

**JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT**

**COMPLETE THIS SECTION IF NEW CONTRACT(S)**

For contract(s) in this request, answer applicable questions in each of the 4 major subject areas below in accordance with the Instructions for Preparation of Non-Competitive Procurement Form on the reverse side.

Request that negotiations be conducted only with Red Sled, Inc. for the product and/or services described herein.  
(Name of Person or Firm)

This is a request for X (One-Time Contractor Requisition # 14492, copy attached) or \_\_\_\_\_ Term Agreement or  
\_\_\_\_ Delegate Agency (Check one). If Delegate Agency, this request is for "blanket approval" of all contracts within the  
Extrication Sled (Attach List) Pre-Assigned Specification No. \_\_\_\_\_  
(Program Name) 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 #: \_\_\_\_\_ Company or Agency Name: \_\_\_\_\_  
Specification #: \_\_\_\_\_ Contract or Program Description: \_\_\_\_\_  
Mod. #: \_\_\_\_\_ (Attach List, if multiple)

Karen Sanger 745-4196 Karen Sanger Fire 6/7/04  
Originator Name Telephone Signature Department Date

Indicate SEE ATTACHED in each box below if additional space needed:

<input checked="" type="checkbox"/> <b>PROCUREMENT HISTORY</b>	SEE ATTACHED
<input checked="" type="checkbox"/> <b>ESTIMATED COST</b>	SEE ATTACHED
<input checked="" type="checkbox"/> <b>SCHEDULE REQUIREMENTS</b>	SEE ATTACHED
<input checked="" type="checkbox"/> <b>EXCLUSIVE OR UNIQUE CAPABILITY</b>	SEE ATTACHED
<input checked="" type="checkbox"/> <b>OTHER</b>	SEE ATTACHED

APPROVED BY: [Signature] 6/8/04 \_\_\_\_\_  
DEPARTMENT HEAD OR DESIGNEE DATE BOARD CHAIRPERSON DATE

## PROCUREMENT HISTORY (INCLUDING FUTURE PROCUREMENT OBJECTIVES)

1. Describe the requirement and how it evolved from initial planning to its present status.

The Chicago Fire Dept. has a need to purchase a Red Sled Rapid Extrication Sled unit and accessories. This unit will be used for the Rapid Intervention program, Haz Mat emergencies and wherever it may be needed. At the present time Red Sled, Inc. is the only manufacturer of this type product.

2. Is this a first time requirement or a continuation of previous procurement from the same source? If so, explain the procurement history.

- This will be the first purchase of this equipment.

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

-This Bureau did not attempt to competitively bid the requirement due to the fact that Red Sled, Inc. is the only vendor capable of providing the Red Sled Ranger 31 Rapid Extrication Sled and all of the accessories.

4. If an RFP/RFQ or other application was issued, attach a.) List of firms notified and list of respondents; b.) Copy of RFP/RFQ and newspaper ads; c.) List of selection/evaluation criteria used; d.) Evaluation committee members and e.) Evaluation summary which compares the proposals and explains the reason for each selection(s). For Delegate Agencies, attach list of all agencies to be funded; description of program goals and a narrative of the solicitation and evaluation process used to make the selection(s) including specific reasons for funding some agencies and not others.

-Does not apply.

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

This product is a one of a kind product at the present moment used by the military, civil support teams, FBI, as well as fire and police departments throughout the United States.

6. Explain future procurement objectives. Is this a one-time request or will future requests be made for doing business with the same source?

[REDACTED]

UNDETERMINED AT THIS TIME.

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

-There will be no future competitive bidding. No other company can supply this equipment to the Chicago Fire Dept. since this company is the manufacturer and does not have distributors, etc..

## 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 cost for this equipment is listed in enclosed price list and quote. Funding is from the Mass Casualty Tools and equipment account # 01 03 443 59 2005 2007 0440 54459111.

