

JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT

COMPLETE THIS SECTION IF NEW CONTRACT

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 Breeze Eastern Corporation for the product and/or services described herein.
 (Name of Person or Firm)

This is a request for _____ (One-Time Contractor Requisition # 36393, copy attached) or _____ Term Agreement or
 _____ Delegate Agency (Check one). If Delegate Agency, this request is for "blanket approval" for all contracts within the

_____ (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: _____

Modification #: _____
 (Attach List, if multiple)

Kirk Benson 5-3874 [Signature] Chicago Fire Department 1/3/2008
 Originator Name Telephone Signature Department Date

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

<input checked="" type="checkbox"/> PROCUREMENT HISTORY	SEE ATTACHMENT	S. S. R. B.
<input checked="" type="checkbox"/> ESTIMATED COST	SEE ATTACHMENT	DATE <u>RECORDED 4-0</u> APPROVED _____
<input checked="" type="checkbox"/> SCHEDULE REQUIREMENTS	SEE ATTACHMENT	CONDITIONALLY APPROVED _____ RETURN TO DEPT _____
<input checked="" type="checkbox"/> EXCLUSIVE OR UNIQUE CAPABILITY	SEE ATTACHMENT	DISAPPROVED _____
<input type="checkbox"/> OTHER	SEE ATTACHMENT	

APPROVED BY: [Signature] 1/11/2008 [Signature] 2/1/8

JUSTIFICATION OF NON-COMPETITIVE PROCUREMENT

Procurement History

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

The Breeze -Eastern rescue hoist model 20200-501 s/n 307 was installed in new condition on the Bell Model 412 helicopter in the inventory of the Chicago Fire Department (6-8-2) when the aircraft was purchased in December of 2001. The rescue hoist component has an overhaul interval of 5 years established by the manufacturer's Service Information Letter SIL01 pertaining to component continued maintenance. Following an evaluation of component use with the manufacturer, 2 six month extensions were granted to the 5 year overhaul requirement for the purpose of completing the Procurement process.

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

Rescue hoists of this make and model installed on different aircraft in the inventory of the Fire Department have been previously overhauled by their manufacturer in 2002.

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

Alternate sources to this process are not available due to existing proprietary licensing and product patent protection.

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 the 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.**

N/A

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).**

Inquiries have been made at various professional conferences and industry contacts regarding available services of this type.

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

Due to the repetitive nature of this requirement, future requests for doing business with this vendor are anticipated.

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

As of this date, no other repair facilities have been designated or licensed by the manufacturer to Perform this type of maintenance.

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 estimate for this required has been established at \$52,400.00. It is anticipated that the .0162 (Maintenance and repair of Helicopters) will be the funding source.

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

N/A

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

The estimate was provided by the vendor/Original Equipment Manufacturer (OEM).

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.**

N/A.

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

The estimated cost has been compared with the cost of previous overhauls performed by this vendor and with the cost of services increases over the period of 6 years, has been deemed reasonable.

Schedule Requirements

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

The overhaul interval maintenance schedule was developed by the manufacturer and due to the nature of the use of the equipment (life saving equipment used to raise human loads) the need to comply with the manufacturer's schedule has been deemed necessary. The Service Information Letter SIL01 was issued in February 2002.

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.**

Existing proprietary licenses and product patents prevent competitive bidding.

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

The second six month extension of the overhaul interval granted by the manufacturer expires on December 31, 2007. The use of this life saving equipment will need to be removed from service at this time until the required maintenance is completed.

4. **Describe in detail what impact delays for competitive bidding would have on City operations, programs, costs and budgeted funds.**

N/A

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 or other factors make this person or firm exclusively or uniquely qualified for the project. Attach copy of cost proposal and scope of services.**

N/A

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

Yes.

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?**

The firm is the designer, engineering and manufacturer and product license and patent holder of the product.

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?**

See answer # 3.

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?**

See answer # 3.

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.**

N/A.

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

Yes.

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.**

The firm is the only authorized service center.

Other

1. Explain other related considerations and attach all applicable supporting documents (MIS Steering Committee Approval form, etc.)

