

COUNTY OF COOK
BID ENVELOPE

BIDDER'S NAME & ADDRESS

NAME: _____

ADDRESS: _____

(THIS INFORMATION IS REQUIRED)

INDICATE IF THIS IS A:

BID: _____

NO BID: _____

(THIS INFORMATION IS REQUIRED)

NOTICE TO BIDDERS:

- MAINTAIN ORDER OF PROPOSAL DOCUMENT. IT MUST BE RETURNED WITH ALL PAGES INTACT.
- BID IS TO BE EXECUTED IN TRIPLICATE.
- THIS PAGE MUST BE ATTACHED TO FRONT OF A 10"X13" ENVELOPE WHEN SUBMITTED.

CONTRACT NO.: H11-73-074

FOR: GARMENTS, CUSTOM MADE BURN

FOR: JOHN H. STROGER, JR. HOSPITAL OF COOK COUNTY

BID OPENING DATE: TUESDAY, AUGUST 30, 2011 @10 A.M.

This bid must be deposited in the Bid Box at:

BID BOX

John H. Stroger, Jr. Hospital of Cook County
Stroger Hospital Police
1901 WEST HARRISON STREET
ROOM 1120
CHICAGO, IL 60612

CHECKLIST FOR BID PACKAGE SUBMISSION

Here's a check list for you to make sure the bid document you submit is complete.

Incomplete bid documents will not be considered for award so please contact us at Purchasing@CCBHS.org with your questions, but be sure to allow enough time for us receive your inquiry and reply.

For the bid documents you are submitting, make sure you:

- INCLUDE the following sections of the Contract in the following order:
 - ✓ Cover Page
 - ✓ Instructions to bidders (Index and Section IB)
 - ✓ General Conditions (Index and Section GC)
 - ✓ Special Conditions (Section SC)
 - ✓ Specifications (Section S)
 - ✓ Site Inspection (if applicable) (Section SI)
 - ✓ Proposal (Section P)
 - ✓ Economic Disclosure Forms (Index and EDS)
- SIGN, ATTEST and NOTARIZE all three (3) Execution Pages (Either Execution by Sole Proprietor, Execution by a Partnership, or Execution by a Corporation, whichever applies to you.)
- PRINT the Bid Envelope template
- FILL OUT the required information sections as indicated on the envelope template
- TAPE the completed label to the front of a 10" x 13" envelope

Finally, make sure you:

- Make sure you submit your bid envelope on or before the BID OPENING DATE and TIME indicated on the bid envelope.
- Make sure you deposit your bid envelope at the location indicated on the bid envelope.
- The bid box is located in the Security Office in Room 1120 at John H. Stroger, Jr. Hospital of Cook County, 1901 West Harrison, Chicago, Illinois 60612. You may deposit your bid documents between the hours of 8am to 3:30pm five days a week and on the respond date from the hours of 8am to 10am.

Bid Envelopes submitted late or deposited in the wrong location will not be considered for award.

Good luck!

BIDDER: _____

CONTRACT FOR SUPPLY

DOCUMENT NO. H11-73-074



GARMENTS, CUSTOM MADE BURN
FOR
JOHN H. STROGER, JR. HOSPITAL OF COOK COUNTY

COUNTY OF COOK, ILLINOIS

BIDS TO BE EXECUTED IN TRIPLICATE
BID OPENING WILL BE ON TUESDAY, AUGUST 30, 2011
AT 10:00 A.M.
LATE BIDS WILL NOT BE CONSIDERED

ISSUED BY THE
OFFICE OF THE PROCUREMENT DIRECTOR

REQ# 18970474

FS/0725

INSTRUCTIONS TO BIDDERS
BID CONTRACTS
INDEX

Notice: Pursuant to the Cook County Ordinance Establishing the Cook County Health and Hospitals System ("CCHHS"), the Cook County Board of Commissioners has conferred authority to the CCHHS Board of Directors over all procurement and contracts for the CCHHS. Accordingly, while Cook County, Illinois ("County") remains a party to Contracts entered into by the CCHHS, the CCHHS is authorized to act on the County's behalf for purposes of this and any Contract that may result from this Bid.

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INSTRUCTIONS TO BIDDERS

IB-01 DEFINITIONS

A. BIDDER shall mean the individual or business entity submitting a Bid Proposal to supply any or all of the services or goods required by the Contract Documents.

B. BID PROPOSAL shall mean the Contract Documents as completed by the Bidder which constitutes the Bidder's offer.

C. CONTRACT shall mean the agreement between the County and Contractor as set forth in the Contract Documents and as awarded by the Cook County Board of Directors.

D. CONTRACT DOCUMENTS shall mean collectively the Instructions to Bidders, General Conditions, Special Conditions, Specifications, Attachments, Addenda, if any, Bid Proposal, Site Inspection Certificate, Contractor Certifications and Forms for Minority Participation. The above documents shall be considered as one integrated document setting forth the obligations of the parties.

E. CONTRACTOR shall mean the individual or business entity submitting a Bid Proposal and to whom the Cook County Health and Hospitals System Board awards the Contract.

F. COUNTY shall mean the County of Cook, a body politic and corporate of the State of Illinois.

G. DIRECTOR shall mean the person or persons authorized by the County to act in connection with this Contract. Such authorization shall not include any power to change the scope of the Contract or to obligate the County to pay additional sums beyond the amount of the Contract awarded by the Cook County Health and Hospitals System Board.

H. PROCUREMENT DIRECTOR shall mean the Procurement Director of the Cook County Health & Hospitals System.

I. SPECIFICATIONS shall mean the description of the required services, Contract Goods, equipment, personnel, volume and use statistics and all requirements for the scope of work set forth in the Contract Documents.

IB-02 PREPARATION OF PROPOSALS

The Bidder shall prepare one (1) copy of its Bid Proposal on the proposal forms within the Contract Documents and three (3) execution pages, all with original signatures in the back of the document. Unless otherwise stated, all blank spaces on the proposal forms shall be fully completed. Bidder bears all responsibility for error or omissions in the submission of the Bid Proposal.

IB-03 SITE INSPECTION CERTIFICATE

When required in the legal advertisement or the Special Conditions, the Bidder shall visit the job-site and shall carefully examine and become familiar with all conditions which may in any way affect the performance of the Contract and shall submit certification of such inspection along with the Bid Proposal. The dates and conditions of the site inspection are determined by County.

IB-04 BID DEPOSIT

When required in the legal advertisement, the Bid Proposal shall be accompanied by cash, cashier's check, certified check, bank draft or surety bond in the amount shown in the legal advertisement or as may be prescribed in these Contract Documents. A certified or cashier's check shall be drawn on a responsible bank doing business in the United States and shall be made payable to the order of the County of Cook. The Surety issuing the bond must have a general rating of "A", and shall be a Class VII or higher in the financial size category as defined by Best's Key Rating Guide -Property and Casualty. Failure to submit the bid deposit shall constitute an informal Bid Proposal and such Bid Proposal shall be rejected.