[REDACTED]

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

-\$19,000.00 is the amount for the first purchase.. This would be a minimum amount. This number could rise should there be any type of terrorist attack or major rescue incident in the City.

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.**  
 - Cost is based on price quote attached.. Cannot compare it to other items of similar design since this is a one of a kind product
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.**  
 - Does not apply.
5. **Explain what negotiation of price has occurred or will occur. Detail why the estimated cost is deemed reasonable**  
 - There will be no negotiations. The prices quote from the vendor is acceptable to the Chicago Fire Department.

### **SCHEDULE REQUIREMENTS**

1. **Explain how the schedule was developed and what point the specific dates were known.**  
 -Does not apply.
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 least 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.**  
 -As stated above, this manufacturer holds all patent rights to this product and this product is a one of a kind product. There are no distributors or other means of acquiring this equipment without going directly to the manufacturer.
3. **Outline the required schedule by delivery or completion dates and explain the reasons why the schedule is critical.**  
 Does Not Apply
4. **Describe in detail what impact delays for competitive bidding would have on city operations, programs, costs and budgeted funds.**  
 - The Chicago Fire Department is constantly striving to acquire equipment that will assist its' members in performing to the highest levels expected by the citizens of the city. With this equipment the user will be able to rescue injured fire personnel from the scene of an incident, bring equipment to the scene of an incident, etc. quicker while using less effort by the operator.

### **EXCLUSIVE OR UNIQUE CAPABILITY**

1. **If contemplating hiring a person or firm as a professional service consultant, explain in detail what professional skills, expertise, qualification or other factors make this person or firm exclusively or uniquely qualified for this project. Attach a copy of the cost proposal and scope of services.**  
 - Does not apply.
2. **Does the proposed firm have personnel considered unquestionably predominant in the particular field?**  
 - Yes. Mr. Jason Simione is the technical expert, inventor and owner of the company for this equipment . He is also very familiar with the Fire Service, being a trained firefighter with the City of Hollywood, FL. and a fire service training officer also.

3. **What prior experience of a highly specialized nature does the person or firms exclusively possess that is vital to the job, project or program?**  
- See above
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?**  
- This company can provide train- the- trainer sessions wherever needed on this particular equipment.
5. **What other capabilities and/or capacity does the proposed firm possess which is necessary for the specific job, project or program which make them the only source who can perform the work within the required time schedule without unreasonable costs to the city?**  
- This equipment is especially made for the use of personnel extrication from hazardous incidents, etc.
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 operation standpoint? Explain why.**  
- The intended use of the product(s) requested is that the Red Sled can move injured fire personnel from a hazardous incident without delay by putting them on this sled and pulling them without having to remove their protective ensemble. The Sled can also be used to bring equipment to the scene of an emergency.
7. **Explain how the proposed products or equipment were chosen over others**  
- This product is the only one of its kind for this type of emergency operation.
8. **Is competition precluded because of the existence of patent rights, copyrights, trade secrets, technical data, or other proprietary data? Attach documentation verifying such.**  
- See attached letter.
9. **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 a letter from manufacturer.** - See attached letter.

## **OTHER**

1. **Explain other related considerations and attach all applicable supporting documents (MIS Steering Committee Approval form, etc.)**  
- None
2. **Explain what opportunities of direct/indirect involvement of Minority or Women Business Enterprises have been discussed and/or are available on this contract.**  
-Unknown

## **GENERAL DESCRIPTION**

Listed below are the accessories offered with the Ranger31 Rapid Extrication Sled unit.  
- See attached literature. Information can also be found on the following website; [www.redsledinc.com](http://www.redsledinc.com).

**Detailed Specifications/Scope of Services**  
**for**  
**Red Sled Rapid Extrication Sleds**

**General Scope of Work:**

This specification covers a Red Sled Ranger 31 Rapid Extrication sled and accessories. This sled can only be provided by the manufacturer, Red Sled, Inc. Training on the operation, maintenance and use of the sled will be provided by the manufacturer.

