

**CITY OF CHICAGO  
DEPARTMENT OF PROCUREMENT SERVICES  
ROOM 403, CITY HALL, 121 N. LASALLE STREET**

<b>FOR NCRB USE ONLY</b>	
Date	_____
Recommend Approval	<input type="checkbox"/>
Return To Dept.	<input type="checkbox"/>
Reject	<input type="checkbox"/>
Vote	<u>S-YES</u>

**NON-COMPETITIVE REVIEW BOARD (NCRB)  
JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT**

**COMPLETE THIS SECTION IF NEW CONTRACT**

For contract(s) in this request, fill in each of the four (4) major subject areas below in accordance with the **Instructions for Preparation of Non-Competitive Procurement Form** on the reverse side. Complete "Other" subject area if additional information is needed. Subject areas must be fully completed. Responses merely referencing attachments will not be accepted.

Request that negotiations be conducted only with <<name of person or firm>> for the product(s) and/or service(s) described herein.

This is a request for:

One-Time Contractor Requisition #: <<Reg No>>, copy attached or  Term Agreement or  Delegate Agency (Check one).

If Delegate Agency, this request is for "blanket approval" for all contracts within the <<proj description/name>> (Attach List).

Pre-Assigned Specification No.: \_\_\_\_\_

Pre-Assigned Contract No.: \_\_\_\_\_

**COMPLETE THIS SECTION IF AMENDMENT OR MODIFICATION TO CONTRACT**

Describe in detail the change in terms of dollars, time period, scope of services, etc., its relationship to the original contract and the specific reasons for the change. Indicate both the original and the adjusted contract amount and/or expiration date with this change, as applicable. Attach copy of all supporting documents. Request approval for a contract amendment or modification to the following:

Contract #: 15106

Company or Agency Name: ERLA Inc DBA EMSAR

Specification #: 54033

Contract or Program Description: Maint/Repair Ferno Washington & Stryker Stretchers

Modification #: \_\_\_\_\_

(Attach List, if multiple)

Juan C. Hernandez

312-745-2441

Juan C Hernandez

Fire

2/8/13013

Originator Name  
(mm/dd/yr)

Telephone

Signature

Department

Date

**PROCUREMENT HISTORY**

1. Describe the requirement and how it evolved from initial planning to its present status. Prior to 1996, the Chicago Fire Department performed its own maintenance and repairs of Ferno Equipment and was able to purchase all the necessary parts through a manufacturer's equipment dealer. However, in early 1997, Ferno-Washington, Inc. the OEM (original equipment manufacturer) initiated a new venture which restricted the sale of Class 1 & 2 parts to their new service and repair dealerships operating under the name of Equipment Management, Service & Repair (EMSAR), a wholly owned subsidiary of Ferno- Washington, Inc.

In 2004/2005 the Chicago Fire Department began purchasing Stryker stretchers as part of a new ambulance purchase. As a result Stryker stretchers were integrated into our stock of stretchers, thus initiating the need for FDA mandated maintenance and repair. Currently, The Chicago Fire Department has over 760 pieces of conveyance equipment, which all require periodic preventative. EMSAR is the only organization authorized to service both Stryker and Ferno-Washington devices.

2. Is this a first time requirement or a continuation of previous procurement from the same source? If so, explain the procurement history. Since March 1st, 1997, the Chicago Fire Department has been contracting with an EMSAR dealer that provides preventative maintenance and repair service for all Ferno and Stryker Equipment (\*\*) owned or operated by the Chicago Fire Department.

The EMSAR dealer to be affected by this Sole Source contract request is:

"EMSAR Chicago"

115 E. Ellis Ave.

Liberty, IL 60048

(1-847-533-6728)

(\*\*) Patient conveyance devices for use by Paramedics & Firefighters during the provision of "pre-hospital" emergency medical services and rescue

3. Explain attempts made to competitively bid the requirement. (Attach copy of notices and list of sources contacted)

See response to question 1

4. Describe all research done to find other sources. (List other cities contacted, companies in the industry contacted, professional organizations, periodicals and other publications used).

See response to question 1

5. Explain future procurement objectives. Is this a onetime request or will future requests be made for doing business with the same source?

