

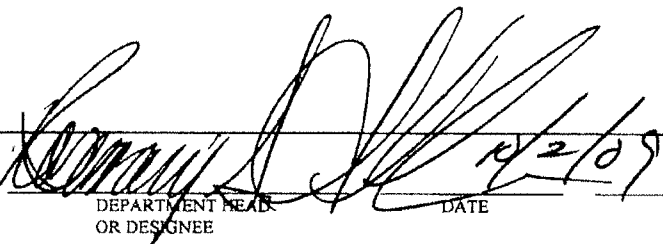


JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT/ page 2

( ) OTHER

AFST has provided a letter noting their inability to provide MBE/WBE participation in this contract (see attached letter). CDA has requests the contract include "No Stated Goals" language as the work does not have practical means by which compliance can be achieved.

APPROVED BY:

 10/21/09

DEPARTMENT HEAD  
OR DESIGNEE

DATE

BOARD CHAIRPERSON

10/21/09  
DATE

Janie Delee  
Chief Procurement Officer 10/21/09

# 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:**

<b>Date:</b> 10/2/09	<b>Contact Person:</b> David Bowman
<b>REQ No.:</b> 45891	<b>Tel:</b> 686-7089 <b>Fax:</b> 894-1841 <b>E-mail:</b> @cityofchicago.org
<b>Specification No.:</b> (if known): 78754	<b>Project Manager:</b> Tom Stastny
<b>PO No.:</b> (if known):	<b>Tel:</b> 838-0686 <b>Fax:</b> <b>E-mail:</b> @cityofchicago.org
<b>Modification No.:</b> (if known):	<b>Previous PO No.:</b> (if known):

**Project Description:** Maintenance of ASFT Constant Friction Measuring Equipment (CFME) at Midway International Airport

**FUNDING:**

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

LINE	FY	FUND	DEPT	ORGN	APPR	ACTV	OBJT	PROJECT	RPTG	\$ DOLLAR AMOUNT
	08	610	85	4305	0340		0340			25000

**Estimated Value \$25000**

\*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):      60      0  
    Months      Extensions

# DPS PROJECT CHECKLIST

## PRE BID/SUBMITTAL REQUIREMENTS:

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

**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)

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## 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.

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## 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:

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## 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:

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## 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 BIS?             Yes     No

Attach copy of BIS 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: ASFT Industries AB

Contractor's Address: Pildedalsvagen 51  
SE-271 73 Kopingebro Sweden

Contractor's e-mail Address: magnus.josefsson@asft.se

Contractor's Phone Number: 01146-411-651 00

Contractor's Contact Person: Magnus Josefsson






## DEPARTMENT OF AVIATION

# MEMORANDUM

Date: September 30, 2009

To: Jamie L. Rhee  
Chief Procurement Officer

Attention: James Bracewell  
Head Purchase Contract Administration

From: Rosemarie S. Andolino   
Commissioner

Subject: Request for Non-Competitive Bid Contract  
Calibration, Parts and Service for Airport Surface  
Friction Tester "ASFT" Equipment  
Vendor: Airport Surface Friction Tester "ASFT"  
Estimated Cost: Not to exceed \$25,000

The Department of Aviation ("CDA") requests approval for a sole source contract with Airport Surface Friction Tester "ASFT Industries AB". ASFT will provide maintenance, parts and services to calibrate our runway friction testing equipment used at Chicago Midway International Airport. This friction tester is proprietary equipment manufactured and maintained exclusively by ASFT. Also, all part and supplies are custom made exclusively by this vendor and manufactured only in Sweden.

Pursuant to the attached letter of exclusivity, only ASFT can provide the annual calibration along with training, parts and service required to keep the equipment in operating condition. The runway friction tester must be calibrated annually pursuant to FAA Advisory Circular 150/5200-30B. The friction of the runway is measured on a weekly basis along with additional measurements during adverse weather to ensure the runway surface is safe for aircraft operations.





The friction results are conveyed to the airlines and the Federal Aviation Administration and can be particularly important in the event of an accident to determine if the condition of the runway pavement had an impact on the incident.

ASFT, a Swedish based company, has provided a letter noting their inability to provide MBE/WBE participation in this contract. CDA has reviewed same and given the scope of the work, requests the contract include "No Stated Goals" language as the work does not have practical means by which compliance can be achieved.

If you require additional information regarding this request, please contact David Bowman at 773-686-7089.

Thank you for your cooperation.