The Bidder hereby agrees that the bid deposit shall be forfeited to the County as liquidated damages and not as penalty in the event Bidder fails to comply with IB-11, IB-13, or otherwise fails or refuses to honor the Bid Proposal upon award of the Contract by the County.

The bid deposit of all bidders will be returned, with the exception of the Contractor, after the County has awarded the Contract. The bid deposit of the Contractor will be returned after the Contract has been awarded and the Contractor has submitted all insurance documentation and the Performance and Payment Bond, as required by the Contract Documents.

IB-05 EXCEPTIONS

If any Bidder intends to take any deviations or exceptions from the Specifications or other Contract Documents, Bidder shall submit to the Procurement Director a written request for a deviation or exception prior to the date and time of Bid Opening. If the Procurement Director considers such deviation or exception acceptable, the Procurement Director shall issue an Addendum setting forth such deviation or exception from the Specifications or other Contract Documents which shall be applicable to all Bidders submitting a Bid Proposal. If no Addendum is issued by the Procurement Director, then such deviation or exception shall be deemed rejected. The CCHHS may reject any Bid Proposal containing deviations or exceptions not previously accepted through a written Addendum. A copy of such Addendum will be mailed or delivered to each Bidder receiving a set of such Contract Documents. Bidder shall acknowledge receipt of each Addendum issued in the space provided on the proposal form. All written requests for deviations or exceptions shall be addressed to:

Procurement Director
1901 West Harrison, Room 5360
Chicago, Illinois 60612
(Reference the Project Title and Contract Number)

IB-06 BIDDER WARRANTIES

The submission of a Bid Proposal shall constitute a warranty that: (i) Bidder has carefully and thoroughly reviewed the Contract Documents and has found them complete and free from ambiguities and sufficient to describe the Contract work; (ii) Bidder and all workmen and/or employees it intends to use in the performance of this Contract are skilled and experienced in the type of work or services called for by the Contract Documents; and (iii) neither the Bidder nor any of its employees, agents, suppliers or subcontractors have relied on any verbal representations from the County, or any of the County's employees, agents, or consultants, in preparing the Bid Proposal.

IB-07 SUBMISSION OF BID PROPOSALS

All Bidders shall submit the bound copy of the sealed Bid Proposal and three (3) sets of the original EDS forms, fully completed in an envelope and shall deposit them in the bid box located in the John H. Stroger, Jr. Hospital Security Office, 1901 West Harrison Street, Room 1120, Chicago, Illinois 60612 by the date and hour for the Bid Opening as stated in the legal advertisement. The sealed envelope submitted by the Bidder shall carry the following information on the face of the envelope: Bidder's name, address, subject matter of Bid Proposal, advertised date of Bid Opening and the hour designated for Bid Opening as shown in the legal advertisement.

IB-08 BID PROPOSALS TO CONFORM TO REQUIREMENTS OF LEGAL ADVERTISING

The County will not entertain or consider any Bid Proposals: (i) received after the exact time specified in the legal advertisements; (ii) not accompanied by the required bid deposit; or (iii) in any other way failing to comply fully with the conditions stated in the legal advertisement therefore.

IB-09 COMPETENCY OF BIDDER

No Bid Proposal will be accepted from or Contract awarded to a Bidder that is in arrears or is in default to the County upon any debt or Contract, or that is a defaulter, as surety or otherwise upon any obligation to said County, or has failed to perform faithfully any previous contract with the County.

IB-10 LOCAL BUSINESS PREFERENCE

The Procurement Director shall, in the purchase of all supplies, services and construction by competitive sealed bidding, accept the lowest bid price or lowest evaluated bid price from a responsive or responsible local business, provided that the bid does not exceed the lowest bid price or lowest evaluated bid price from a responsive and responsible non-local business by more than two percent (2%).

"Local Business" shall mean a person authorized to transact business in this State and having a bona fide establishment for transacting business located within Cook County at which it was actually transacting business on the date when any competitive solicitation for a public contract is first advertised or announced and further which employs the majority of its regular, full time work force within Cook County, including a foreign corporation duly authorized to transact business in this State and which has a bona fide establishment for transacting business located within Cook County at which it was actually transacting business on the date when any competitive solicitation for a public contract is first advertised or announced and further which employs the majority of its regular, full time work force within Cook County.

IB-11 CONSIDERATION OF BID PROPOSALS

The CCHHS reserves the right to reject or accept any or all Bid Proposals, to extend the bidding period, to waive technicalities in the Contract Documents and/or to direct that the project be abandoned or rebid prior to award of the Contract. After Bid Proposals are opened and read aloud, they will be evaluated based on the price, conformance with Specifications, the responsibility of the various Bidders taking into consideration factors including, but not limited to, those noted in IB-09, Competency of Bidder, and IB-10, Local Business Preference and responsiveness to the County's Ordinance regarding Minority/Women Owned Business Enterprises.

IB-12 WITHDRAWAL OF BID PROPOSALS

Bidders may withdraw their Bid Proposals at any time prior to the time specified in the legal advertisement as the date and hour set for the Bid Opening. However, no Bidder shall withdraw, cancel or modify its Bid Proposal for a period of ninety (90) calendar days after said advertised Bid Opening.

IB-13 ACCEPTANCE OF PROPOSALS

The Procurement Director shall notify the successful Bidder, in writing, of award of the Contract by the County within ninety (90) days from the Bid Opening date. Upon receipt of the Notice of Award, the Contractor shall promptly secure, execute and deliver to the Procurement Director any documents required herein.

IB-14 PERFORMANCE AND PAYMENT BOND

When required in the legal advertisement or Special Conditions, the successful Bidder shall furnish a Performance and Payment Bond in the full amount of the Contract on the County Form, a specimen of which is provided herein. The Surety issuing the Performance and Payment Bond must have a general rating of "A" and shall be a Class VII or higher in the financial size category as defined by Best's Key Rating Guide-Property and Casualty.

In the event that the Bidder fails to furnish the Performance and Payment Bond within fourteen (14) calendar days after service of the Notice of Award, the County may elect to retain Bidder's bid deposit as liquidated damages and not as a penalty and the Contract may be terminated. The parties agree that the sum of the bid deposit is a fair estimate of the amount of damages that the County will sustain due to the Bidder's failure to furnish the Performance and Payment Bond and the termination of the Contract.

IB-15 PRICES FIRM

All prices quoted in the Bid Proposal shall be firm and will not be subject to increase during the term of the Contract awarded to the Contractor, except as otherwise provided in these Contract Documents.

IB-16 CASH BILLING DISCOUNTS

Cash billing or percentage discounts for payment will not be considered in evaluating Bid Proposals. IB-17

CATALOGS

Each Bidder shall submit in TRIPLICATE, where necessary or when requested catalogs, descriptive literature, and detailed drawings, fully detailing features, designs, construction, appointment and finishes not covered in the Specifications but necessary to fully describe the goods, supplies, materials, equipment, services or work proposed to be furnished under the Contract.