This is an ongoing requirement for repair and maintenance

6. Explain whether or not future competitive bidding is possible. If not, why not?

See response to question 1

**ESTIMATED COST**

1. What is the estimated cost for this requirement (or for each contract, if multiple awards contemplated)? What is the funding source

The estimated contract increase cost is \$103,400. The funding source will be 013-0100-059-4133-0162-0162-0300 for preventive maintenance and 013-0100-059-4133-0360-0360-0200 for Class III repair parts and materials for stretchers.

2. What is the estimated cost by fiscal year, if the job project or program covers multiple years?

Estimated cost for 4/1/13 through 12/31/13 is \$84,600

Estimated cost for 1/14 through 2/28/14 is \$18,800

3. Explain the basis for estimating the cost and what assumptions were made and/or data used (i.e., budgeted amount, previous contract price, current catalog or cost proposal from firms solicited, engineering or in-house estimate, etc.)

Actual expenses were calculated, divided by the number of months the expenses were incurred in and multiplied by the number of months remaining in the contract period.

4. Explain whether the proposed Contractor or the City has a substantial dollar investment in original design, tooling or other factors which would be duplicated at City expense if another source was considered. Describe cost savings or other measurable benefits to the City which may be achieved.

The City has a substantial investment in the Ferno Washington and Stryker Stretchers that are are being repaired and maintained. We have at total of 760 pieces of conveyance equipment throughout both Fire Suppression and Rescue Engines, Trucks and Emergency Medical Services Ambulances.

Ferno Washington Stretchers: 5

Ferno Washington Scoop Stretchers: 92

Ferno Washington Stairchairs, Model 107B4: 264

Ferno Washington Auxillary Litter: 101

Ferno Washington/Stryker Fastening System: 87/89

Stryker Stretcher MX Pro, Model 6082: 122

5. Explain what negotiation of price has occurred or will occur. Detail why the estimated cost is deemed reasonable.

Existing contract pricing was utilized.

**SCHEDULE REQUIREMENTS**

1. Explain how the schedule was developed and at what point the specific dates were known.

Scheduling of preventive maintenance is developed based on the manufacturers recommendations and field use.

2. Is lack of drawings and/or specifications a constraining factor to competitive bidding? If so, why is the proposed Contractor the only person or firm able to perform under these circumstances? Why are the drawings and specifications lacking? What is the lead time required to get drawings and specifications suitable for competition? If lack of drawings and specifications is not a constraining factor to competitive bidding, explain why only one person or firm can meet the required schedule.

There are no drawings or specifications that are related to the reason that this request cannot be competitively bid. This contract is for servicing our Ferno Washington and Stryker Stretchers that is the only authorized dealer to work on both Ferno Washington and Stryker conveyance devices.

3. Outline the required schedule by delivery or completion dates and explain the reasons why the schedule is critical.

See response to question 1

4. Describe in detail what impact delays for competitive bidding would have on City operations, programs, costs and budgeted funds. This question is not relevant because the requirement can only be done by the current company.

**EXCLUSIVE OR UNIQUE CAPABILITY**

1. If contemplating hiring a person or firm as a Professional Service Consultant, explain in detail what professional skills, expertise, qualifications, and/or other factors make this person or firm exclusively or uniquely qualified for the project. Attach a copy of the cost proposal, scope of services, and temporary consulting services form.

This contract does not provide for the above.

2. Does the proposed firm have personnel considered unquestionably predominant in the particular field?

The proposed firm is the sole provider for Ferno Washington and Stryker repair.

3. What prior experience of a highly specialized nature does the person or firm exclusively possess that is vital to the job, project or program?

EMSAR is the only organization authorized to service both Stryker and Ferno-Washington devices.

4. What technical facilities or test equipment does the person or firm exclusively possess of a highly specialized nature which is vital to the job?

Specialized facilities are not required, authorized parts from the manufacturer are required.

5. What other capabilities and/or capacity does the proposed firm possess which is necessary for the specific job, project or program which makes them the only source who can perform the work within the required time schedule without unreasonable costs to the City?

Only authorized organization to perform Ferno Wahington and Stryker conveyance device repair.

6. If procuring products or equipment, describe the intended use and explain any exclusive or unique capabilities, features and/or functions the items have which no other brands or models, etc. possess. Is compatibility with existing equipment critical from an operational standpoint? Explain why?

