

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 E.B. Enterprises for the product and/or services described herein.

(Name of Person or Firm)

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

(Program Name) 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 #: _____ Company or Agency Name: _____
Specification #: _____ Contract or Program Description: _____
Mod. #: _____ (Attach List, if multiple)

Diane Calderone
Originator Name

744-6501
Telephone

Diane Calderone Office of the Mayor 4/14/05
Signature Department Date

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

<input type="checkbox"/> PROCUREMENT HISTORY See Attached.
<input type="checkbox"/> ESTIMATED COST See Attached.
<input type="checkbox"/> SCHEDULE REQUIREMENTS See Attached.
<input type="checkbox"/> EXCLUSIVE OR UNIQUE CAPABILITY See Attached.
<input type="checkbox"/> OTHER See Attached.

APPROVED BY John A. Doener 4-18-05
DEPARTMENT HEAD OR DESIGNEE DATE BOARD CHAIRPERSON DATE

JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT

E.B. ENTERPRISES

Procurement History

1. The City requires the services of a consultant with unique and extensive knowledge of the City and matters affecting the City and to provide advice and insight regarding such matters and to further the City's interest in governmental initiatives.
2. The services under this Agreement are extremely sensitive and the City requires a high degree of trust and confidence in the individual who will perform them. Therefore, this Agreement is not appropriate for competitive procurement.
3. Edward Bedore is uniquely qualified for such sensitive and important services.
4. Proposals were not solicited due to the specific nature of the duties to be performed under this Agreement.

Estimated Cost

Edward Bedore shall be paid by the City for all the services performed under the Agreement at a yearly rate of Sixty Four Thousand Dollars (\$64,000.00).

Edward Bedore shall be paid for reimbursable expenses incurred in performing his services no more than One Thousand Dollars (\$1000.00) per month.

Therefore, the maximum compensation to be paid to the Consultant by the City is Seventy Six Thousand Dollars (\$76,000.00).

Schedule Requirements

The contract term is a three year Blanket Term Agreement, from January 1, 2005 through December 31, 2007, with an option to extend the contract for two (2) one (1) year periods.

Exclusive or Unique Capability

1. Edward Bedore is uniquely qualified to represent the City's interest before governmental bodies and to assist the City in forming strategies to influence the passage or defeat of legislation, regulations, proposals or other matters affecting the City.
2. Only an individual such as Edward Bedore, with such vast experience and knowledge could effectively perform such services.
3. Edward Bedore has been instrumental in designing and implementing various City programs and initiatives and in advising the City on key policy issues.

Scope of Services

- A. Consult with City officials on various matters affecting the City including, but not limited to, City financing and budgetary matters;
- B. Assist the City in developing effective legislative strategies with respect to the Illinois General Assembly and other governmental entities;
- C. Assist the City in the passage and enactment of legislation favored by the City;
- D. Assist the City in the defeat of legislation opposed by the City;
- E. Assist the City in identifying and obtaining information on programs which may benefit the City and perform such activities as the City may deem necessary to obtain the most favorable consideration for the City regarding any program, grant, legislation or regulation;
- F. Communicate the City's position to and consult with elected and appointed public officials and assist these officials in any matter which the City may determine to be in its best interests;
- G. Assist the City in drafting, preparing and presenting legislation; make appearances before legislative committees and offer testimony and related information in accordance with the Director's instructions;
- H. Review and comment on City reports and proposals that are being prepared for use by City Departments, City officials or employees of the City or for submission to public agencies and on bills, regulations or proposals and other matters which may have a bearing on City policy or programs; and
- I. Assist the City in all other projects, programs or initiatives concerning the City as the City may direct.

Schedule of Compensation

The Consultant shall be paid for all Services performed under this Agreement at a yearly rate of Sixty Four Thousand Dollars (\$64,000).

The Consultant shall be paid for reimbursable expenses incurred in performing Services no more than One Thousand Dollars (\$1,000) per month.

The maximum compensation to be paid Consultant by the City is Seventy-Six Thousand Dollars (\$76,000).

