

CITY OF CHICAGO
 DEPARTMENT OF PURCHASES,
 CONTRACTS AND SUPPLIES
 ROOM 403, CITY HALL, 121 N. LaSALLE ST.

S.S.B.
 JNCP Form Rev 9/9

DATE 01/05/10

APPROVED _____

CONDITIONALLY APPROVED 4-0

RETURN TO DEPT _____

DISAPPROVED _____

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 Smiths Detection Service Group for the product and/or services described herein.
 (Name of Person or Firm)

This is a request for: _____ (One-Time Contract Per Requisition # 47418, copy attached) or Term Agreement or _____ Delegate Agency (Check one). If Delegate Agency, this request is for "blanket approval" of 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., is 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)

Joseph W. O'Connor Jr. 773-686-2697 [Signature] Aviation 11 December 2009
 Originator Name Telephone Signature Department Date

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

PROCUREMENT HISTORY

The three Heimann x-ray machines were purchased by the department in 2001 and in 2003 after a one year manufactures warranty the department had to purchase a warranty for repair and maintenance of the machines at O'Hare and Midway. The current contract number is PO 10186. These machines are utilized at the concession checkpoints and are used to screen concession goods and personnel before they enter the secure side of the terminal. Unlike the passenger screening checkpoint equipment, that is operated by the Transportation Security Administration (TSA), the concession checkpoint equipment is owned by the Chicago Department of Aviation (CDA) and it is CDA's responsibility to maintain. The existing warranty expires on November 1, 2010, in an effort to minimize the risks of high repair bills as well as ensure that these important components of our security system are operating properly, CDA would like to purchase a five year service agreement for all three units.

ESTIMATED COST

\$74,806.35 for five years per attached proposal, this agreement encompasses parts, labor, annual maintenance check and travel. In addition it provides for extended hours including weekends, evenings and holidays which is essential for the 24/7 operation.

SCHEDULE REQUIREMENTS

Contract will commence November 1, 2010 to coincide with the expiration of the current contract.

EXCLUSIVE OR UNIQUE CAPABILITY

Smiths Detection is the sole source provider of parts and service in the United States for the Heimann x-ray machines (see attached letter).

OTHER Smiths Detection will be requesting a full mbe/wbe waiver as they are located in New Jersey and have only servicemen staged locally. In addition they use their own parts and service personnel to complete repairs thereby eliminating the feasibility of indirect or direct participation.

APPROVED BY: [Signature] 12/30/09 [Signature] 01/13/10
 DEPARTMENT HEAD DATE BOARD CHAIRPERSON DATE

1/13/10 [Signature] (Chief Procurement Officer/Date)

DPS PROJECT CHECKLIST

For DPS Use Only

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

IMPORTANT: ALL INFORMATION SHOULD BE COMPLETED, ATTACH ALL REQUIRED MATERIALS AND SUBMIT FOR ROUTING TO THE DEPARTMENT OF PROCUREMENT SERVICES, ROOM 403, CITY HALL, 121 N. LASALLE STREET, CHICAGO, ILLINOIS 60602, ATTENTION: CHIEF PROCUREMENT OFFICER.

General Information:

Date: 12/30/09
 Requisition No.: 47418
 Specification No.: (if known) 81708
 PO No.: (if known)
 Modification No.: (if known)
 Previous PO No.: (if known)
 Project Description: MAINT & REPAIR OF X RAY MACHINES

Need by (estimated date): 11/1/10
 Contact Person: David Bowman
 Telephone: 773 686-7089
 Fax: 773 894-1841
 Email: Groopman

Project Manager: JOSEPH O'CONNOR
 Telephone: 773 686-2677
 Fax:
 Email: Groupwise

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	PROJECT	RPTG	\$ DOLLAR AMOUNT
	09	740	85	4070	0157	0157			49,870.90
	09	610	85	4305	0340	0340	(840)		24,935.45

Term Estimated Value \$ 74,806.35

*IF GRANT FUNDED, ATTACH COPY OF THE APPROVED GRANT AND APPLICATION AND ANY OTHER TERMS AND CONDITIONS OF FUNDING SOURCE THAT MAY APPLY. GRANT FUNDS MUST BE COMMITTED OR SPENT BY DEADLINE: (DATE)

Scope Statement:

Attached is a Detailed Scope of Services and/or Specification. E-mail softcopy in Microsoft Word to DPS Unit Manager

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.