This request is not for procuring products or equipment.

7. Is competition precluded because of the existence of patent rights, copyrights, trade secrets, technical data, or other proprietary data? Attach documentation verifying such.

No it is not

8. If procuring replacement parts and/or maintenance services, explain whether or not replacement parts and/or services can be obtained from any other sources? If not, is the proposed firm the only authorized or exclusive dealer/distributor and/or service center? If so, attach letter from manufacturer.

EMSAR is the only authorized organization to perform both Ferno Washington and Stryker conveyance device repair.

**MBEWBE COMPLIANCE PLAN**

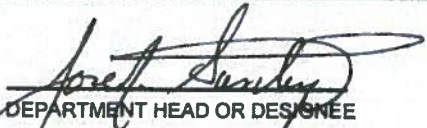
No State Goals requested for this increase request.

**OTHER**

Explain other related considerations and attach all applicable supporting documents, i.e., an approved ITGB form.

CFD supporting documents will accompn this request.

APPROVED BY:



DEPARTMENT HEAD OR DESIGNEE

Jose A Santiago

PRINT NAME

CHIEF PROCUREMENT OFFICER

3/13/13

DATE



BOARD CHAIRPERSON

PRINT NAME

DATE OF APPROVAL

APR 01 2013

DATE

APR 01 2013

4/1/13

# DPS PROJECT CHECKLIST

## For DPS Use Only

Date Received  
Date Returned  
Date Accepted  
CA/CN's Name

**IMPORTANT:** ALL INFORMATION SHOULD BE COMPLETED, ATTACH ALL REQUIRED MATERIALS AND SUBMIT FOR ROUTING TO THE DEPARTMENT OF PROCUREMENT SERVICES, ROOM 403, CITY HALL, 121 N. LASALLE STREET, CHICAGO, ILLINOIS 60602, ATTENTION: CHIEF PROCUREMENT OFFICER.

### General Information:

Date: 2/8/13	Need by (estimated date): 2/8/13	
Requisition No.: 79226	Contact Person:	Project Manager:
Specification No.: (if known) 54033	Karen Sanger	Karen Sanger
PO No.: (if known) 15106	Telephone: 312745370	Telephone: 3127453710
Modification No.: (if known)	Fax: 745-3700	Fax: 745-3700
Previous PO No.: (if known)	Email: ksanger@cityofchicago.org	Email:
Project Description: Maint of Ferno Washington and Stryker Stretchers		

### Funding:

City:	<input type="checkbox"/> Corporate	<input type="checkbox"/> Bond	<input type="checkbox"/> Enterprise	<input type="checkbox"/> Grant*	<input type="checkbox"/> Other:
State:	<input type="checkbox"/> IDOT/Transit	<input type="checkbox"/> IDOT/Highway		<input type="checkbox"/> Grant*	<input type="checkbox"/> Other:
Federal:	<input type="checkbox"/> FHWA	<input type="checkbox"/> FTA	<input type="checkbox"/> FAA	<input checked="" type="checkbox"/> Grant*	<input type="checkbox"/> Other:

LINE	FY	FUND	DEPT	ORGN	APPR	ACTV	PROJECT	RPTG	\$ DOLLAR AMOUNT
Various	various	0100	59	2005	0162	0162			685,000.
various	various	0100	59	2005	0162	0162			94,000
various	various	0100	59	2005	0360	0360			9,400

Term Estimated Value \$788400

\*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)

### Scope Statement:

Attached is a Detailed Scope of Services and/or Specification. E-mail softcopy in Microsoft Word to DPS Unit Manager

### IMPORTANT:

THIS IS A CRITICAL PORTION OF YOUR SUBMITTAL. IN ORDER FOR DPS TO ACCEPT YOUR SUBMITTAL YOU MUST COMPLETE THE SPECIFIC SCOPE REQUIREMENTS AS SET FORTH IN THE SUPPLEMENTAL CHECKLIST FOR THAT UNIT.