IB-18 AUTHORIZED DEALER/DISTRIBUTOR

To the extent this Bid Contract involves the purchase of goods, supplies, equipment or materials, the Bidder must be: (1) the manufacturer; (2) an authorized dealer/distributor; or (3) able to promptly secure the necessary genuine parts, assemblies and/or accessories as supplied by the original equipment manufacturer (O.E.M.), along with any necessary schematics or drawings to fulfill the contractual obligations. Further, the Bidder must be able to furnish original product warranty and manufacturer's related services such as product information, product re-call notices, etc. Proof of ability to transfer product warranty to the County/CCHHS is to be submitted with the Bid Proposal.

IB-19 TRADE NAMES

In cases where an item is identified by a manufacturer's name, trade name, catalog number, or reference, it is understood that the Bidder proposes to furnish the item identified and does not propose to furnish an "equal" unless the proposed "equal" is definitely indicated therein by the Bidder. The CCHHS reserves the right to review and award alternate Contracts, if the commodity and/or service is suitable to its requirement. The reference to the above catalog is intended to be descriptive and not restrictive and to indicate to the prospective Bidder articles that shall be satisfactory. Bid Proposals on other makes and catalogs shall be considered, provided each Bidder states on the face of the Bid Proposal exactly what is being proposed to be furnished or forwards with the Bid Proposal an illustration, or other descriptive matter which shall clearly indicate the character of the article covered by the Bid Proposal.

The CCHHS reserves the right to approve as an equal, or to reject as not being an equal, any article the Bidder proposes to furnish which contains major or minor variations from Specifications but which may comply substantially.

IB-20 SAMPLES

Bidders may be asked upon request of the Procurement Director or his/her Designee, to furnish and deliver a representative sample sufficient to effectively evaluate each item listed in the Bid Proposal. All samples must be delivered F.O.B. DESTINATION, FREIGHT PREPAID to an identified delivery location within five (5) business days of the request. Samples submitted must be identical to those specified in the Bid Proposal. Submission of other than the samples reflected in the Bid Proposal or failure to furnish samples within the required time period shall be cause for rejection of the Bid Proposal. All samples are subject to mutilation and will not be returned. Bidders shall bear the cost of any samples and shipping or delivery costs related thereto.

IB-21 NOTICES

All communications and notices between the County/CCHHS and Bidders regarding the Contract Documents shall be in writing and hand delivered or delivered via first class United States mail, postage prepaid. Notices to the Bidders shall be addressed to the name and address provided by the Bidders; notices to the Procurement Director shall be addressed to Office of Supply Chain Management/Centralized Hospital Purchasing, 1901 West Harrison Street, Room 5360, Chicago, Illinois 60612.

IB-22 COMPLIANCE WITH LAWS - PUBLIC CONTRACTS

This Contract is a competitively bid public contract of Cook County, Illinois, through the CCHHS subject to laws and ordinances governing public contracts. The Bidder shall at all times observe and comply with all laws, ordinances, regulations and codes of the Federal, State, County and other local government agencies which may in any manner effect the preparation of the Bid Proposal or the performance of the Contract. If the Bidder observes that any of the Contract Documents are at variance therewith, it shall promptly notify the CCHHS Procurement Director in writing and necessary changes shall be effected by appropriate modification.

IB-23 COOPERATION WITH INSPECTOR GENERAL

Persons or businesses seeking County contracts through the CCHHS are required to abide by all of the applicable provisions of the Cook County Ordinance regarding the Office of the General Ordinance (Section 2-281 *et. seq.* of the Cook County Code of Ordinances). Failure to cooperate as required may result in monetary and/or other penalties.

**GENERAL CONDITIONS
BID CONTRACTS**

Notice: Pursuant to the Cook County Ordinance Establishing the Cook County Health and Hospitals System ("CCHHS"), the Cook County Board of Commissioners has conferred authority upon the CCHHS Board of Directors over all procurement and contracts for the CCHHS. Accordingly, while Cook County, Illinois ("County") remains a party to the Contract, the CCHHS is authorized to act on the County's behalf for purposes of this and any Contract that may result from this Bid. Except where the context indicates otherwise, all references in these General Conditions to the County include the CCHHS, and all references to the CCHHS include the County.

The Bidder shall review these General Conditions and shall submit, with specificity, any requested exceptions or modifications to these terms in a written request filed with the Director of CCHHS Procurement ("Director") prior to the Bid Opening Date. In the absence of a response set forth in an Addendum, such requests should be considered denied. Bidder is prohibited from submitting its standard contract terms or other forms with this bid. In submitting a bid, Bidder agrees to accept the terms set forth in these General Conditions, except to the extent modified by the Director in an Addendum issued prior to Bid Opening.

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GC-01 SUBCONTRACTING OR ASSIGNMENT OF CONTRACT OR CONTRACT FUNDS

Once awarded, this Contract shall not be subcontracted or any part thereof assigned without the express written approval of the Director. In no case, however, shall such approval relieve the Contractor from his obligations or change the terms of the Contract. The Contractor shall not transfer or assign any Contract funds or claims due or to become due without the advance written approval of the Director. The unauthorized subcontracting or assignment of the Contract, in whole or in part, or the unauthorized transfer or assignment of any Contract funds, either in whole or in part, or any interest therein, which shall be due or are to become due the Contractor shall have no effect on the County and are null and void.

The Contractor shall identify any and all contractors and subcontractors it intends to use in the performance of the Contract. All such persons shall be subject to the prior approval of the Director.

The Contractor and its employees, contractors, subcontractors, agents and representatives are, for all purposes arising out of this Contract, independent contractors and are not employees of the County. It is expressly understood and agreed that the Contractor and its employees, contractors, subcontractors, agents and representatives shall in no event as a result of a contract be entitled to any benefit to which County employees are entitled, including, but not limited to, overtime, retirement benefits, worker's compensation benefits and injury leave or other leave benefits.

GC-02 INSPECTION AND RESPONSIBILITY

At any and at all times during the term of the Contract and at any location where the Contract is performed, the County shall have a right to inspect any Deliverables provided in carrying out this Contract. The Contractor shall be solely responsible for the quality and standards of all Deliverables furnished under this Contract. Deliverables may be rejected by the Director and/or the Designee of the Using Department if they fail to meet Contract requirements or are provided in a manner which does not meet Contract requirements. In the event of such rejection, Deliverables shall be replaced and/or re-performed by the Contractor promptly and at no additional cost to the County. Any Deliverables rejected shall be removed within a reasonable time from the premises of the County at the entire expense of the Contractor, after notice has been given by the County to the Contractor that such Deliverables have been rejected.