Purchase Order Type (Check All That Apply):

New Request

- Blanket/Term/DUR/Agreement
- Master Agreement (Task Order)
- Standard/One-Time Purchase

Forms

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

Modification/Amendment

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

Contract Term:

** Requested Term (Number of Months): 60

11/1/10 - 10/31/15

Pre-Bid/Submittal Requirements:

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

*If yes, explain reasons why mandatory attendance is necessary.

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.

ARCHITECTURAL/ENGINEERING SUPPLEMENTAL CHECKLIST

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

Risk Management

Current Insurance Requirements prepared/approved by Risk Management:

Yes No

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 _____

If 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:

Attach Recommendation of MBE/WBE/DBE Analysis Form

Yes No

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.**

Do bid documents contain Sensitive Security Information (SSI)?

Yes* No Redacted

*If yes, attach Confidentiality Statement

Attach Recommendation of MBE/WBE/DBE Analysis Form

Yes No

If 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:

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

Attach Recommendation of MBE/WBE/DBE Analysis Form

Yes No

Is this a Revenue Producing contract?

Yes No

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

Current Insurance Requirements prepared/approved by Risk Management:

Yes No

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

Attach Recommendation of MBE/WBE/DBE Analysis Form

Yes No

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

If New Request (Check applicable boxes):

Is this a Request for Information (RFI)?

Yes No

Is this a Request for Qualifications (RFQ)?

Yes No

Is this a Request for Proposal (RFP)?

Yes No

If RFQ or RFP, did any outside Consultant provide advice or deliverables in developing the RFQ or RFP?

Yes* No

*If yes, Company Name: PO#

Attach a narrative explaining the consulting services and deliverables provided.

Is this a Non-Competitive Procurement?

Yes* No

*If yes, attach completed Non-Competitive Justification form, vendor proposal and completed MBE/WBE compliance plan (Schedules C-1 and D-1) submitted to the Non-Competitive Review Board.

Is this a request for Individual Contract Services?

Yes* No

*If yes and you seek a sole source contract to hire a person as a Consultant, attach completed Office of Compliance "Request for Individual Contract Services" approval form signed by Department Head, Office of Compliance & OBM.

Is this a Revenue Producing contract?

Yes No

Does this request involve the purchase of Software?

Yes* No

*If yes, is City required to sign a software license?

Yes* No

*If yes, attach descriptions of software and software license agreement.

PROFESSIONAL SERVICES SUPPLEMENTAL CHECKLIST *(continued)*

Required Attachments (IF RFP/RFQ OR SOLE SOURCE):

Statement of Work (SOW), Deliverables or Scope of Services defined

Does SOW involve any work in the public way?

Yes* No

*If yes, attach list of locations.

Does SOW involve any public improvement to property that requires performance bond or prevailing wage?

Yes* No

*If yes, attach list of locations.

Is City Council approval required?

Yes No

Project or Program Background Information

Project Goals and Objectives

Qualifications or Licenses/Certifications required for any disciplines

Evaluation Criterion desired in RFP or RFQ

Evaluation Committee (EC) members recommended. Attach list of names, titles and departments

Technical and/or Functional Requirements, if applicable

Cost Proposal/Schedule of Compensation structure (If Sole Source, over Contract Term by Milestone Deliverables)

If an Information Technology (IT) project valued at \$100,000.00 or more, attach approval transmittal sheet from Information Technology Governance Board (ITGB)

Attach Recommendation of MBE/WBE/DBE Analysis Form

Yes No

If 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:

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

Attach Recommendation of MBE/WBE/DBE Analysis Form

Yes No

Is this a Revenue Producing Contract?

Yes No

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:

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
- Price Lists/Catalogs, technical drawings and other exhibits and attachments as appropriate
- If an Information Technology (IT) project valued at \$100,000.00 or more, attach approval transmittal sheet from Information Technology Governance Board (ITGB)

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

Attach Recommendation of MBE/WBE/DBE Analysis Form

Yes No

Is this a Revenue Producing contract?