**Locations:**

All training will be conducted at a Chicago Fire Department facility or at an agreed upon location in the City of Chicago.

**Compensation and Increases:**

The quote shall contain the cost for ten (10) Red Sleds (as per quote) part number R31.

**Chicago Fire Dept. Contact:**

The contact person for this project will be Commander Anthony Vasquez from the Bureau of Operations. His address is 10 W. 35<sup>th</sup> St. 14<sup>th</sup> floor, Chicago, IL, 60616. The phone number to reach him is (312)745-4209. His E-mail address is [avasquez@cityofchicago.org](mailto:avasquez@cityofchicago.org). The fax number to reach him is (312)745-4248.

**Employee Qualifications:** Employees involved in the training of Chicago Fire Department personnel must be factory trained and certified in the operation, maintenance, etc. of the R31 Red Sled and accessories.



**Training:**

Contractor will provide training and/or technical expertise to Chicago Fire Department Special Operations personnel (train the trainer) on an as needed basis with the maximum number of fifty (200) trained personnel.



**Warranty/Guarantee:** The manufacturer will offer a lifetime warranty.



Red Sled Inc  
 3397 S.W. 44 Court  
 Ft. Lauderdale, FL 33312

# ESTIMATE

<i>Date</i>	<i>P.O.</i>
12/12/2003	1034

<i>Name / Address</i>
CHICAGO FIRE DEPT 10 WEST 35 ST 14TH FLOOR CHICAGO, IL 60616

<i>P.O. Number</i>		<i>Terms</i>		<i>Project</i>	
<i>Item</i>	<i>Description</i>	<i>Qty</i>	<i>Rate</i>	<i>Color</i>	<i>Total</i>
R31	RANGER 31 RAPID EXTRACTION SLED (RAPID EQUIPMENT DEPLOYMENT) RED SLED INCLUDES C-SPINE IMMOBILIZATION, EQUIPMENT RACK AND MOUNTING BRACKET	10	1,945.00	RED	19,450.00
IF FT	INCLUDES FREIGHT AND PACKING FREE TRAINING ON USE AND DEPARTMENT APPLICATION OF THE RED SLED FOR UP TO 200 OF YOUR DEPARTMENTS PERSONNEL. JASON SIMIONE THE CREATOR AND DEVELOPER WILL PERSONALLY MAKE HIMSELF AVAILABLE FOR THIS PROGRAM.	10	0.00 0.00		
			<b>Sales Tax (6.0%)</b>		\$0.00

*Signature* \_\_\_\_\_

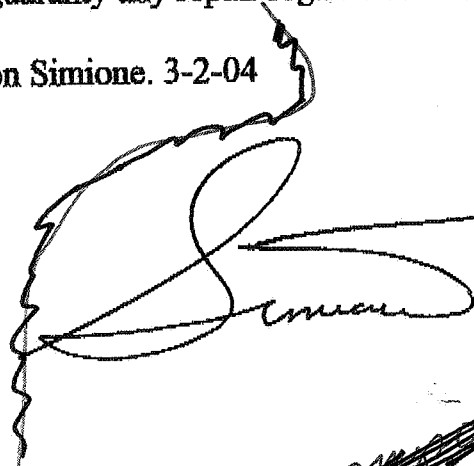
<i>Phone #</i>	<i>Fax #</i>	<i>E-mail</i>	<i>Web Site</i>
954-322-6997	954-983-9724	info@redsledinc.com	www.redsledinc.com

**R**  
Rapid Extrication Device  
**S L E D**

### Red Sled Warranty Modification

Please take this letter and supersede the standard Red Sled Inc product warranty. Red Sled Inc will guaranty any repair regardless of cause.