GC-03 INSURANCE

Contractor shall purchase and maintain at all times during the term of this Contract insurance coverage which will satisfactorily insure the Contractor against claims and liabilities which could arise because of the performance or nonperformance of the Contract. All insurance required hereunder shall meet the requirements of the CCHHS' Department of Risk Management and shall name the County/CCHHS as an additional insured unless such designation is unavailable due to commercial practices in the insurance industry as to a particular type of coverage. Upon request of the CCHHS, Contractor shall promptly provide satisfactory certificates evidencing compliance with this insurance provision.

GC-04 INDEMNIFICATION

The Contractor covenants and agrees to indemnify and save harmless the County and its commissioners, officials, employees, agents and representatives, and their respective heirs, successors and assigns, from and against any and all costs, expenses, attorney's fees, losses, damages and liabilities incurred or suffered directly or indirectly from or attributable to any claims arising out of or incident to the performance or nonperformance of the Contract by the Contractor, or the acts or omissions of the officers, agents, employees, contractors, subcontractors, licensees or invitees of the Contractor. The Contractor expressly understands and agrees that any Performance Bond or insurance protection required of the Contractor, or otherwise provided by the Contractor, shall in no way limit the responsibility to indemnify the County as hereinabove provided.

GC-05 PAYMENT

The County's obligation to make payment hereunder shall be limited to payment for goods and services that have actually been provided by the Contractor. Contractor shall submit invoices on a monthly basis for charges incurred during the preceding month. All invoices shall be in accordance with the unit pricing and other cost provisions contained in the Contract Documents and shall contain a detailed description of the Deliverables for which payment is requested. All invoices shall reflect the amounts invoiced by and the amounts paid to the Contractor as of the date of the invoice, and shall be submitted together with a properly completed County Voucher form (29A). Invoices for new charges shall not include "past due" amounts, if any, which amounts must be set forth on a separate invoice. No payments shall be made with respect to invoices which do not include the County Voucher form or which otherwise fail to comply with the requirements

of this paragraph. Contractor shall not be entitled to invoice the County for any late fees or other penalties. To the extent the Contractor gives credits toward future purchases of goods or services, financial incentives, discounts, value points or other benefits based on the purchase of the materials or services provided for under this Contract, Contractor shall report any such credits in writing to the Director.

GC-06 TAXES

Federal Excise Tax does not apply to materials purchased by the County by the virtue of Exemption Certificate no. 36-75-0038K. Illinois Retailers' Occupation Tax, Use Tax and Municipal Retailers' Occupation Tax do not apply to materials or services purchased by the County by virtue of statute. The price or prices quoted herein shall include any and all other federal and/or state, direct and/or indirect taxes which apply to this Contract. The County's State of Illinois Sales Tax Exemption Identification No. is E-9998-2013-05.

GC-07 DISPUTES

Any dispute arising under the Contract between the County and Contractor shall be decided by the Director. The complaining party shall submit a written statement detailing the dispute and specifying the specific relevant Contract provision(s) to the Director. Upon request of the Director, the party complained against shall respond to the complaint in writing within five days of such request. The Director will reduce his or her decision to writing and mail or otherwise furnish a copy thereof to the Contractor and the Designee. Dispute resolution as provided herein shall be a condition precedent to any other action at law or in equity. Notwithstanding a dispute, Contractor shall continue to discharge all its obligations, duties and responsibilities set forth in the Contract during any dispute resolution proceeding unless otherwise agreed to by the County in writing.

GC-08 DEFAULT

Contractor shall be in default hereunder in the event of a material breach by Contractor of any term or condition of this Contract where Contractor has failed to cure such breach within ten (10) days after written notice of breach is given to Contractor by the County, setting forth the nature of such breach, unless such cure period has been expressly extended in writing by the Director. County shall be in default hereunder in the event of a material breach by County of any term or condition of this Contract where the County has failed to cure such breach within forty-five (45) days after written notice of breach is given to County by the Contractor, setting forth the nature of such breach.

GC-09 COUNTY'S REMEDIES

If the Contractor fails to remedy a material breach during the ten (10) day cure period pursuant to General Conditions GC-09, Default, the County shall have the right to terminate this Contract provided, however, that the County shall give Contractor prior written notice of its intent to terminate. Following notice of breach to Contractor, the County reserves the right to withhold payments owed to Contractor until such time as Contractor has cured the breach which is the subject matter of the notice. In addition, the County shall have the right to pursue all remedies in law and equity.

GC-10 CONTRACTOR'S REMEDIES

If the County has been notified of breach and fails to remedy the breach during the forty-five (45) day cure period pursuant to General Condition GC-09, Default, the Contractor shall have the right to terminate this Contract providing, however, that Contractor shall give the County thirty (30) days prior written notice of termination.

Contractor shall have the right to pursue all remedies available in law and equity. In all cases the Contractor's damages shall be those provable damages not to exceed the value of the Contract as awarded by the Cook County Board of Directors. Contractor shall not disrupt the operation or repossess any component thereof.

GC-11 DELAYS

Contractor agrees that no charges or claims for damages shall be made by Contractor for any delays or hindrances from any cause whatsoever during the progress of any portion of this Contract.

GC-12 MODIFICATIONS AND AMENDMENTS

The parties may from time to time during the term of the Contract make modifications and amendments to the Contract but only as provided in this section. Such modifications and amendments shall only be made by the mutual written agreement of the parties. No such modifications and amendments which individually or cumulatively result in additional cost of \$1,000.00 or greater or which extend the term of the Contract by thirty (30) days or more shall be deemed as authorized without the advance approval of the Cook County Health and Hospitals System Board of Directors. Modifications and amendments which increase cost by less than \$1,000.00 or which do not extend the term of the Contract by more than twenty-nine (29) days may only be made with the advance written approval of the Director.

Contractor is hereby notified that except for the specific changes listed in the following paragraph, no County department or employee thereof has authority to make any modification and amendment to this Contract. Any modification or amendment to this Contract except as provided for in the following paragraph made without the express written approval of the Director is void and unenforceable.

The Director may, by written order, make changes with respect to the times of delivery and the places of performance thereof. Any such change shall not cause an increase or decrease the Contract price or the time required for Contract performance.

GC-13 PATENTS, COPYRIGHTS, TRADE SECRETS, TRADEMARKS AND LICENSES

Contractor agrees to hold harmless and indemnify the County, its officers, agents, employees and affiliates from and defend, at its own expense (including reasonable attorneys', accountants', and consultants' fees), any suit or proceeding brought against the County based upon a claim that the ownership and/or use of equipment, hardware and software or any part thereof utilized in performing Contractor's services constitutes an infringement of any patent, copyright, trade secret, trademark or license or any other intellectual property right.

In the event the use of any equipment; hardware or software or any part thereof is enjoined, Contractor with all reasonable speed and due diligence shall provide or otherwise secure for County, at the Contractor's election, one of the following: the right to continue use of the equipment, hardware or software; an installed equivalent system having the Specifications as provided in this Contract; or Contractor shall modify the system or its component parts so that it becomes non-infringing while performing in a substantially similar manner to the original system, meeting the Specifications of this Contract.