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:

**CITY OF CHICAGO
 PURCHASE REQUISITION**

Copy (Department)

DELIVER TO: 222 O'HARE SECURITY OFFICE T3 - MEZZ LEVEL, O'HARE CHICAGO, ILLINOIS 60666, IL	REQUISITION: 47418 PAGE: 1 DEPARTMENT: 85 - DEPT OF AVIATION PREPARER: David A Bowman NEEDED: APPROVED: 12/30/2009
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REQUISITION DESCRIPTION

REQUEST NEW NON COMPETITIVE CONTRACT FOR MAINTENANCE OF THREE (3) XRAY MACHINES AT CHICAGO AIRPORTS. FIVE YEAR CONTRACT DURATION AT A TOTAL COST OF \$74,806.35
 SPECIFICATION NUMBER: 81708

COMMODITY INFORMATION

LINE	ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST						
1	93895	15.00	Year	0.00	0.00						
X-RAY EQUIPMENT MAINTENANCE AND REPAIR, PRIORITY ON SITE SERVICE AGREEMENT PER VENDOR'S PROPOSAL. PRICED PER UNIT PER YEAR											
SUGGESTED VENDOR: SMITHS DETECTION INC			REQUESTED BY: David A Bowman								
DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	Dist. Amt.
1	009	0740	0854020	0340	220340	0000	00000000	000000	00000	0000	0.00
2	009	0610	0854305	0340	220340	0000	00000000	000000	00000	0000	0.00
LINE TOTAL:											0.00
REQUISITION TOTAL:											0.00

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.



City of Chicago
Richard M. Daley, Mayor

Department of Aviation

Rosemarie S. Andolino
Commissioner

Chicago O'Hare International Airport
P.O. Box 66142
Chicago, Illinois 60666
(773) 686-2200
(773) 686-8333 (TTY)

O'Hare Modernization Program
P.O. Box 66848
10510 W. Zemke Road
Chicago, IL 60666
(773) 462-7300
(773) 462-8552 (Fax)

Chicago Midway International Airport
5700 South Cicero Avenue
Chicago, Illinois 60638
(773) 838-0600
(773) 838-0795 (TTY)

www.flychicago.com
www.OhareModernization.org



MEMORANDUM

To: Jamie Rhee
Chief Procurement Officer

Attention: James McIsaac
Deputy Procurement Officer

From: Rosemarie S. Andolino
Commissioner

RSA *12/30/09*

Subject: Request Approval for Non-Competitive Procurement
Repair and Maintenance of Two Heimann X-Ray
Machines at Concession Checkpoints at
O'Hare International Airport
Vendor: Smiths Detection
Value: \$74,806.35

The Chicago Department of Aviation (CDA) Security Section requests approval to proceed with a non-competitively procured contract with Smiths Detection for maintenance and repair of the Midway International Airport Mobile and O'Hare International Airport Terminals 2 and 3 concession checkpoint X-Ray machines. The three (3) machines are currently covered under PO 10186, a non-competitive procurement contract which commenced November 1, 2005 and will expire October 31, 2010. These machines are used at O'Hare to screen concessionaires' merchandise prior to it being delivered to the merchants' terminal locations. At Midway, the equipment is housed in the Chicago Police mobile trailer and used to analyze suspicious packages.

The new contract pricing equates to a unit price of \$4,987.09 per year, per machine, a savings of over 7% versus the current contract's pricing of \$5,369.27.

As explained in the sole source justification, CDA is responsible for maintaining the three X-Ray machines which were bought in 2003. It is Security's intention to have a contract in place by November 1, 2010 so that the new maintenance agreement will replace the existing contract. Smiths Detection will also be requesting a complete MBE/WBE waiver as participation, either direct or indirect, is not practicable.

Smiths Detection is the sole maintenance provider of the machines as they purchased Heimann Systems, the manufacturer of the machines, in 2004.

If you have any questions or need additional information please contact David Bowman at 773-686-7089.

Thank you for your cooperation.



RSA 47418

81708

Procurement Type: Non-Competitive

Cost: Five year total \$74,806.35. Price is all inclusive of parts and labor for maintenance and repair

Funding: 610 85 4305 0340 0340 \$24,935.45
740 85 4010 0157 0157 \$49,870.90

Duration: 5 years

User Contact: Joseph O'Connor Phone: 686-2677

User Deputy: Joseph O'Connor Phone: 686-2677

AMH
12/29/09

Reviewed by: Angela Manning, Managing Deputy Commissioner

CFA *12/29/09*



DEPARTMENT OF AVIATION

MEMORANDUM

DATE: December 23, 2009

TO: Angela Manning
Managing Deputy Commissioner

FROM: Joseph W. O'Connor
Deputy Commissioner
Security Division

SUBJECT: **Request for Approval for non-competitive procurement repair and maintenance for three (3) Heimann X-Ray machines at the Concession checkpoints. Two (2) units at O'Hare International Airport and one (1) unit at Midway International Airport**

The Chicago Department of Aviation Security Section requests approval to proceed with a non-competitively procured contract for maintenance and repair of the Terminal 2, Terminal 3 and Midway concession checkpoint X-Ray machines by Smiths Detection.