Thank you for your time, Jason Simone. 3-2-04

*Jason*   
~~*a loss of comp*~~



Rapid Extrication Device  
**S L E D**

**January 28, 2004**

**Chicago Fire Department  
Attention: Tony Vasquez  
10 West 35 St. Floor 14  
Chicago, IL. 60616**

**Dear Mr. Vasquez,**

**Red Sled Inc is the sole source developers/designer in charge of the exclusive manufacturing and production process. Red Sled is currently in the Patent Pending process, our application is number 10/117,573 (U.S. Patent) on our product, its application as well as the theory.**

**Our product is a one-rescuer one-victim response/equipment deployment cart system designed to move equipment over varying terrain as well as accommodating victims wearing SCBA or any type of backpack equipment. The Red Sled is used in the deployment of equipment such as hazmat tools and monitors, rapid intervention firefighting equipment and deployment of military ammunitions and weapons.**

**I would like to take this opportunity to thank for your interest in the Red Sled. For your information we have included the following numbers, our Fed EIN number is 80-0002848, our Duns number is 113503903, cage code 1ZD14 and GSA Advantage #GS-07F-5342P for Federal Supply Schedule 084.**

**Sincerely,**

**Donna Peplin  
V. President**



## **Red Sled Inc. Product Warranty**

A full 100% money back guarantee within 30 days of receipt of purchase if for any reason you are dissatisfied with the product or its performance (the purchaser shall be responsible for all shipping and handling). This warrantee does not cover: (a) Damage resulting from accident, misuse, abuse, or neglect and/or other damage from any type of transportation resulting from improper packaging. (b) Damage to our product which has been altered in any fashion. (c) Damage resulting from causes other than product defects, including lack of technical skill, and/or failure to use the product in accordance to instructions provided.

The Red Sled carries a lifetime warrantee against manufacture defects, we will replace or repair any sled with defects at NO CHARGE.

**CITY OF CHICAGO  
 PURCHASE REQUISITION**

**Copy (Department)**

<b>DELIVER TO:</b>  338 BUREAU OF OPERATIONS 10 W. 35TH STREET 14TH FLOOR CHICAGO, IL 60616	<b>REQUISITION:</b> 14492  <b>PAGE:</b> 1 <b>DEPARTMENT:</b> 59 - FIRE DEPARTMENT <b>PREPARER:</b> Velma Vortes <b>NEEDED:</b> <b>APPROVED:</b> 5/27/2004
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**REQUISITION DESCRIPTION**

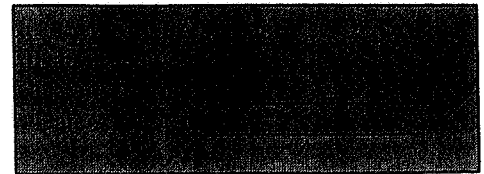
RANGER 31 RAPID EXTRICATION SLED FOR THE CHICAGO FIRE DEPARTMENT/FI4014  
 SPECIFICATION NUMBER: 25015

**COMMODITY INFORMATION**

LINE	ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST						
1	34072	10.00	Each	1,945.00	19,450.00						
RANGER 31 RAPID EXTRICATION SLED (RAPID EQUIPMENT DEPLOYMENT) W/C-SPINE IMMOBILIZATION, EQUIPMENT RACK AND MOUNTING BRACKET											
<b>SUGGESTED VENDOR:</b> RED SLED, INC.			<b>REQUESTED BY:</b> Michael Scianna								
DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	Dist. Amt.
1	003	0443	0592005	2007	220440	0100	54459111	000000	00000	0000	19,450.00
<b>LINE TOTAL:</b>											<b>19,450.00</b>

**REQUISITION TOTAL: 19,450.00**

# CPAC PROJECT CHECKLIST



**IMPORTANT:** PLEASE READ AND FOLLOW THE INSTRUCTIONS FOR COMPLETING THE PROJECT CHECKLIST AND CONTACT THE APPROPRIATE TEAM LEADER IF YOU HAVE ANY FURTHER QUESTIONS. ALL INFORMATION SHOULD BE COMPLETED INCLUDING THE SUPPLEMENTAL CHECKLIST REQUIRED BY THE SPECIFIC CPAC TEAM. ATTACH ALL REQUIRED MATERIALS AND SUBMIT FOR HANDLING TO THE DEPARTMENT OF PROCUREMENT SERVICES, ROOM 403, CITY HALL, 121 N. LASALLE STREET, CHICAGO, ILLINOIS 60602.