### Purchase Order Type (Check All That Apply):

<b>New Request</b>	<b>Modification/Amendment</b>
<input type="checkbox"/> Blanket/Term/DUR/Agreement	<input type="checkbox"/> Time Extension**
<input type="checkbox"/> Master Agreement (Task Order)	<input checked="" type="checkbox"/> Vendor Limit Increase
<input type="checkbox"/> Standard/One-Time Purchase	<input type="checkbox"/> Scope Change/Price Increase/Additional Line Item(s)
<b>Forms</b>	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Requisition	
<input type="checkbox"/> Special Approvals	
<input type="checkbox"/> Non-Competitive Review Board (NCRB)	

Contract Term: 7 years

\*\* Requested Term (Number of Months): none

### Pre-Bid/Submittal Requirements:

Mandatory Pre Bid/Submittal Conference?  Yes\*  No

Requesting Site Visit?  Yes  No

\*If yes, explain reasons why mandatory attendance is necessary.

# DPS PROJECT CHECKLIST

The following is a general description of what should be included in a Scope of Services or Specification:

A clear description of all anticipated services and products, including: time frame for completion, special qualifications of prospective vendors, special requirements or needs of the project, locations, anticipated participating user departments, citation of any applicable City ordinance or state/federal regulation or statute.

## ARCHITECTURAL/ENGINEERING SUPPLEMENTAL CHECKLIST

Required Attachments: Scope of Services, including location, description of project, services required, deliverables, and other information as required

### Risk Management

Current Insurance Requirements prepared/approved by Risk Management:  Yes  No  
Will services be performed within 50 feet of CTA train or other railroad property?  Yes  No  
Will services be performed on or near a waterway?  Yes  No

If applicable, Pre-Qualification Category No. \_\_\_\_\_ Category Description: \_\_\_\_\_  
For Pre-Qualification Program, attach list of suggested firms to be solicited

Other Agency Concurrence Required:  None  State  Federal  Other \_\_\_\_\_

If Amendment request, please verify and provide the following:

Contractor's Name:  
Contractor's Address:  
Contractor's e-mail Address:  
Contractor's Phone Number:  
Contractor's Contact Person:

Attach Recommendation of MBE/WBE/DBE Analysis Form  Yes  No

## AVIATION CONSTRUCTION SUPPLEMENTAL CHECKLIST

DOA sign-off for final design documents:  Yes  No

### Required Attachments:

Copy of Draft Contract Documents and Detailed Specifications

### Risk Management:

Current Insurance Requirements prepared/approved by Risk Management:  Yes  No  
Will work be performed within 50 feet of CTA or ATS structure or property?  Yes  No  
Will work be performed airside?  Yes  No

\*NOTE: Any non-construction Aviation request, complete the applicable section.

Do bid documents contain Sensitive Security Information (SSI)?  Yes\*  No  Redacted  
\*If yes, attach Confidentiality Statement

Attach Recommendation of MBE/WBE/DBE Analysis Form  Yes  No

If Amendment request, please verify and provide the following:

Contractor's Name:  
Contractor's Address:  
Contractor's e-mail Address:  
Contractor's Phone Number:  
Contractor's Contact Person:

**COMMODITIES SUPPLEMENTAL CHECKLIST**

**Required Attachments:**

- Detailed Specifications (Scope of Services) including detailed description of the product, delivery location, user department contact, price escalation considerations
- Bidder's qualification, contract term and extension options
- Contractor's qualifications, citation of any applicable City/State/Federal statutes or regulations, citation of any applicable technical standards
- Price Lists/Catalogs, technical drawings and other exhibits and attachments as appropriate.

Attach Recommendation of **MBE/WBE/DBE Analysis Form**  
 Is this a **Revenue Producing contract?**

- Yes  No  
 Yes  No

If **Modification request**, please verify and provide the following:

- Contractor's Name:
- Contractor's Address:
- Contractor's e-mail Address:
- Contractor's Phone Number:
- Contractor's Contact Person:

**CONSTRUCTION SUPPLEMENTAL CHECKLIST**

**Required attachments:**

Copy of Draft (80% Completion), Contract Documents and Detailed Specifications

**Risk Management**

- Current Insurance Requirements prepared/approved by Risk Management:
- Will services be performed within 50 feet of CTA train or other railroad property?
- Will services be performed on or near a waterway?