As explained in the sole source justification, the Chicago Department of Aviation is responsible for maintaining the three X-Ray machines at the concession checkpoints that were bought in 2003. The machines have a life span of 12-15 years as long as the machines are serviced annually and repaired when needed. The previous service contract is an existing sole source contract with Smiths Detection and is expiring October 2010. A new contract will need to be in place by November 1, 2010. The vendor will also be requesting a complete MBE/WBE waiver, as participation is not practical. The vendor is also currently under a current waiver for MBE/WBE participation.

Smiths Detection is the sole maintenance provider of the machines.

Procurement Type: Non-Competitive
Cost: Five Year total is \$74,806.35
Price is all inclusive of parts and labor for maintenance and repair



Funding: 740 85 4010 0340 0340
610 85 0340 14803

User Contact: Joseph W. O'Connor
User Deputy: Joseph W. O'Connor
Estimated Annual Cost: \$14,961.27/per year
\$4,987.09/per unit

PHONE: 773-686-2397
PHONE: 773-686-2397

December 2, 2009
Revised - December 22, 2009

Ms. Tracy Walsh
Dept. of Aviation, O'Hare Int'l Airport
City Hall Room 403
121 North LaSalle Street
Chicago, IL 60602

Dear Ms. Walsh:

As a valued customer of Smiths Detection, we want to continue to provide the service and support to keep your equipment maintained and in peak operating condition at all times. We are committed to providing the service that will ensure your investment in our products is protected.

Our records indicate that your existing Priority On-Site Service Agreement will be expiring on your Smiths Detection* HS 9075i equipment on **October 31, 2010**. As you know, your Service Agreement provides you with a cost effective solution to assure trouble-free operation of your Smiths Detection products. Service Agreements also allow you to budget one fixed expense through the Agreement period. Any unplanned corrective maintenance expense is eliminated.

Our Priority On-Site Service Agreement offers the following:

PRIORITY ON-SITE SERVICE AGREEMENT

- ✓ On-Site Service Coverage - extended hours, evenings and weekends
- ✓ Typical Response Time: within 24 hours
- ✓ Includes all Labor, Travel Time and Travel Expenses
- ✓ Includes all Replacement Parts required
- ✓ Unlimited Access to our 24 hour by 7 day Technical Support Help Desk
- ✓ One Annual Preventive Maintenance check. Complete operational and calibration procedure performed
- ✓ One Annual Radiation Survey
- ✓ Valued Customer Status - 25% Discount on Instructor Led Training

Revised 3/11/09

THIS DOCUMENT CONTAINS SMITHS DETECTION PROPRIETARY INFORMATION THAT IS CONFIDENTIAL. IT SHALL BE MAINTAINED IN CONFIDENCE AND SHALL NOT BE DISCLOSED TO OTHERS WITHOUT THE EXPRESS WRITTEN CONSENT OF SMITHS DETECTION.

smiths

According to our records, the following equipment is in need of extended coverage. For your convenience, I have included a pricing matrix which summarizes your cost for the Priority On-Site Service Agreement.

MODEL NUMBER	SERIAL NUMBER
HS 9075i	20525, 26173, 25275

SERVICE AGREEMENT PRICES					
Agreement Type	1 Year (Term)	2 Year (Term)	3 Year (Term)	4 Year (Term)	5 Year (Term)
Priority (Platinum) On-Site- HS 9075i (3 Units)	\$ 17,001.44	\$ 32,642.76	\$ 47,944.08	\$ 61,885.20	\$ 74,806.35

****Please see final page of letter for breakdown of costs****

To renew your coverage, please call me or complete the "fax-back" form, which follows, sign where indicated and return to my attention. I will send to you a formal Service Agreement, which must be executed and returned to us together with payment for the term desired.

Should you need additional clarification on the enclosed or if I could provide you with any other information including information on our various training programs for your Smiths Detection equipment please feel free to contact me at 908-222-9100, Ext. 3075 or email me at Tiffany.Rayside@smithsdetection.com.