GC-14 COMPLIANCE WITH LAWS

A. General. The Contractor shall observe and comply with the laws, ordinances, regulations and codes of the Federal, State, County and other local government agencies which may in any manner affect the performance of the Contract including, but not limited to, those County Ordinances set forth in the Certifications attached hereto and incorporated herein. Assurance of compliance with this requirement by the Contractor's employees, agents or subcontractors shall be the responsibility of the Contractor.

B. Payment of Taxes and Fees. The Contractor shall secure and pay for all federal, state and local licenses, permits and fees required hereunder.

C. Corporate Compliance Program. Contractor understands that the Health System has adopted a Corporate Compliance Program and is committed to complying with all applicable laws, rules and regulations. Accordingly, Contractor shall comply with all laws, rules and regulations concerning the services or items furnished to the Hospital under this Agreement. In addition, Contractor shall bring to the attention of the Health System's Compliance Officer, or designee, any alleged improper practices Contractor may discover in association with this Agreement so that the Compliance Officer may take appropriate action.

D. Debarment and Suspension Certification. As used in this paragraph c, the term "Principal" shall have the meaning set forth in 45 C.F.R. § 76.995 and shall include an officer, director, owner, partner, principal investigator, or other person having management or supervisory responsibilities related to a covered transaction. "Principal" also includes a consultant or other person, whether or not employed by the participant or paid with Federal funds, who: is in a position to handle Federal funds; is in a position to influence or control the use of those funds; or occupies a technical or professional position capable of substantially influencing the development or outcome of an activity required to perform the covered transaction. Other terms used in this paragraph D, such as *covered transaction*, *debarred*, *excluded*, *exclusion*, *ineligible*, *ineligibility*, *participant*, and *person* have the meanings set forth in the definitions and coverage rules of 45 C.F.R. Part 76 and other applicable federal regulations.

In executing this Contract, each of Contractor's authorized signatories certifies that, to the best of his or her knowledge and belief, the Contractor, its principals and any person employed or contracted by Contractor to provide Services:

- (1) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any governmental department or agency.
- (2) Have not, within a 3-year period preceding this proposal, been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

- (3) Are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification.
- (4) Have not, within a 3-year period preceding this application/proposal, had one or more public transactions (Federal, State, or local) terminated for cause or default.

Contractor shall notify the County immediately in the event that it or anyone performing services under this Agreement (1) is convicted of a criminal offense related to health care and/or related to the provision of services paid for by Medicare, Medicaid or another federal health care program; or (2) is excluded or debarred from participation in any federal health care program, including Medicare and Medicaid. The County may terminate this Contract immediately upon the occurrence or notification of any of the above.

GC-15 BUSINESS ASSOCIATE PROVISIONS

This Section shall apply to the extent that Contractor ("Business Associate"), in performing the Contract, has access to Protected Health Information ("PHI") from or on behalf of the CCHHS ("Covered Entity"). To the extent applicable, the Parties desire to meet their respective obligations under the Health Insurance Portability and Accountability Act of 1996, as amended (the "Act"), including the federal privacy regulations (the "Privacy Rule") and security regulations (the "Security Rule") promulgated pursuant to the Act and codified in the Code of Federal Regulations ("C.F.R.") at 45 C.F.R. parts 160 and 164 (collectively, "HIPAA") and the Health Information Technology for Economic and Clinical Health Act provisions of the American Recovery and Reinvestment Act of 2009, Pub. Law No. 111-5 and its implementing regulations (collectively, "HITECH"). Business Associate agrees that as of the effective date of the privacy provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), it shall abide by the provisions of this GC-15 with respect to any Protected Health Information or Electronic Protected Health Information (as defined below).

A. Definitions. Terms used, but not otherwise defined, in this Section GC- 16 shall have the meaning set forth in the Privacy Rule and Security Rule.

"Breach" shall mean the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information.

"Electronic Protected Health Information" or "EPHI" shall have the same meaning as the term "electronic protected health information" in 45 C.F.R. 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

"Individual" shall have the same meaning as the term "individual" in 45 C.F.R. 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 C.F.R. 164.502(g).

"Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. part 160 and part 164, subparts A and E.

"Protected Health Information" or PHI shall have the same meaning as the term "protected health information" in 45 C.F.R. 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

"Required By Law" shall have the same meaning as the term "required by law" in 45 C.F.R. 164.501.

"Secretary" shall mean the Secretary of the Department of Health and Human Service or his designee.

"Security Rule" shall mean the Security Standards at 45 C.F.R. parts 160, 162, and 164.

"Unsecured Protected Health Information" shall mean protected health information is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary.

B. Obligations and Activities of Business Associate. Business Associate agrees to not use or disclose Protected Health Information other than as permitted or required by the Contract and by the HITECH Act or as Required By Law.

Business Associate agrees to implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of EPHI that Business Associate creates, receives, maintains, or transmits on behalf of Covered Entity as required by the Privacy Rule, Security Rule, and HITECH Act.

Business Associate recognizes that, as of February 18, 2010, the administrative, physical, and technical standards and implementation specifications of the HIPAA security rule (45 CFR sections 164.308, 164.310, 164.312, and 164.316), apply to the Business Associate in the same manner that it applies to a Covered Entity. Further, as of February 18, 2010, civil and criminal penalties for violation of the HIPAA security rule shall apply to a Business Associate in the same manner as they apply to a Covered Entity. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Contract and agrees to report to Covered Entity any use or disclosure of the Protected Health Information not provided for by this Contract of which it becomes aware.

C. Notification of Breach. Business Associate shall, following the discovery of a privacy or security breach of unsecured PHI, notify the CE without unreasonable delay, and no later than 60 days from the date that the BA discovers the breach or

should have discovered it using reasonable diligence. Such notice shall include the identification of each individual whose unsecured PHI has been, or is reasonably believed by the BA to have been, accessed, acquired, or disclosed during such breach.

D. Application to Agents of Business Associate. Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created or received by Business Associate on behalf of Covered Entity agrees to substantially similar restrictions and conditions that apply through this GC-15 to Business Associate with respect to such information.

E. Designated Record Set. If applicable, Business Associate agrees to provide access, at the request of Covered Entity, and in a reasonable time and manner, to Protected Health Information in a Designated Record Set, to Covered Entity or, as directed by Covered Entity, to an Individual in order to meet the requirements under 45 C.F.R. 164.524. If applicable, Business Associate agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 C.F.R. 164.526 at the request of Covered Entity, and in a reasonable time and manner.

F. Books and Records. Business Associate agrees to make internal practices, books, and records relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Covered Entity available to the Secretary, in a reasonable time and manner or designated by the Secretary, for purposes of the Secretary determining Covered Entity's compliance with the Privacy Rule.

G. Documentation of Disclosures. Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with the Privacy Rule and the HITECH Act. Business Associate agrees to provide to Covered Entity or an Individual, in time and manner as required by Covered Entity, information collected to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with the Privacy Rule and the HITECH Act.