N/A

2. Explain what opportunities of direct/indirect involvement of Minority or Women Business Enterprises have been discussed and/or are available on this contract.

The vendor has been forwarded a copy of the C-1 D-1 compliance requirements.

Review and Approval

This form must be signed by both the Originator of the request and approved by the Bureau Commander.

NOTE: *Upon the determination of the Purchasing Department this request may be forwarded to the Sole Source Review Board. If forwarded the Originator must attend a minimum of two (2) sole source review board meetings to clarify this request. The Originator will be contacted by the Finance Division in this event.*

Originators Signature Harry Vergis Date 11/2/2007

Bureau Commanders Signature _____ Date _____



City of Chicago
Richard M. Daley, Mayor

Chicago Fire Department

Raymond Orozco
Commissioner

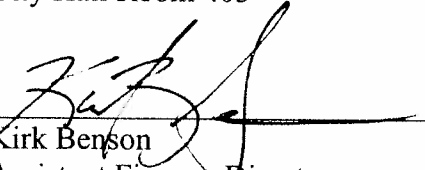
14th Floor
10 West 35th Street
Chicago, Illinois 60616-3799
(312) 745-3705
(312) 745-3880 (FAX)
(312) 747-5047 (TTY)

<http://www.cityofchicago.org/fire>

08 JAN 30 AM 11:53

OFFICE OF THE FIRE COMMISSIONER

TO: Douglas Yerkis
Interim Chief Procurement Officer
Department of Procurement Services
City Hall Room 403

FROM: 
Kirk Benson
Assistant Finance Director
CHICAGO FIRE DEPARTMENT

RE: Specification: 62742
Vendor: Breeze-Eastern Corporation
Requisition: 36393
New requirement for sole source Helicopter hoist overhaul

DATE: December 24, 2007

The Chicago Fire Department wishes the sole source board to approve our sole source request for Breeze-Eastern Corporation. The overhaul of the helicopter hoist, for one of the helicopters in our fleet, must be done by Breeze-Eastern because they are the Original Equipment Manufacturer; and as such have the sole Parts Manufacturer Approval authority which designates their corporation with sole ability to repair and/or overhaul the hoist at the Breeze-Eastern facility.

Included: Requisition
DPS Checklist
Detailed Specification
Sole Source (letter and quote)
Sole source justification

Your assistance in this matter is appreciated. If you have any questions or require any further information please contact Kirk Benson at 312-745-3874



**CITY OF CHICAGO
 PURCHASE REQUISITION**

Copy (Department)

DELIVER TO: 336 FINANCE 10 W. 35TH STREET 14TH FLOOR CHICAGO, IL 60616	REQUISITION: 36393 PAGE: 1 DEPARTMENT: 59 - FIRE DEPARTMENT PREPARER: Kirk M Benson NEEDED: APPROVED: 12/21/2007
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REQUISITION DESCRIPTION

HELICOPTER HOIST COMPLETE OVERHAUL FOR MODEL BL-20200
 SPECIFICATION NUMBER: 62742

COMMODITY INFORMATION

LINE	ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST						
1	0354501050 HELICOPTER, EQUIPMENT AND SUPPLIES - RESCUE HOIST SYSTEM, EXTERNAL, ELECTRIC, LIGHT WEIGHT, HIGH PERFORMANCE, MODEL HS-20200	35,000.00	Each	1.00	35,000.00						
SUGGESTED VENDOR:		REQUESTED BY: Kirk M Benson									
DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	Dist. Amt.
1	007	0100	0594122	0162	220162	0200	00000000	000000	00000	0000	35,000.00
LINE TOTAL:											35,000.00
2	0354501050 HELICOPTER, EQUIPMENT AND SUPPLIES - RESCUE HOIST SYSTEM, EXTERNAL, ELECTRIC, LIGHT WEIGHT, HIGH PERFORMANCE, MODEL HS-20200	20,000.00	Each	1.00	20,000.00						
SUGGESTED VENDOR:		REQUESTED BY: Kirk M Benson									
DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	Dist. Amt.
1	007	0100	0594104	0162	220162	9900	00000000	000000	00000	0000	20,000.00
LINE TOTAL:											20,000.00
REQUISITION TOTAL:											55,000.00

Where a commodity is for a particular or unique use other than standard quality, grades, color, size or other characteristics, give details of how it will be and for what purpose.
 Requisitions prepared incorrectly will be returned to the using department.