- Yes  No  
 Yes  No  
 Yes  No

Attach Recommendation of **MBE/WBE/DBE Analysis Form**

- Yes  No

If **Modification request**, please verify and provide the following:

- Contractor's Name:
- Contractor's Address:
- Contractor's e-mail Address:
- Contractor's Phone Number:
- Contractor's Contact Person:

**PROFESSIONAL SERVICES SUPPLEMENTAL CHECKLIST**

**If New Request (Check applicable boxes):**

- Is this a **Request for Information (RFI)**?  Yes  No
- Is this a **Request for Qualifications (RFQ)**?  Yes  No
- Is this a **Request for Proposal (RFP)**?  Yes  No
- If **RFQ or RFP**, did any outside Consultant provide advice or deliverables in developing the RFQ or RFP?  Yes\*  No

\*If yes, Company Name: PO#

**Attach a narrative explaining the consulting services and deliverables provided.**

Is this a **Non-Competitive Procurement**?  Yes\*  No

\*If yes, attach completed Non-Competitive Justification form, vendor proposal and completed MBE/WBE compliance plan (Schedules C-1 and D-1) submitted to the Non-Competitive Review Board.

Is this a request for **Individual Contract Services**?  Yes\*  No

\*If yes and you seek a sole source contract to hire a person as a Consultant, attach completed Office of Compliance "Request for Individual Contract Services" approval form signed by Department Head, Office of Compliance & OBM.

Is this a **Revenue Producing contract**?  Yes  No

Does this request involve the **purchase of Software**?  Yes\*  No

\*If yes, is City required to sign a software license?  Yes\*  No

\*If yes, attach descriptions of software and software license agreement.

**PROFESSIONAL SERVICES SUPPLEMENTAL CHECKLIST (continued)**

**Required Attachments (IF RFP/RFQ OR SOLE SOURCE):**

- Statement of Work (SOW), Deliverables or Scope of Services defined  
Does SOW involve any work in the public way?  Yes\*  No  
\*If yes, attach list of locations.
- Does SOW involve any public improvement to property that requires performance bond or prevailing wage?  Yes\*  No  
\*If yes, attach list of locations.
- Is City Council approval required?  Yes  No
- Project or Program Background Information
- Project Goals and Objectives
- Qualifications or Licenses/Certifications required for any disciplines
- Evaluation Criterion desired in RFP or RFQ
- Evaluation Committee (EC) members recommended. Attach list of names, titles and departments
- Technical and/or Functional Requirements, if applicable
- Cost Proposal/Schedule of Compensation structure (If Sole Source, over Contract Term by Milestone Deliverables)
- If an Information Technology (IT) project valued at \$100,000.00 or more, attach approval transmittal sheet from Information Technology Governance Board (ITGB)

Attach Recommendation of MBE/WBE/DBE Analysis Form  Yes  No

**If Amendment request, please verify and provide the following:**

- Contractor's Name:
- Contractor's Address:
- Contractor's e-mail Address:
- Contractor's Phone Number:
- Contractor's Contact Person:

**VEHICLES/HEAVY EQUIPMENT SUPPLEMENTAL CHECKLIST**

**Required Attachments:**

- Detailed Specifications including detailed description of the vehicle(s) or equipment, mounted equipment, if any, and options/accessories
- Special Provisions (Delivery, Warranty, Manuals, Training, Additional Unit Purchase Options, Bid Submittal Information, etc.)
- Delivery Location(s)
- Technical Literature
- Drawings, if any
- Part Number List (Manufacturer, or Dealer; or Other Source)
- Current Price List(s)/Catalog(s)
- Special Approval Form
- Exhibits and Attachments

Attach Recommendation of MBE/WBE/DBE Analysis Form  Yes  No

Is this a Revenue Producing Contract?  Yes  No

**If Modification request, please verify and provide the following:**

- Contractor's Name:
- Contractor's Address:
- Contractor's e-mail Address:
- Contractor's Phone Number:
- Contractor's Contact Person:





**CITY OF CHICAGO  
PRE-APPROVED  
MODIFICATION / OVERRIDE REQUISITION**

**Copy (Department)**

<b>DELIVER TO:</b>  336 FIRE DEPT - FINANCE 3510 S. MICHIGAN AVE, 2ND FL CHICAGO, IL 60653	<b>REQUISITION:</b> 79226 For PO Number: 15106  <b>PAGE:</b> 1 <b>DEPARTMENT:</b> 59 - FIRE DEPARTMENT <b>PREPARER:</b> Karen L Sanger <b>NEEDED:</b> <b>PRE-APPROVED</b> 2/8/2013
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**REQUISITION DESCRIPTION**