Thank you and best regards,

Tiffany Rayside

Tiffany Rayside
Service Sales Agent

**Smiths Detection is a company formed through the acquisitions of Barringer Instruments and Heimann Systems.*

Revised 3/11/09

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smiths

30 Technology Drive
Warren, NJ 07059
Tiffany Rayside
FAX: 908-444-1602
Phone: 908-222-9100 x3075
Tiffany.Rayside@smithsdetection.com

Fax-Back Form

Fax #:	908-444-1602	# of Pages:	1
To:	Tiffany Rayside	From:	
Company:	Smiths Detection	Company:	DOA - O'Hare International Airport
Date:			
Subject:	Priority On-Site Service Agreement Renewal, Term Commencing 11/01/2010		



We are interested in renewing our Service Agreement with Smiths Detection, Inc. My contact information is as follows:

Contact Name: _____ **Tel:** () _____

Company: _____

Address 1: _____

Address 2: _____

City, State, Zip: _____

Signature: _____

<u>MODEL NUMBER</u>	<u>SERIAL NUMBER</u>
HS 9075i	20525, 26173, 25275

****Please Note Selected Service Agreement Term****

<u>Term Selection</u> (One, Two, Three, Four, or Five Year)	<u>Service Agreement Price</u> (as indicated on previous page)
	\$

Applicable state sales tax is not included in this quote and will be added to your invoice. If you are tax-exempt, please provide an exemption certificate and sales tax will be omitted.

Revised 3/11/09

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Five Year Priority On-Site Service Agreement Pricing Breakdown

HS 9075 X-Ray
3 Units

One Year: No Discount
Per Unit: 5,667.15
One Year Total: \$ 17,001.44

Two Year: 4 % Multi -Year Discount
Subtotal: \$17,001.00
Discount: - \$680.06
Yearly Total: \$16,321.38
Per unit/year: \$ 5,440.46
Two Year Total: \$ 32,642.76

Three Year: 6% Multi -Year Discount
Subtotal: \$ 17,001.44
Discount: - \$ 1,020.09
Yearly Total: \$ 15,981.36
Per unit/year: \$ 5,327.12
Three Year Total: \$ 47,944.08

Four Year: 9% Multi - Year Discount
Subtotal: \$ 17,001.44
Discount: - \$ 1,530.13
Yearly Total: \$15,471.30
Per unit/year: \$ 5,157.10
Four Year Total: \$ 61,885.20

Five Year: 12% Multi - Year Discount
Subtotal: \$17,001.44
Discount: \$ 2,040.17
Yearly Total: \$14,961.27
Per unit/year: \$4,987.09
Five Year Total: \$ 74,806.35

Revised 3/11/09

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smiths

smiths detection
bringing technology to life

30 Technology Drive
Warren, NJ 07059 USA
Tel: 908 222 9100
Fax: 908 444 1602
www.smithsdetection.com

December 2, 2009

Ms. Tracy Walsh
City of Chicago Department of Aviation
O'Hare International Airport
Chicago, IL 60666

RE: Minority/Women Enterprise (M/WBE) Waiver for Sole Source Contract with the City of Chicago (Department of Aviation).

Dear Ms. Walsh,

Smiths Detection has responded to a formal request from the Department of Aviation for the renewal of their existing Service Agreement Coverage. The renewal of this agreement will provide the Department of Aviation with full coverage for their three HI-SCAN 9075i X-Ray units.

Smiths Detection provided the installation and maintenance of the x-ray units, to the Department of Aviation, via a Sole Source Service Agreement to maintain the units.

As outlined below, it is necessary for Smiths Detection to request a full waiver of the City's 16.9% MBE and 4.5% WBE compliance requirements.

Although we continually contemplate ways to achieve participation, we are unable to identify and practical means of achieving the certification. Smiths Detection is not a certified M/WBE, nor does Smiths Detection have the option to utilize certified M/WBE organizations during the term of the Service Agreement. Smiths Detection is a Sole Source Supplier, in the United States, of Spare Parts and Repair Services. This is to ensure the safety and security of your facility. Smiths Detection assures you of its continuing commitment to the principal of Equal Opportunity and diversity.

Thank you for your consideration in this matter. If you have any further questions, please do not hesitate to contact me.

Sincerely,



Tiffany M. Rayside
Service Sales Agent
908 222 9100 ext. 3075
Tiffany.Rayside@smithsdetection.com

smiths detection
bringing technology to life

December 17, 2009

Ms. Tracy Walsh
City of Chicago Department of Aviation
O'Hare International Airport
Chicago, IL 60666

30 Technology Drive
Warren, NJ 07059
Tiffany Rayside
FAX: 908-444-1602
Phone: 908-222-9100 x3075

Dear Ms. Walsh,

Smiths Detection is the manufacturer of the Smiths Heimann Hi-Scan brand x-ray inspection systems. Smiths Detection provides these systems to its customers exclusively through its Regional Sales Managers throughout the United States. Only a Smiths Detection Regional Sales Manager or Service Sales Agent is authorized to discuss pricing and performance of Hi-Scan products.