DPS PROJECT CHECKLIST

For DPS Use Only

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

IMPORTANT: PLEASE READ AND FOLLOW THE INSTRUCTIONS FOR COMPLETING THE PROJECT CHECKLIST AND CONTACT THE APPROPRIATE UNIT MANAGER IF YOU HAVE ANY FURTHER QUESTIONS. ALL INFORMATION SHOULD BE COMPLETED, 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.

GENERAL INFORMATION:

Date: 12/24/07
 REQ No.: 36393

Contact Person: Kirk Benson
 Tel: 745-3874 Fax: 745-3732 E-mail:kirk.benson@cityofchicago.org

PO No.: (if known):

Project Manager: Claude Humphrey
 Tel: 745-7519 Fax: E-mail:chumphrey@cityofchicago.org

Modification No.: (if known):

Previous PO No.: (if known):

Project Description: Helicopter hoist complete overhaul for model BL-20200

FUNDING:

City: Corporate Bond Enterprise Grant* Other
 State: IDOT/Transit IDOT/Highway Grant* Other
 Federal: FHWA FTA FAA Grant* Other

LINE	FY	FUND	DEPT	ORGN	APPR	ACTV	OBJT	PROJECT	RPTG	\$ DOLLAR AMOUNT
1	007	0100	59	4122	0162	0200	0162	0000000	000000	35000
2	007	0100	59	4104	0162	9900	0162	0000000	000000	20000

Estimated Value \$55000.00

*IF GRANT FUNDED, A COPY OF THE APPROVED GRANT AND APPLICATION ARE REQUIRED and any other Terms and Conditions that may apply.

SCOPE STATEMENT:

Attached is a Detailed Scope of Services and/or Specification

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.

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.

TYPE OF PROCUREMENT REQUESTED (check all that apply):

NEW REQUEST

Blanket Agreement
 Standard Agreement
 Small Orders

MOD/AMENDMENT

Time Extension
 Vendor Limit Increase
 Scope Change/Price Increase/Additional Line Item(s)
 Other (specify):

FORMS: Requisition Special Approvals Non-Competitive Review Board (NCRB)

CONTRACT TERM: Requested Term (number of months):

PRE BID/SUBMITTAL REQUIREMENTS:

Requesting Pre Bid/Submittal Conference? Yes No Requesting Site Visit? Yes No

DPS PROJECT CHECKLIST

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

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 (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

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

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 and Price Lists/Catalogs, technical drawings and other exhibits and attachments as appropriate.

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

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

DPS PROJECT CHECKLIST

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

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

- Detailed description of project listing obligations of each party.
- The Schedule of Compensation
- Deliverables
- Request for individual contract services (if applicable)
- The appropriate EPS form
- ITSC (approved by BIS)
- OBM (approved by Budget form/memo)
- Grant document attached

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

TELECOMMUNICATIONS AND UTILITIES SUPPLEMENTAL CHECKLIST

Required Attachments: Detailed Scope of Services/Specification which sets forth all of the anticipated services and products the user department wants provided, 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.

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:

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

DPS PROJECT CHECKLIST

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, 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 and Price Lists/Catalogs, technical drawings and other exhibits and attachments as appropriate.

Risk Management:

Will services be performed within 50 feet (50') 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/bio-waste material? Yes No

Will services require the blocking of streets or sidewalks which may affect public safety? Yes No

If Modification or 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:

STANDARD PO REQUEST

SPECIAL CONDITIONS

Time Frame

Required by: 1 / 1 / 2008

Expedited processing: X Yes _____ No

If expedited process required provide justification:

To ensure compliance of manufacturer's calendar schedule requirement for life rescue equipment.

Contact Information

Using Division contact for contract questions:

Name: Chief Harry Vergis

Phone Number: 312-745-1575

Contact Hours: 07:00 - 17:00 M-F

Using Division delivery contact for contract questions:

Name: Chief Harry Vergis

Address: 3954 E. Foreman Dr.