VLI - PO 15106 - ERLA/EMSAR  
 SPECIFICATION NUMBER: 54033  
 Mod Reason: DOLLAR AMOUNT CHANGE

**COMMODITY INFORMATION**

LINE	ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST
1	93838	103,400.00	USD	0.00	0.00
Vendor Limit Increase From \$685,000. to \$788,400					

**SUGGESTED VENDOR:**

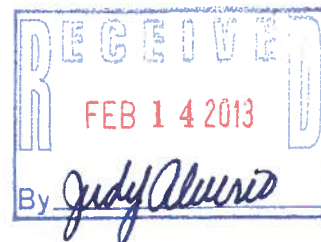
**REQUESTED BY:** Karen L Sanger

DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	TOTAL COST
1	013	0100	0592005	0162	220162	0000	00000000	000000	00000	0000	0.00
2	013	0100	0592005	0360	220360	0000	00000000	000000	00000	0000	0.00
<b>LINE TOTAL:</b>											<b>0.00</b>

**REQUISITION TOTAL: 0.00**

<b>Section I: General Contract Information</b>	
Department Name	Chicago Fire Department
Department Contact Name	Steve Swanson                      Karen Sanger
Department Contact Number	745-4199                                      745-3710
Department Contact Email	<a href="mailto:Steven.swanson@cityofchicago.org">Steven.swanson@cityofchicago.org</a> <a href="mailto:Ksanger@cityofchicago.org">Ksanger@cityofchicago.org</a>
Contract Number	15106
Contract Subject Name	<b>Maintenance of Ferno Washington and Stryker Stretchers</b>
Contract Initiation Date	March 1, 2007
Original Contract Amount	\$210,000 - Current Limit \$685,000
Original Contract Expiration Date	February 28, 2014
Budgeted amount for current year	\$94,000 and \$36,000  0162 and 0360
Year to date expenditure	\$-0- encumbered \$-0- expended for 2013
Are funds	<input checked="" type="checkbox"/> Operating <input type="checkbox"/> Capital <input type="checkbox"/> TIF <input type="checkbox"/> Grant
What is the funding strip?	013-0100-0592005-0162-220162    \$94,000 013-0100-0592005-0360-220360    \$36,660
If contract modification or task request is approved, will department have enough funds to cover new expenditure?	Yes
If no, what is the plan to address the short fall?	
<b>Section II: Contract Modifications</b>	
Complete this section if you are modifying the value of an existing contract.	
Contract Value Increase	\$103,400
New total contract amount	\$788,400
New contract expiration date	February 28, 2014

Goods/services provided by this contract	<b>Maintenance of Ferno Washington and Stryker Stretchers</b>
Justification of need to modify this contract	To have the ability to pay for continued maintenance and repair of owned equipment
Impact of denial	Critical day to day operations allowing this department to service the public in emergency situations could be hampered.
<b>Section III. Issue a Request for Services to a Master Consulting Agreement</b>	
Complete this section if you want to issue a request for services to a Master Consulting Agreement	
Value of planned task order request	\$
Expiration date of planned task order request	
Scope of services	
Justification of need to issue request for services	
Impact of denial	
<b>Section IV: Assessment of Office of Budget and Management Analyst</b>	
Approve/Deny	Reason
OBM Analyst Initials	
OBM Analyst Name/number	



CHICAGO FIRE DEPARTMENT  
CITY OF CHICAGO

To: Jamie Rhee  
Chief Procurement Officer  
Department of Procurement Services  
City Hall Room 403

JOB FEB 19 2013  
LW 2/19/13

From:   
Jose A Santiago  
Fire Commissioner  
Chicago Fire Department

Re: SPECIFICATION: 54033  
REQUISITION: 79226  
BLANKET PO: 15106  
VENDOR: ERLA Inc, D/B/A EMSAR (Sole Source)  
PURCHASE AND MAINTENANCE OF FERNO WASHINGTON AND STRYKER  
STRETCHERS  
(Work Services)  
Vendor Limit Increase request

Date: February 8, 2013

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The Fire Department is requesting the above mentioned contract limit be increased from \$685,000 to \$788,400. The increase request of \$103,400 is required to cover anticipated expenses for the remaining eleven (11) months of the contract, which expire on 2/28/14. This figure was determined by averaging the current monthly expenses and multiplying the average by the number of remaining months.