H. Restriction of Disclosures; Accounting. Business Associate agrees to restrict disclosure of an Individual's Protected Health Information as would be required of or agreed to by Covered Entity at the request of an Individual, in the time and manner specified by Covered Entity. Business Associate agrees to provide to Covered Entity or an Individual, in a reasonable time and manner, information collected in accordance with this GC-15, to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 C.F.R. 164.528.

I. General Use and Disclosure Provisions. Except as otherwise limited in this GC-15, Business Associate may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in this Contract.

J. Specific Use and Disclosure Provisions. Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate. Except as otherwise limited in this Agreement, Business Associate may disclose Protected Health Information for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate, provided that disclosures are Required By Law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required By Law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached. In addition, except as otherwise limited in this Agreement, Business Associate may use Protected Health Information to provide Data Aggregation services to Covered Entity as permitted by 42 C.F.R. 164.504(e)(2)(i)(B). Finally, Business Associate may use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with Sec. 164.502(j)(1).

K. Provisions for Covered Entity To Inform Business Associate of Privacy Practices and Restrictions. Covered Entity shall notify Business Associate of: (1) any limitation(s) in its notice of privacy practices of Covered Entity in accordance with 45 C.F.R. 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of Protected Health Information; (2) any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information, to the extent that such changes may affect Business Associate's use or disclosure of Protected Health Information; (3) any restriction to the use or disclosure of Protected Health Information that Covered Entity has agreed to in accordance with 45 C.F.R. 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of Protected Health Information. Further, Covered Entity shall obtain any consent, authorization or permission that may be required by the Privacy Rule or applicable state laws and/or regulations prior to furnishing Business Associate the Protected Health Information pertaining to an individual.

L. Permissible Requests by Covered Entity. Covered Entity shall not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule if done by Covered Entity.

M. Term. These Business Associate Provisions shall be effective as of the Effective Date of the Contract and shall survive the expiration of the Contract, terminating only when all of the Protected Health Information provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy Protected Health Information, protections are extended to such information, in accordance with the termination provisions in this Section.

N. Termination for Cause. Upon Covered Entity's knowledge of a material breach of these Business Associate provisions by Business Associate, Covered Entity shall either: (1) provide an opportunity for Business Associate to cure the breach or end the violation and terminate this Agreement if Business Associate does not cure the breach or end the violation within the time specified by Covered Entity; (2) immediately terminate this Contract if Business Associate has breached a material term of this GC-15 and cure is not possible; or (3) if neither termination nor cure are feasible, Covered Entity shall report the violation to the Secretary.

O. Effect of Termination. Except as provided in this section, upon termination of this Contract, for any reason, Business Associate shall return or destroy all Protected Health Information received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information. Notwithstanding the foregoing, if Business Associate determines that returning or destroying the Protected Health Information is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make infeasible. If Covered Entity agrees that such return is infeasible, Business Associate shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information.

P. Mitigation. To the extent known to Business Associate, Business Associate agrees to use commercially reasonable efforts to mitigate, to the extent practicable, any harmful effect known to Business Associate resulting from a use or disclosure of PHI by Business Associate or its agents in violation of the terms of this GC-15.

Q. Miscellaneous. (1) Any reference in this GC-15 to a section in the Privacy Rule means the section as in effect or as amended. (2) The Parties agree to meet and confer regarding amendment of this GC-15 from time to time as is necessary for either Party or both Parties to comply with the requirements of the Privacy Rule and the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191. Any amendment, however, must be mutually agreed upon by the parties in writing. In the event the parties are, for any reason, unable to agree on an acceptable amendment, either party may terminate this Agreement on written notice to the other party. (3) The respective rights and obligations of Business Associate shall survive the termination of this Contract. (4) Any ambiguity in these Business Associate Provisions shall be resolved to permit Covered Entity to comply with the Privacy Rule.

R. Construction of Terms. The terms of this GC-15 shall be construed in light of any applicable interpretation or guidance on HIPAA and/or the Privacy Regulation issued by HHS or the Office of Civil Rights ("OCR") from time to time.

S. No Third Party Beneficiaries. Nothing in this GC-15 shall confer upon any person other than the parties and their respective successors or assigns, any rights, remedies, obligations, or liabilities whatsoever.

GC-16 MINORITY AND WOMEN BUSINESS ENTERPRISES

COOK COUNTY ORDINANCE CHAPTER 10, SECTION 43.1 – 43.10

I. POLICY AND GOALS

A. It is the policy of the County of Cook to prevent discrimination in the award of or participation in County Contracts and to eliminate arbitrary barriers for participation, as both prime and sub-contractors, in such contracts by local businesses certified as Minority Business Enterprise (MBE) and Women-owned Business Enterprises (WBE). In furtherance of this policy, the Cook County Health and Hospitals System Board of Directors has adopted a Minority and Women-owned Business Enterprise Ordinance (the "Ordinance") which establishes a goal of awarding not less than twenty-five percent (25%) of the aggregate annual total dollar amount of contracts to certified MBEs and ten percent (10%) of the aggregate annual dollar value of all such contracts to certified WBEs.

B. A Bid shall be rejected if the County determines that a Bid fails to comply with this General Condition, including but not limited to: (1) commitments to achieve for this contract, the MBE goal set forth in the Specifications or, if no goal is set forth in the Specifications, a MBE goal of twenty-five percent (25%) of the contract amount and the WBE goal set forth in the Specifications or, if no goal is set forth in the Specifications, a WBE goal of ten percent (10%) of the contract amount or (2) to include a petition for Reduction/Waiver documenting why the goals are not attainable despite the contractor's Good Faith Efforts. A Bid may be rejected and a new Bid may be solicited if the public interest is served thereby. Unless otherwise specified in the Bid Documents, for purposes of this GC-16, the contract amount is the amount that has been entered on the Proposal page of the Bid Documents.

C. Except to the extent that a Bid includes a Reduction/Waiver request, the contract MBE and WBE participation goals may be achieved by the Bid entities' status as a MBE or WBE; by entering into a joint venture with one or more MBE's and/or WBEs; by subcontracting a portion of the work to one or more MBEs and/or WBEs; by establishing and carrying out a mentor/protegé agreement; by the Indirect Participation of one or more MBEs and WBEs used by the entity submitting a Bid in other aspects of its business; or by any combination of the foregoing so long as the Utilization Plan evidences a commitment to the MBE and WBE contract goals set forth in (B) above.

D. The same Business Enterprise, whether as a contractor, subcontractor or supplier, cannot be utilized as both MBE and a WBE on the same contract.

E. To the extent that the Ordinance does not apply to this Bid, unless specifically waived in the Bid Documents, this GC-16 and the wording of the Ordinance shall apply. If there is conflict between this GC-16 and the Ordinance or the wording of the Ordinance, the Ordinance or its wording controls.