**PROJECT**  
 Date: June 3, 2004  
 ID No (Spec, RX, Project): 14492  
 Department: Fire  
 Bureau: Finance  
 Contract No (if known): \_\_\_\_\_  
 Project Title/Description: RED SLED IMMOBILIZATION EQUIPMENT

Contact Person: Karen Sanger  
 Tel: 5-4196 Fax: 5-3700 E-mail: ksanger@cityofchicago.org  
 Project Manager: same  
 Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Estimated Value \$ 19,450.00

**SCOPE STATEMENT**

\_\_\_\_\_ attached is a detailed scope of services and/or specification

**IMPORTANT:** THIS IS A CRITICAL PORTION OF YOUR SUBMITTAL. IN ORDER FOR A TEAM TO ACCEPT YOUR SUBMITTAL YOU MUST COMPLETE ALL TEAM SPECIFIC SCOPE REQUIREMENTS AS SET FORTH IN THE SUPPLEMENTAL CHECKLIST FOR THAT TEAM.

The following is a general description of what would 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.

**TYPE OF PROCUREMENT REQUESTED** (check all that apply)  
 Competitive Bid     RFQ/RFP/RFS/RFI     Sole Source\*\*     Term Agreement     One Shot  
 Mod/Amendment     Time Extension     Additional Funding     Small Order     S/O Emergency

**FORMS**  
 F-25\* (add line item)     F-10\* (special approvals)     SSRB\*\* (sole source approval)  
 F-26\* (new term agreement)     RX (one-shot requisition)     OBM Authorization  
 F-27\* (time extension)     APRF (all purpose request form)  
 F-29\* (change vendor limit)

\*\* Sole source requests must include vendor quotes/proposal and MBE/WBE compliance requirements

**FUNDING**  
 City:  Corporate     Bond     Enterprise     Grant\*     Other \_\_\_\_\_  
 State:  IDOT/Transit     IDOT/Highway     Grant\*     Other \_\_\_\_\_  
 Federal:  FHWA     FTA     FAA     Grant\*     Other \_\_\_\_\_  
 Funding Strip(s): 003-0443-0592005-2007-220440-0100-54459111

\* Attach copy of any applicable grant agreement terms and conditions

**TIME FRAME**  
 Date Needed: \_\_\_\_\_ Requested Contract Term (y/m/d): \_\_\_\_\_

**PRE BID/SUBMITTAL REQUIREMENTS**  
 Requesting Pre Bid/Submittal Conference?  Yes  No    Requesting Conference be Mandatory?  Yes  No  
 Requesting Site Visit?  Yes  No    Requesting Site Visit be Mandatory?  Yes  No

## ARCHITECTURAL/ENGINEERING SUPPLEMENTAL CHECKLIST

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

### Risk Management

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

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 (fill in) \_\_\_\_\_

## 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

## CAPITAL EQUIPMENT (VEHICLES) 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: \_\_\_\_\_ )

Copy of current Price List(s)/Catalog(s)

Form F-10 or other authorization document

Any other exhibits and attachments

## COMMODITIES SUPPLEMENTAL CHECKLIST

### Required attachments:

Copies of price lists, catalogs, drawings, variations of part numbers

Any other exhibits or attachments

## CONSTRUCTION SUPPLEMENTAL CHECKLIST (LARGE & SMALL)

### Required attachments: Copy of Draft (80% Completion)

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

### Risk Management

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

## DELEGATE AGENCY SUPPLEMENTAL CHECKLIST

### Required attachments:

Attach Scope of Services that includes the following information 1) Program background & objectives; 2) Type of services for which proposals are sought; 3) Location and time line for delivery of services; 4) Qualifications, skills, and/or experience necessary; 5) Special licenses or certifications required; 6) Evaluation process (if known).