Phone Number: 312-745-1575

Contact Hours: 07:00 - 17:00 M-F

Schedule Delivery 5 days prior to available delivery date

Additional required information

Authorized distributor/dealer/repair: X Yes _____ No

Or Approved Equal: X Yes _____ No

If No explanation required below:

DETAILED SPECIFICATION

Scope

To remove the hoist from the helicopter, ship it to the service facility, perform a complete overhaul of the hoist, have the hoist delivered to the Chicago Fire Department and re-install the hoist. The removal, shipping and reinstallation, as well as insurance for the hoist, beginning with the removal and ending upon the re-installation, will be included in the vendors proposal.

Intent

Breeze-Eastern Corp requires that their model # 20200-501 rescue hoist, fitted to the rescue helicopter 6-8-2, be removed from the helicopter and returned to their authorized service center for overhaul every 5 years or 2,000 cycles (whichever occurs first) to ensure its safe and reliable operation. This equipment is used to raise live loads (personnel) from a surface to the level of the helicopter cabin deck in rescue operations. It should be noted that per the manufacturer's maintenance manual that *any actions taken by owners/operators and maintenance facilities that deviate from Breeze-Eastern recommended procedures, or actions taken utilizing parts or procedures not prescribed by Breeze-Eastern, shall not be the responsibility of Breeze-Eastern.*

Detailed Description

The delivery and return of one empty shipping container to and from;
Chicago Fire Department/Air Sea Rescue
3954 E. Foreman Dr.
Chicago, IL 60617

The Overhaul, at the manufacturer's designated F.A.A. repair and overhaul center, of one model 20200-501, S/N 307, in accordance with applicable Breeze-Eastern manuals and technical documentation.

The unit shall be removed/reinstalled from/to its installation mount by Chicago Fire Department maintenance personnel.

All shipping costs shall be included in the quote by the vendor.

The unit Overhaul shall include maintenance action to bring the hoist to a zero time/zero cycles condition regarding its overhaul status at the -501 level. The unit shall be completely disassembled and the torque path/load critical parts inspected to engineering design criteria.. Consumable, wear parts and mandated parts are to be replaced, or re-worked in accordance with customer instructions. The unit shall be reassembled and acceptance tested prior to return to service.

A list of any replacement parts required that are not included in the normal replacement schedule shall be returned to the owner and their cost shall be made available for approval prior to installation.

Turn around Time – Less than 60 days.

Warranty – One (1) year against manufacturer defects

Repairs Required due to neglect, misuse and/or negligence

Any damages to the hoist that are not due to normal wear and tear will be assessed and a repair proposal will be submitted to the Chicago Fire Department by the vendor. If it is determined that these repairs are required for damages in fact not caused by normal wear and tear an increase will be requested to cover the required work.

BREEZE-EASTERN CORPORATION

engineered products for global partners™

15 November 2007
532-11-07-001ZJVL

Chicago Fire Department
Air Sea Rescue
3954 E. Foreman Dr.
Chicago, IL 60617

Attention: Chief Harry Vergis

SUBJECT: BL-20200 Series Hoist Overhaul Price

Dear Chief,

Breeze-Eastern is please to provide your department for planning purpose, a budgetary price of \$54,000 for an overhaul of a BL-20200 Rescue Hoist. Based on pervious discussions on the condition of the unit, the price could drop below \$51K. The Turn Around Time (TAT) is 45 to 55 days, and could be earlier based on the condition.

Please note, Breeze-Eastern as the Original Equipment Manufacturer (OEM) and having Parts Manufacturer Approval (PMA) the equipment can only be repaired and/or overhauled at the Breeze-Eastern facility.

I hope the above is in accordance with your request and we look forward to doing business with the Chicago Fire Department. Be safe!

Sincerely,

BREEZE-EASTERN



Zoltan J. Varsanyi
Vice President of Customer Service

DEPARTMENT HEAD OR DESIGNEE

DATE

BOARD CHAIRPERSON

DATE