

Release Summary Sheet

Contract (PO) Number: 15036

Release Number: 6

Specification Number: 51701

Name of Contractor: FHP TECTONICS CORP.

City Department: DEPT OF GENERAL SERVICES

Title of Contract: DEPT. OF GENERAL SERVICES-JOB ORDER CONTRACT
REHABILITATION OF CITY FACILITIES

Dollar Amount of Release: \$209,114.57

Release Description: GENERAL CONSTRUCTION-PUBLIC WORKS RELATED

Procurement Services Contact Person: LYLIANIS RODRIGUEZ

Vendor Number: 50067181

Submission Date:

**CITY OF CHICAGO
BLANKET RELEASE**

Original (Department)

SUBJECT TO SUBCONTRACTOR CERTIFICATION

Furnish the supplies and/or services described below in conformance with conditions set forth herein and in your offer

RELEASE DATE	PURCHASE ORDER	RELEASE NUMBER	SPECIFICATION NUMBER	VENDOR NUMBER	SITE NAME	DELIVERY DATE	PAGE NUMBER
5/6/2008	15036	6	51701	50067181	A		1

DELIVER TO: 38-038

038-0030
30 N. LA SALLE ST.
ROOM 3700

Chicago, IL 60602-2500

ORDERED FROM:

FHP TECTONICS CORP.
8725 W. HIGGINS ROAD

CHICAGO, IL 60631

DELIVERY CHARGES to be PREPAID
TITLE TO PASS ON DELIVERY

CONTACT: 742-3987

PO DESCRIPTION: DEPT. OF GENERAL SERVICES-JOB ORDER CONTRACT REHABILITATION OF CITY FACILITIES

BLANKET RELEASE

THIS SIGNED RELEASE IS YOUR AUTHORITY TO FURNISH THE SPECIFIED SUPPLIES AND /OR SERVICES IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE BLANKET AGREEMENT NUMBER: 15036

THIS PURCHASE IS FOR DEPARTMENT: 38 - DEPT OF GENERAL SERVICES

SUBMIT THE ORIGINAL INVOICE TO:

PO Line	Ship Line	COMMODITY INFORMATION	QUANTITY	UOM	UNIT COST	TOTAL COST
1	1	96842 GENERAL CONSTRUCTION-PUBLIC WORKS RELATED FHP-08-013.A; LAKEVIEW CLINIC; Q-8-004; ANDROS; NO CIP	209,114.57	USD	1.00	209,114.57
		Dist BFY FUND COST CTR APPR ACCNT ACTV PROJECT RPT CAT GENRL FUTR				
		1 002 0115 0382005 9114 220140 0000 00000000 000000 00000 0000				42,621.14
		2 007 0401 0382005 4188 220540 0000 40092151 000000 00000 0000				166,493.43
		SHIPMENT TOTAL:				209,114.57
		RELEASE TOTAL:				209,114.57

APPROVAL:

SIGNATURE

DATE

SIGNATURE

DATE

[Handwritten signatures and dates]
 Signature: *[Signature]* Date: 5/7/08
 Signature: *[Signature]* Date: 5/9/08

Payment on this order will be made upon receipt of an original vendor invoice form referencing this order.

Submit the original invoice to the department referenced above.

Mark all packages and papers with the purchase number.

Any deliveries containing overshipments will be reflected unless otherwise authorized in this purchase.

This purchase is subject to the City of Chicago General Conditions for Supplies, Work, or Professional Consulting Services; Special Conditions, Disclosure Ownership, Acceptance Page, as applicable, which are attached hereto or incorporated herein by reference.



City of Chicago
 Department of General Services
 30 North LaSalle Street
 Chicago, IL 60602

To: Department of General Services

Date: January 07, 2008

Sub-Order Total: 209,114.57

Disclosure of Retained Parties

A. Definitions and Disclosure Requirements

1. As used herein, the term "Contractor" means a person or entity who has any contract lease with the City of Chicago.
2. Pursuant to Executive Order 97-1, every city contract and lease must be accompanied by a disclosure statement providing certain information and attorneys, lobbyists, accountants, consultants, subcontractors, and other persons whom the contractor has retained or expects to retain with respect to the contract or lease. In particular, the contractor must disclose the name of each such person, his or her business address, the nature of the relationship, and the amount of fees paid or estimated to be paid.
3. The Contractor is not required to disclose employees who are paid solely through the Contractor's regular payroll.
4. "Lobbyist" means any person (a) who for compensation or on behalf of any person other than himself undertakes to influence any legislative or administrative action, or (b) any part or whose duties as an employee of another includes undertaking to influence any legislative or administrative action.

B. Certification

Contractor hereby certifies as follows:

1. This Disclosure relates to the following transaction:

Project name: FHP-07-003.A Lakeview Health Center Chillers

Specification, loan or other identifying number: 15036

2. Name of Contractor: FHP Tectonics, Corp.

3. EACH AND EVERY attorney, lobbyist, accountant, consultant, subcontractor, or other person retained or anticipated to be retained by the Contractor with respect to or in connection with the contract or lease is listed below (attach additional pages if necessary):

Name	BUSINESS ADDRESS	MBE WBE or Non	RelationShip (attorney, lobbyist, subcontractor, etc.)	FEE (indicate whether paid or estimated) \$
Anchor Mechanical, Inc.	215 S. Aberdeen Chicago, IL 60607	Non	Subcontractor	\$121,929.00 Est.
Laural Supply Corporation	2500 W. Lake Street Chicago, IL, 60612	WBE	Supplier	\$42,136.00 Est.