F. A Contractor's failure to carry out its commitments in the course of the Contractor's performance shall constitute a material breach of the Contract and if such breach is not appropriately cured, may result in termination of the Contract or such remedy authorized by the Ordinance as the County deems appropriate.

II. REQUIRED BID SUBMITTALS

To be considered responsive, a Bid shall meet the MBE and WBE goals submitting a Utilization Plan with the Bid, which shall be (1) supported by Letters of Intent from the MBEs and WBEs together with the MBEs/WBEs Letters of Certification, and/or (2) include a written Petition for Reduction/Waiver with the Bid supported by documentation of Good Faith Efforts to meet the goals. Failure to submit the documents set forth in (A) and (B) of this Section II in accordance with these guidelines will cause the Bid to be considered non-responsive and shall be cause to reject the Bid.

A. MBE/WBE Utilization Plan. Each Bid shall include with the Bid a complete Utilization Plan. The Utilization Plan shall list the names, mail and email addresses, telephone number and contact persons of businesses intended to be used as MBEs and WBEs on the Contract. If the entity submitting a Bid or any of its subcontractors, suppliers or consultants, are certified MBEs or WBEs they shall be identified as an MBE or WBE within the Utilization Plan.

1. Letter(s) of Intent

Except as set forth below, a Bid shall include with its Utilization Plan, Letter(s) of Intent executed by each MBE and WBE included in the Utilization Plan and by the entity submitting the Bid which sets forth that each MBE and WBE intends to perform as a subcontractor, supplier, joint venture partner and/or consultant on the contract. The Letters of Intent must accurately detail the work to be performed by the MBE or WBE firm and the agreed rates and/or prices to be paid.

If the Bid does not include all Letter(s) of Intent with its Utilization Plan, such Letter(s) of Intent may be submitted to the Office of Contract Compliance within three (3) business days after the date of the Bid opening. Failure to submit all Letter(s) of Intent as required shall result in the Contract Compliance Administrator's determination that a Bid is not responsive and shall be cause to reject the Bid.

All commitments made by a Bid in its Utilization Plan must conform to those included in the submitted Letter(s) of intent. The Contract Compliance Administrator reserves the right to request supplemental information regarding the Letter(s) of intent submitted with a Bid and such information shall be furnished. (Reference Contract Compliance Office page of the Cook County Website (www.cookcountygov.com) for a format sample of a Letter of Intent).

2. Letter(s) of Certification.

Only a Letter of certification from one of the following entities shall be accepted as certification of MBE/WBE status:

County of Cook

Small Business Administration 8A Program

Illinois Unified Certification Program

or any other governmental body or agency approved by the Contract Compliance Administrator as applying certification standards substantially similar to those applied by the County of Cook may also be accepted.

The Contract Compliance Administrator retains the right to reject the certification of any MBE or WBE on the ground that it does not meet the County's definition of a MBE or WBE.

3. Joint Venture Affidavit. In the event a Bid achieves MBE and/or WBE participation by entering into a joint Venture, the Bid shall include the required Joint Venture Affidavit which is available in the office of the Contract Compliance. Such Joint Venture Affidavit shall be submitted with the Bid along with Letter(s) of Certification.

B. Reduction/Waiver Petition. In the event a Bid is unable to meet the applicable contract MBE and WBE participation goals, the Bid must include a Petition for Reduction/Waiver and submit the Petition with its Bid. The Petition for Reduction/Waiver shall be supported with evidence and sufficient documentation to demonstrate the Bid's Good Faith Efforts in attempting to achieve the applicable MBE and WBE goals. If a Bid does not include all documentation in support of the Petition with its Bid, such documentation must be submitted to the Office of Contract Compliance within three (3) business days after the date of the Bid opening.

III. REDUCTION/WAIVER OF MBE/WBE GOALS

A. Granting a Reduction/Waiver Request

1. The determination of the adequacy of the Good Faith Efforts to utilize MBEs and WBEs in a Bid will be evaluated on the basis of the actions in attempting to achieve MBE and WBE participation goals set forth in the Bid. Examples of actions constituting Good Faith Efforts for a Bid are set forth within the Ordinance and in the "Petition for Reduction/Waiver of MBE/WBE participation Goals" contained in the Bid Documents.

2. The Contract Compliance Administrator may grant the Petition for Reduction/Waiver based upon the following criteria: (a) sufficient qualified MBEs and WBEs capable of providing the goods or services required by the contract are unavailable despite the good faith efforts of the contractor; (b) the specifications and the reasonable and necessary requirements for performing the contract make it impossible or economically infeasible to divide the contract into sufficiently small tasks or quantities to enable the contractor to utilize MBEs and WBEs in accordance with the applicable goals; (c) the price(s) quoted by any potential MBE or WBE source of goods or services is more than 10% above competitive levels; and (d) any other factor determined to be relevant by the Contract Compliance Administrator.

B. Denying a Reduction/Waiver Request

1. If the Contract Compliance Administrator determines that a Bid has not demonstrated adequate Good Faith Efforts to meet the applicable contract MBE and WBE goals, the Contract Compliance Administrator may deny a Petition for Reduction/Waiver and declare the Bid non-responsive and recommend rejection of the Bid.

2. Failure to undertake and/or to document adequate Good Faith Efforts shall be cause to deny a Petition for Reduction/Waiver. Determination of the adequacy of a Bid's Good Faith Effort will be Evaluated on the basis of the Bid's actions as of the date of the Bid opening.

IV. CHANGES IN CONTRACTOR'S UTILIZATION PLAN

1. Contractor, during its performance of the Contract, may not change the MBE or WBE commitments specified in its Utilization Plan, including but not limited to, terminating a MBE or WBE contract, reducing the scope of the work to be performed by a MBE/WBE, or decreasing the price to a MBE/WBE, except as otherwise provided by the Ordinance.

2. Where an enterprise under the Contract was previously considered to be a MBE or WBE but is later found not to be, or work is found not to be creditable toward the MBE or WBE goals as stated in the Utilization Plan, the Contractor shall seek to discharge the disqualified enterprise, upon proper written notification to the Contract Compliance Administrator, and make every effort to identify and engage a qualified MBE or WBE as its replacement. Failure to obtain a MBE or WBE replacement within 30 working days of the Contract Compliance Administrator's written approval of a MBE or WBE may result in the termination of the contract or the imposition of such remedy authorized by the Ordinance, unless a written Petition for Reduction/Waiver is granted to Contractor allowing Contractor to award the work to a non-MBE or WBE.

V. NON-COMPLIANCE

If the County determines that the Contractor has failed to comply with its contractual commitments or any portion of the Ordinance or this GC-16, the Contract Compliance Administrator will notify the Contractor of such noncompliance and may take any and all appropriate actions as set forth within the Ordinance.

VI. REPORTING/RECORD-KEEPING REQUIREMENTS

The Contractor is required to comply with the reporting and record-keeping requirements as set forth in the Ordinance and as established by the Contract Compliance Administrator. Upon award of a Contract, Contractor is responsible for acquiring all necessary County reporting and record-keeping forms which will be made available in the Office of Contract Compliance.