Procurement Type:	Non-Competitive	
Duration:	5 years no extensions	
Estimated Cost:	\$5,000 per year not to exceed \$25,000 over 5 year contract period	
Funding:	09-610-85-4305-0340-0340	
User Contact:	Tom Stastny	773-838-0677 <i>TS.</i>
User Deputy:	Costas Simos	773-838-0625
User Managing Deputy:	Erin O'Donnell	773-838-0608 <i>EO</i>

 Reviewed by Angela Manning, Managing Deputy Commissioner

## INSTRUCTIONS FOR PREPARATION OF NON-COMPETITIVE PROCUREMENT FORM (Rev 9/97)

If a City Department has determined that the purchase of supplies, equipment, work and/or services can not be done on a competitive basis, a sole source justification must be prepared on this justification for Non-Competitive Procurement Form in which procurement is requested on a non-bid or non-competitive basis in accordance with 65 ILCS 5/8-10-4 of the Illinois Compiled Statutes. All applicable questions in each Subject Area below must be answered. The information provided must be complete and in sufficient detail to allow for a decision to be made by the Non-Competitive Procurement Review Board. The Board will not consider justifications with incomplete information or documentation. Also, attach Form F-7 (if One Time Contract); F-8 (if Delegate Agency Contract) or F-26 (if Term Agreement) to obtain a pre-assigned Specification and Contract Number for each contract in this request.

### PROCUREMENT HISTORY (INCLUDING FUTURE PROCUREMENT OBJECTIVES)

1. Describe the requirement and how it evolved from initial planning to its present, status.
2. Is this a first time requirement or a continuation of previous procurement from the same source? If so, explain the procurement history.
3. Explain attempts made to competitively bid the requirement. (Attach copy of notices and list of sources contacted).
4. Describe any research done to find other sources (List other cities contacted, companies in the industry contacted, professional organizations, periodicals and other publications used).
5. Explain future procurement objectives. Is this a one-time request or will future requests be made for doing business with the same source?
6. Explain whether or not future competitive bidding is possible. If not, why not?

### ESTIMATED COST

1. What is the estimated cost for this requirement (or for each contract, if multiple awards contemplated)? What is the funding source?
2. What is the estimated cost by fiscal year, if the job, project or program covers multiple years?
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).
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.
5. Explain what negotiation of price has occurred or will occur. Detail why the estimated cost is deemed reasonable.

### SCHEDULE REQUIREMENTS

1. Explain how the schedule was developed and at what point the specific dates were known.
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.
3. Outline the required schedule by delivery or completion dates and explain the reasons why the schedule is critical.
4. Describe in detail what impact delays for competitive bidding would have on City operations, programs, costs and budgeted funds.

### 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.
2. Does the proposed firm have personnel considered unquestionably predominant in the particular field?
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?
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?
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?
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.
7. Is competition precluded because of the existence of patent rights, copyrights, trade secrets, technical data, or other proprietary data? Attach documentation verifying such.
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.

### OTHER

1. Explain other related considerations and attach all applicable supporting documents (Information Technology Strategy Committee (ITSC) Approval form, etc.)
2. Explain what opportunities of direct/indirect involvement of Minority or Women Business Enterprises have been discussed and/or are available this contract.

### REVIEW AND APPROVAL

This form must be signed by both the Originator of the request and approved by the Department Head or, authorized designee.



**ASFT Industries AB**

Piledalsvägen 51  
SE-271 73 Köpingsbro  
SWEDEN

P: +46 411 651 00  
F: +46 411 160 12

September 24, 2009

To: Whom it may concern

**Sole manufacturer of ASFT equipment**

Dear Sirs,

We hereby confirm that we are the Sole manufacturer of ASFT friction equipment at Chicago Midway Airport. We are the only company (sole source) capable of servicing the friction equipment on the friction tester.

Thanking you!

If you have any questions or concerns, feel free to contact me at any time.

Best Regards,

A handwritten signature in cursive script, appearing to read 'Magnus Josefsson'.

Magnus Josefsson  
Marketing Manager  
ASFT Industries AB



**ASFT Industries AB**

Piledalsvägen 51  
SE-271 73 Köpingsbro  
SWEDEN

P: +46 411 651 00  
F: +46 411 160 12

September 24, 2009

To: Whom it may concern

**MBE/WBE waiver request for calibration and servicing airport surface friction equipment**

Dear Sirs,

Our parts and suppliers are all custom made by us or made in Sweden, we are not as you understand a local company. We intend to send a technician from Sweden to Chicago, USA to do maintenance and calibration work on the friction tester equipment, so they can maintain the high level of safety and security on the runways as they are doing today.

We are asking for your approval of the waiver.

Thanking you!

If you have any questions or concerns, feel free to contact me at any time.

Best Regards,

Magnus Josefsson  
Marketing Manager  
ASFT Industries AB