CHECK HERE IF NO SUCH PERSONS HAVE BEEN RETAINED OR ARE ANTICIPATED TO BE RETAINED _____

4. The Contractor Understands and agrees that the city may rely on the information provided herein and that providing any false incomplete or inaccurate information shall constitute default under the contract and may result in termination of the contract or lease

5. The Contractor understands and agrees that in any case in which the Contractor is uncertain whether a disclosure is required under the Executive order, the Contractor must either ask the city whether disclosure is required or make the disclosure.

Under the Penalties of perjury, I certify that I am authorized to execute this Disclosure on behalf of the Contractor that the information disclosed herein is true and complete, and that no relevant information has been withheld.

Joseph V. Caporale
 Signature

1/07/08
 Date

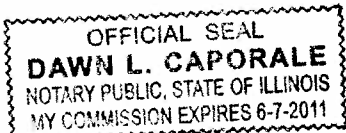
Joseph V. Caporale
 Name (Type or Print)

Notary Public
 Title

Subscribed and sworn to before me

this 7th day of JAN. 20 08

Dawn J. Caporale
 Notary Public Signature





City of Chicago
Richard M. Daley, Mayor

Department of General Services

Michi E. Peña
Commissioner

Suite 3700
30 North LaSalle Street
Chicago, Illinois 60602-2586
(312) 742-3124
(312) 744-9883 (FAX)
<http://www.cityofchicago.org>

08 APR 26 PM 3:22

April 22 2008

Mr. Montel M. Gayles
Chief Procurement Officer
Department of Procurement Services
City Hall, Room 403
121 North LaSalle Street
Chicago, IL 60602

Attn: Catherine Mellon
JOC Manager

Re: JOC Project Number: FHP-08-013.A / Q-08-004
Project Title: Lakeview Health Center
Address: 2847 N. Clark St.
Estimated Cost: 213,296.87
Specification Number: 51701
Funding Source: 07-401-38-2005-4188-0540-40092-15-1, 02-115-38-2005-9114-0140 ✓

Dear Mr. Gayles:

We request that the above referenced project be contracted under the Job Order Contracting (JOC) Method. Attachment A describes the scope of work and the appropriateness for using JOC for this project.


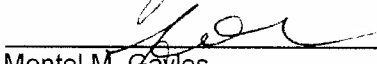
Please direct all technical inquiries to Project Manager Art Andros at (312) 742-3858 and all other inquiries to Staci-Rae Bixler at 744-1636.

If you concur with our recommendation, please sign below and return a copy for our files.


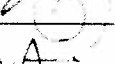
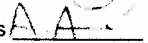
Sincerely,



Michi E. Peña
Commissioner


APPROVED: 

Montel M. Gayles
Chief Procurement Officer

Approved: Nicholas Ahrens 
Mary Capecci 
Arthur Andros 





The Department of General Services
Attachment A
Utilizing JOC For City Construction Projects

Lakeview Clinic
2847 N. Clark St.

Project No: FHP-08-013.A

For all Proposed JOC Projects, Please complete Items 1 and 2 below. As appropriate, Complete items 3,4 and 5. Attach to MOA (JOC Approval Letter)

1. Please describe the major features of this project.

Replace chiller unit

Remove Approx 500 pounds of refrigerant
Remove existing chiller
Supply and install new Carrier unit Model# 30RB-1306C-487-L
Install the refrigerant and glycol
Supply and install 60000 BTU fan Coil
install Approx 500 pounds of refrigerant and 300 gallons glyco
install 400 amp fused disconnect
Test and ballance new system
Include all electrical and associated plumbing
repair all roof penetrations

2. Please explain why this project could not be bid using the city's traditional bid process and the need to use JOC Procurement system.

There is not enough time to Procure this project do to the seasons. We need to get the units Ordered, and up before summer season. No Term or in-house trades to do this project

3. If the project is a one trade project, please provide an explanation of why it would not be in the city's best interest to do the project using DGS trades or existing term agreements.

This project involves more than one trade.

4. If it is anticipated that over 25% of the project will consist of Non Pre-Priced items, please provide an explanation on why JOC should be used.

It is anticipated that the amount of Non Pre-Priced work tasks will be less than 25%.

5. If some elements of the proposed JOC Project scope of work are covered by city term agreements, these elements should be removed from the JOC Project.

The Scope of Work for this project is not covered by a City Term Agreement.



DEPARTMENT OF GENERAL SERVICES
Bureau of Architecture, Engineering & Construction Management
JOB ORDER CONTRACT (JOC)
PRE-CONSTRUCTION FUNDING APPROVAL

User Dept: _____ Date: April 22, 2008

Originator: Art Andros Phone: (312) 742-3858

Project Number: FHP-08-013.A / Q-08-004

Project Name: Lakeview Health Center

Project Scope: _____

Location/Address: 2847 N. Clark St.

Justification: _____

Est. Project Budget: \$213,296.87

CIP #: _____

Funding Strips: 07-401-38-2005-4188-0540-40092-15-1 170,275.73
02-115-38-2005-9114-0140 42,621.14

Funding Verified By: *[Signature]* Date: 4/25/08

Can this request be completed by one of the following:

- | | | | | | |
|---|-----------------|-----|--------------------------|----|-------------------------------------|
| 1 | In-House Trades | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 2 | Term Contract | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 3 | Competitive Bid | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |

If No, for any of the above please explain:

APPROVED:

[Signature]
 Nicholas J. Ahrens, Jr., Deputy Commissioner

4-22-08
 Date

[Signature]
 Michi E. Peña, Commissioner

4/29/08
 Date