Attached please find:

- 1) Completed Justification for Non-Competitive Procurement
- 2) One DPS Check List
- 3) Requisition
- 4) Current Insurance certificate
- 5) A letter from the vendor regarding exclusivity
- 6) Letter from the contractor and CFD's concurrence letter regarding No Stated Goals regarding to the City's compliance requirements



# ERLA, INC.

270 Davids Dr. Wilmington, OH 45177 PH. 800.291.9188 Fax. 866.260.5625

February 5, 2013

Karen L. Sanger  
Contracts Coordinator  
Chicago Fire Department  
3510 S. Michigan – 2<sup>nd</sup> Floor  
Chicago, IL 60653

RE: Contract 15106 for service and repair of Ferno Washington and Stryker emergency medical equipment.

Dear Ms. Sanger,

I am writing to request Non-Stated-Goals for MBE/WBE on behalf of ERLA, Inc. ERLA Inc., dba EMSAR Chicago is a franchisee of EMSAR, Inc. EMSAR, Inc. is the only service entity authorized by both Ferno Washington, Inc. and Stryker, Inc. to provide service and repair on their emergency medical equipment.

EMSAR Chicago employs two remote based technicians in the Chicago area. Service and repair work carried out for the Chicago Fire Department is performed on-site at Support and Logistics Division.

As a franchisee of EMSAR, EMSAR Chicago must comply with all requirements of the contracts between EMSAR, Inc. and both Ferno Washington, Inc. and Stryker, Inc. Each of those contracts requires that only trained and certified technicians of EMSAR perform all service work. The contracts also require that only original factory replacement parts be used for repair and service work. EMSAR Chicago is required to obtain said parts from EMSAR, Inc. In addition, all supplies, tools and other equipment used by EMSAR Chicago to provide service are supplied by EMSAR, Inc.

It has always been the intent of EMSAR Chicago to comply with all aspects of the contract with the city. In this case, due to the structure of EMSAR Chicago and our contractual obligations to EMSAR, Inc. and the manufactures Ferno Washington, Inc. and Stryker, Inc. it is not possible to comply with the MBE/WBE goals. If we can comply in any case we will. I am requesting however, that we have Non-Stated-Goals. Should you require additional information or further clarification, please contact me at 1-800-235-8156 or via email at [jwhalen@emsar.com](mailto:jwhalen@emsar.com)

Sincerely,

Joseph Whalen  
ERLA, Inc. General Manager



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/1/2013

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> <b>Cailor Fleming Insurance</b> 4610 Market St. P.O. BOX 3989 Youngstown OH 44513		<b>CONTACT NAME:</b> Christine L. Peterson <b>PHONE (A/C, No, Ext):</b> (330) 782-8068 <b>FAX (A/C, No):</b> (330) 782-0874 <b>E-MAIL ADDRESS:</b> cpeterson@cailorfleming.com															
<b>INSURED</b> <b>ERLA, Inc.</b> 270 Davids Dr. Wilmington OH 45177		<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Western Heritage Insurance Co.</td> <td></td> </tr> <tr> <td>INSURER B: American Economy Insurance Co.</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Western Heritage Insurance Co.		INSURER B: American Economy Insurance Co.		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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**COVERAGES**                      **CERTIFICATE NUMBER:** 4/1/12-13 ERLA                      **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X		SCP0893095	4/1/2012	4/1/2013	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> PROFESSIONAL LIABILITY						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
B	AUTOMOBILE LIABILITY			01CI44030911	4/1/2012	4/1/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO	<input checked="" type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per person) \$				
	<input checked="" type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS	BODILY INJURY (Per accident) \$				
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
							Underinsured motorist property \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		SCP0893096	4/1/2012	4/1/2013	EACH OCCURRENCE \$ 4,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 4,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 5,000						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
RE: EQUIPMENT MAINTENANCE

City of Chicago Fire Department is named as an Additional Insured on the General Liability coverage, when required by written contract, with respect to work performed for them by the Named Insured, as their interest may appear.