### Other Attachments (please submit all that apply)

1. Copy of grant application and/or grant agreement
2. Evidence of award authority (DAAC agenda with agency name highlighted; City Council ordinance with agency name highlighted; or OBM letter)
3. Modification information (Copy of Form F-8A; screen print of EPS AWDS table)

Does program require Executive Order 91-1 clearance?  Yes  No  
 Is boilerplate from Law available or in production?  Yes  No  
 Would your department benefit from technical assistance?  Yes  No

## HARDWARE/SOFTWARE SUPPLEMENTAL CHECKLIST

ITSC (approved by BIS)

OBM (approved by Budget form/memo)

Attach any documentation indicating any previous purchase activity to assist in the procurement process

Grant document attached

## PROFESSIONAL SERVICES SUPPLEMENTAL CHECKLIST

- Detailed scope of services as described on page 1.
- The Schedule of Compensation
- Deliverables
- Request for individual contract services (if applicable)
- The appropriate EPS form

**\* If this is a Telecommunications/Utilities project, please also address the following:**

Has the project been reviewed by DGS?  Yes  No  
 Attach copy of DGS Recommendation; Reservation(s); or participate under current contract.  
 Does the project include software?  Yes  No  
 If yes, is signed ITSC form attached?  Yes  No  
 Does the location involve:



# PROJECT CHECKLIST

A public way?  Yes  No

Any concession in the City's facilities?  Yes  No

Is it anticipated City Council approval of the project or contract will be required?  Yes  No

## SMALL ORDERS SUPPLEMENTAL CHECKLIST

Yes No

- 1. Special Approval Form/Justification Letter.  
e.g. (Emergency Contract, Telecommunication Back-up documents, Proposals , EPS Form F-10, etc.).
- 2. Suggested Vendor.
- 3. Commodity Code, Manufacturer, Catalog Information, Model No., Quantity, Unit Cost/Measure, Color etc.,
- 4. Detailed Specification or Scope of Work.

## ATTACHMENT REQUIRED FOR EACH SMALL ORDERS PROCUREMENT TYPE

(Check Appropriate Group)

### 1. ONE SHOT (PN)

- YES ( ) NO ( ) Detailed Specifications
- YES ( ) NO ( ) Suggested Vendor
- YES ( ) NO ( ) Support Documentation

### 3. EMERGENCY CONTRACT

- YES ( ) NO ( ) Justification Letter
- YES ( ) NO ( ) Vendor Proposal
- YES ( ) NO ( ) Pre-assigned Requisition (RX)

### 4. TELEPHONE/FAX BIDS

- YES ( ) NO ( ) Justification Letter

### 2. SOLE SOURCE REQUIREMENTS

- YES ( ) NO ( ) Vendor Proposal
- YES ( ) NO ( ) Disclosure Affidavit
- YES ( ) NO ( ) Letter of Exclusive or Unique Capability
- YES ( ) NO ( ) Support Documentation from Vendor/Manufacturer.
- YES ( ) NO ( ) Signature(s) of Originator or Departmental Head/Designee.

## WORK SERVICES/FACILITY MAINTENANCE SUPPLEMENTAL CHECKLIST

**Required Attachments:** Detailed Specifications (Scope of Services) including detailed description of the work, locations (with supporting detail), user department contacts, work hours/days, laborer/supervisor mix, compensation and price escalation considerations, contract term and extension options, contractor qualifications, citation of any applicable City/State/Federal statutes or regulations, citation of any applicable technical standards and price lists, catalogs, technical drawings and other exhibits and attachments as appropriate.

### Risk Management

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

Will services require the handling of hazardous/biowaste material?  Yes  No

Will services require the blocking of streets or sidewalks in any way?  
Which may affect public safety?  Yes  No