560.00	\$15,600.00
OFFICE USE ONLY PURCHASE ORDER #	ADDITIONAL TERMS ON REVERSE SIDE		TOTAL	
				\$15,600.00

WINDOW WASHING SERVICES
OFFICE OF THE MEDICAL EXAMINER
DUE DATE: FEBRUARY 22, 2012 at 10:00 AM
Q-99815 OR BRENDA BEARD

VENDOR NAME	VENDOR ADDRESS	BID AMOUNT	
01.	Corporate Cleaning	21 W Elm Street Chgo, IL	\$ 15,600
02.	Pocola Development	2521 W Winnemac Chgo IL	\$ 17,910
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