<b>CERTIFICATE HOLDER</b>  City of Chicago Fire Department ATTN: FINANCE DIVISION 3510 S. Michigan Avenue Chicago, IL 60653	<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  J Michalenok/NORMA



# **FERNO**

70 Weil Way • Wilmington, OH 45177-9371 • (937) 382-1451 • FAX (937) 382-1191  
info@ferno.com

Date: January 1, 2013

To Whom It May Concern:

We are pleased to announce that service and repair on Ferno emergency, ambulance, and mortuary equipment is now available to you locally. Equipment Management, Service and Repair, or EMSAR<sup>®</sup> has been appointed as the only service and repair agent authorized by Ferno Washington.

The EMSAR agent for your area is ERLA Inc, d.b.a. EMSAR<sup>®</sup> Chicago. They can be reached toll free at (800) 291-9188.

Ferno has contracted with EMSAR<sup>®</sup> to provide comprehensive service and support for the complete Ferno product line. EMSAR<sup>®</sup> is the only authorized service agent of Ferno. EMSAR<sup>®</sup> technicians are factory trained and have readily available access to Ferno factory original parts. As a result, EMSAR<sup>®</sup> technicians are able to provide on-site minor repairs, quick turnaround of major repairs, and a preventive maintenance program designed to extend the life of the equipment.

The EMSAR Service Technicians servicing your area are Dave Rigwood, 847-533-6728 and John Kujawa, 847-533-6727.

We know that you will be pleased with the professionalism and consistently high quality of service EMSAR<sup>®</sup> will provide. Be proactive and call EMSAR<sup>®</sup> now to have your cot inspected and/or repaired by the only authorized Ferno service agent, EMSAR<sup>®</sup>.

Sincerely,

*J Bourgraf*

Joe Bourgraf,  
President

Steve Trail  
3800 E CENTRE AVE  
Kalamazoo, MI 49002  
t: 269-389-6717 f:269-321-3530  
steve.trail@stryker.com

**stryker**<sup>®</sup>

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**Medical**

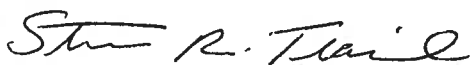
**MEMO**

TO: EMSAR EMS Customers  
CC: Renee LaPine – President, EMSAR, Inc.  
From: Steve Trail  
Vice President of Customer Care  
Date: August 20, 2012  
RE: EMSAR is a factory authorized repair vendor for Stryker EMS products

EMSAR franchises have been factory trained and authorized to service and repair the Stryker EMS product line within the 50 United States. EMSAR is authorized to provide warranty repair, preventative maintenance and service contracts (except where contractually prohibited, ie. with existing Stryker customers).

Should you have any questions please feel free to contact me at 1-800-327-0770 ext. 6717.

Sincerely,



Steve Trail  
Vice President of Customer Care  
Stryker Medical





CERTIFICATE OF FILING FOR  
CITY OF CHICAGO ECONOMIC DISCLOSURE STATEMENT

EDS Number: 41008  
Certificate Printed on: 02/04/2013

Date of This Filing:02/04/2013 02:16 PM  
Original Filing Date:02/04/2013 02:16 PM

Disclosing Party: ERLA Inc  
Filed by: Joseph Whalen III

Title:General Manager

Matter: Preventive Maintenance, Repair and  
replacement parts for Ferno Washington and  
Stryker stretchers  
Applicant: ERLA Inc  
Specification #: 54033  
Contract #: 15106

The Economic Disclosure Statement referenced above has been electronically filed with the City. Please provide a copy of this Certificate of Filing to your city contact with other required documents pertaining to the Matter. For additional guidance as to when to provide this Certificate and other required documents, please follow instructions provided to you about the Matter or consult with your City contact.

A copy of the EDS may be viewed and printed by visiting <https://webapps.cityofchicago.org/EDSWeb> and entering the EDS number into the EDS Search. Prior to contract award, the filing is accessible online only to the disclosing party and the City, but is still subject to the Illinois Freedom of Information Act. The filing is visible online to the public after contract award.