Mayor's Office
#05-1

Rec'd 4/18/05

To: Russ Carlson
5/25/05
cc: J. Doerner

TO: James Brennwald, Department of Law, Labor Division

CITY OF CHICAGO
REQUEST FOR INDIVIDUAL CONTRACT SERVICES

Department: Office of the Mayor

Date: April 14, 2005

Explain Why Contractor Necessary:

E.B. Enterprises assists the City in developing effective legislative strategies with respect to the City Council, the State Legislature and the Legislative and Executive branches of the Federal government.

Explain Why Individual Considered Independent Contractor, and Not Employee:

E.B. Enterprises is a sole proprietor enterprise, working as a uniquely qualified contractor in a position requiring a high degree of trust and confidence. The sole proprietor, Edward Bedore, works out of his own office in Springfield, and works on City issues and projects on an "as needed" consulting basis.

Number of Contractors Needed: 1 Hours Per Week: varies

Project Assignment: Legislative Strategy

Duration of Assignment: 3 year term agreement

Department Representative to Contact for Further Information

Name: Diane Calderone Phone: 744-6501

Total Available Funding: _____ Chargeable To: _____

	<u>Fund:</u>	<u>Dept.#:</u>	<u>Org.#:</u>	<u>Approp.:</u>	<u>ACCNT.</u> Object
005	0100	0992005		9121	220140

-----APPROVED-----

Department Head: John G. Doerner Date: 4-18-05

Law Department: James Brennwald Date: 5/25/05

Budget Office: [Signature] Date: 5/26/05

-----NOT APPROVED-----

Law Department: _____ Date: _____

Budget Office: _____ Date: _____

**CITY OF CHICAGO
 PURCHASE REQUISITION**

Copy (Department)

DELIVER TO: 001-3020A INTGOV AFF 121 N. LA SALLE ST. ROOM 406 Chicago, IL 60602	REQUISITION: 20521 PAGE: 1 DEPARTMENT: 01 - OFFICE OF THE MAYOR PREPARER: Diane Calderone NEEDED: APPROVED: 4/18/2005
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REQUISITION DESCRIPTION

REQUEST FOR SOLE SOURCE 3 YEAR TERM AGREEMENT FOR LEGISLATIVE CONSULTING SERVICES FOR E.B. ENTERPRISES
 SPECIFICATION NUMBER: 35598

COMMODITY INFORMATION

LINE	ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST						
1	96120	228,000.00	USD	0.00	0.00						
	LEGISLATIVE CONSULTING										
SUGGESTED VENDOR: E.B. ENTERPRISES			REQUESTED BY: Diane Calderone								
DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	Dist. Amt.
1	005	0100	0992005	9121	220140	0000	00000000	000000	00000	0000	0.00
LINE TOTAL:											0.00

REQUISITION TOTAL: 0.00

CPAC PROJECT CHECKLIST

For CPAC Team Use Only	
Date Received	_____
Date Returned	_____
Date Accepted	_____

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:	<u>4/14/05</u>	Contact Person:	<u>Diane Calderone</u>
ID No (Spec, RX, Project):	<u>35598/20521 (req)</u>	Tel:	<u>4-6501</u> Fax: <u>4-2727</u> E-mail: <u>dcalderone@cityofchicago.org</u>
Department:	<u>Mayor's Office</u>	Project Manager:	<u>Same</u>
Bureau:	<u>Intergovernmental Affairs</u>	Tel:	_____ Fax: _____ E-mail: _____
Contract No (if known):	<u>Previous # C027405</u>	Estimated Value \$	<u>228,000.00</u>
Project Title/Description:	<u>Legislative Consulting</u>		

SCOPE STATEMENT

attached is a detailed scope of services and/or specification

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Turd

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)

** 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): 005-0100-99-2005-9121-220140

* Attach copy of any applicable grant agreement terms and conditions

TIME FRAME

Date Needed: ASAP 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

Req. # 20521

CPAC 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

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

CPAC PROJECT CHECKLIST

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:

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



CPAC PROJECT CHECKLIST

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)

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.

4. TELEPHONE/FAX BIDS

- YES () NO () Justification Letter

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