As the sole manufacturer of Smiths Heimann Hi-Scan products, Smiths Detection maintains its own staff of factory trained Service Engineers and Contractors around the United States. These Smiths Detection Service Engineers and 3rd Party Contractors have the exclusive responsibility of installing and servicing all Hi-Scan products. No one other than a factory-trained Smiths Detection Service Engineer or Contractor is authorized to install or service any Smiths Heimann Hi-Scan products unless they have been certified through the factory training course for these products.

Our history of over achievement in satisfying our customers' security requirements has made Smiths Detection the primary supplier for the most demanding customers including the TSA/FAA, U.S. Marshals, Nuclear Power Plants and County Courthouses.

Feel free to contact me if you have any questions about Smiths Detection products or services.

Sincerely,



Tiffany M. Rayside
Service Sales Agent
Smiths Detection, Service Operations

CITY OF CHICAGO ALL PURPOSE REQUISITION FORM

APRF NO. 99084
 DEPT USE 1
 DEPT USE 2

DATE 12/10/2009	SECTION SEC4	BUREAU 85	SHIP CODE 222	SHIP TO: ATTN:	CHICAGO DEPT OF AVIATION	DATE NEEDED	PG/RX NUMBER	PV NUMBER				
TERM LINE 0	COMMODITY CODE 93899	DESCRIBE AND JUSTIFY GOODS OR SERVICES Repair and Maintenance Contract			CATALOG NAME#	CATALOG DATE	CATALOG PAGE	CATALOG ITEM/PART #	UNIT PRICE \$74,806.35	UNIT OF MEASURE USD	QUANTITY 1.000	TOTAL PRICE \$74,806.35

BRIEF DESCRIPTION Repair and Maintenance contract for three (3) Heimann X-Ray Machines

JUSTIFICATION

CHECK OR COMPLETE ALL THAT APPLY	BFYR	LINE	FUND	DEPT	ORGN	APPR	OBJT	DOA PROJECT	FMPs PROJECT	DOLLAR AMT
	2009	14803	610	85	4305	0340	0340			\$24,935.45
PARTICIPATING PO #	2009	2029	740	85	4020	0340	0340			\$49,870.90
GRAND TOTAL (ALL PAGES) \$74,806.35										

TASK ORDER/PROPOSAL #

<p>NEW TA OR CONTRACT X</p> <p>PURCHASE ORDER</p> <p>DIRECT VOUCHER</p> <p>7 DAY BID</p>	<p>SOLE SOURCE</p> <p>CONTRACT AMENDMENT</p> <p>EMERGENCY REQUEST</p> <p>REJECTED BY</p>	<p>FOR FINANCE OFFICE USE ONLY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CONTRACT REVIEW</td> <td style="width: 50%;">FINANCE DIRECTOR</td> </tr> <tr> <td>Pending-</td> <td>Pending -</td> </tr> <tr> <td>CAPITAL FIN. DIRECTOR</td> <td>FMPs APPROVAL DATE</td> </tr> <tr> <td>Pending -</td> <td></td> </tr> </table>	CONTRACT REVIEW	FINANCE DIRECTOR	Pending-	Pending -	CAPITAL FIN. DIRECTOR	FMPs APPROVAL DATE	Pending -		<p>VENDOR INFORMATION</p> <p>Company Name: SMITHS DETECTION INC Address: 30 TECHNOLOGY DR WARREN, NJ 07059 Vendor Code: 50093806 A Rep/Phone: 908 222-9100</p>	<p>INVOICE NUMBERS</p>	<p>CONTACT INFORMATION</p> <p>Name: TRACY WALSH Address: Public Safety Bldg. 850 Phone: 773-686-2397</p> <p>SECTION MANAGER</p> <p>Name: Joseph O'Connor Phone: Pending Status: Pending</p> <p>DEPUTY</p> <p>Name: Joseph O'Connor Phone: Pending Status: Approved 12/23/09</p>
CONTRACT REVIEW	FINANCE DIRECTOR												
Pending-	Pending -												
CAPITAL FIN. DIRECTOR	FMPs APPROVAL DATE												
Pending -													