VII. EQUAL EMPLOYMENT OPPORTUNITY

Compliance with MBE and WBE requirements will not diminish or supplant Equal Employment Opportunity and Civil Rights provisions as required by law as they relate to contractor and subcontractor obligations.

GC-17 MATERIAL SAFETY DATA SHEET

Where required under the Illinois "Toxic Substance Disclosure to Employees Act", Illinois Compiled Statutes, 1994, 820 ILCS 255/1, Contractor shall submit with each delivery of Contract Goods, Material Safety Data Sheet.

GC-18 CONDUCT OF THE CONTRACTOR

The Contractor agrees to inform the County on a timely basis of all the Contractor's interests, if any, which are or which the Contractor reasonably believes may be incompatible with any interest of the County. The Contractor shall take notice of and comply with the Cook County Lobbyist Registration Ordinance (No. 93-0-22, 6-22-93). The Contractor shall not use for personal gain or make other improper use of privileged information which is acquired in connection with the Contract.

GC-19 ACCIDENT REPORTS

The Director or Designee shall be given written notification within twenty-four (24) hours of any occurrence, on the site or otherwise, which pertains in any way to this Contract and involves the Contractor's personnel, or those of any of his subcontractors or others whether said occurrence be in the nature of bodily injury to employees or third parties or property damages.

The report shall include the name of person(s) injured, name of his employer, date, time and location of occurrence, extent of injury and/or damage, name(s) of eyewitnesses, and who treated the person(s) for injuries sustained, and such other information as may be relevant. The Contractor shall notify the local police any occurrence requiring an official police record. The accident report should indicate whether police were notified and, if so, the number of the police report.

GC-20 USE OF PREMISES

Contractor shall confer with the Director to ascertain full knowledge of all rules and regulations of the County facilities relative to this Contract and shall comply therewith. The Contractor shall confine the operations of its employees to the limits indicated by laws, ordinances, permits and/or direction of the Director and shall not encumber the premises with materials or debris. The Contractor shall not load or permit any part of the structure to be loaded with a weight that will endanger its safety.

The County reserves the right to prohibit any person from entering any County facility for any reason. All subcontractors, agents and employees of the Contractor shall be accountable to the Director while on any County property and shall abide by all security regulations imposed by the County.

GC-21 GENERAL NOTICE

All notices required pursuant to this Contract shall be in writing and addressed to the parties at their respective addresses set forth below. All such notices shall be deemed duly given if hand delivered or if deposited in the United States mail, registered or certified, return receipt requested. Notice as provided herein does not waive service of summons or process.

TO THE COUNTY:

Director
Department of Supply Chain Management
Cook County Health and Hospitals System
1901 West Harrison Street, Room 5360
Chicago, IL 60612

TO THE CONTRACTOR: At address provided in its bid document or as otherwise indicated in writing to County.

GC-22 TERMINATION FOR CONVENIENCE; PRE-PAID CHARGES; NON APPROPRIATION

The County may terminate this Contract, or any portion, at any time by notice in writing from the County to the Contractor. Such termination shall be without penalty and upon such termination, the Contractor shall be entitled to payment only for services and goods actually provided through the date of termination. In the event this Contract is terminated by either party, for cause or otherwise, and the County has pre-paid for any service or Contract Good to be provided pursuant to this Contract, Contractor shall refund to the County, on a prorated basis to the effective date of termination, all amounts prepaid for such service or Contract Good not actually provided. The refund shall be made within fourteen (14) days of the effective date of termination.

If this Contract has a term longer than one year, it is subject to County Board's approval of appropriations. As provided by County Ordinance, in the event the funds required for Contract are not appropriated by the County Board or in the event the CCHHS is required to reduce its programs such that the Deliverables are not longer required, the CCHHS shall notify Contractor that this Contract will be cancelled for convenience.

GC-23 GUARANTEES AND WARRANTIES

All guarantees and warranties required shall be furnished by the Contractor and shall be delivered to the Director upon delivery. The Contractor agrees that the Contract Goods or services to be furnished shall be covered by the most favorable commercial warranties the Contractor gives to any customer for the same or substantially similar Contract Goods or services and that the rights and remedies so provided are in addition to and do not limit any rights afforded to County. If Contractor is not the manufacturer of any Contract Goods, Contractor shall assure that all applicable warranties are transferred to the County upon delivery.

GC-24 STANDARD OF CONTRACT GOODS

Except as expressly set forth in the Specifications, only new, originally manufactured Contract Goods will be accepted by the County. The County will not accept any Contract Goods that have been refurbished, rebuilt, restored or renovated in any manner. In addition, experimental materials will not be acceptable. Contract Goods not produced by regular production methods and/or which have not been offered for sale to the public through accepted industry trade channels for a reasonable period of time prior to the offering of the proposal, will be considered experimental.

GC-25 DELIVERY

The pricing set forth in the Contract shall include all delivery charges. All Contract Goods shipped to the County shall be shipped F.O.B., DESTINATION, FREIGHT PREPAID. Arrangements shall be made in advance by the Contractor in order that the County may arrange for receipt of the materials.

Except as set forth in the Specifications, truck deliveries will be accepted before 3:00 P.M. on weekdays only. No deliveries will be accepted on Saturdays, Sundays or County holidays. The County is not responsible for delivery delays due to waiting times for loading and unloading at dock locations. The County reserves the right to add new delivery locations or delete previously listed delivery locations as required during the Contract period. The only restriction regarding the County's right to add new delivery locations shall be that any new or additional location shall be within the geographical boundaries of the County of Cook.

GC-26 CONFIDENTIALITY AND OWNERSHIP OF DOCUMENTS

Contractor acknowledges and agrees that information regarding this Contract is confidential and shall not be disclosed, directly, indirectly or by implication, or be used by the Contractor in any way, whether during the term of this Contract or at any time thereafter, except solely as required in the course of Contractor's performance of Services hereunder.

Contractor shall comply with the applicable privacy laws and regulations affecting Owner and will not disclose any of Owner's records, materials, or other data to any third party. Contractor shall not have the right to compile and distribute statistical analyses and reports utilizing data derived from information or data obtained from Owner without prior written approval of Owner. In the event such approval is given, any such reports published and distributed by Contractor shall be furnished to Owner without charge.

All documents, data, studies, reports, work product or product created as a result of the performance of Service(s) shall be the property of the County of Cook. It shall be a breach of this Contract for the Contractor to reproduce or use, any documents, data, studies, report, work product or product obtained from the County of Cook or created hereby for its own purposes or to be copied and used by any third party. During the performance of the Services herein provided for, the Contractor shall be responsible for any loss or damage to the documents herein enumerated while they are in its possession

and any such document lost or damaged shall be restored at the expense of the Contractor. Full access to the work during the preparation of the plans shall be available to the County and other public agencies interested in this work.

GC-27 QUANTITIES

The quantities of materials required for the performance of the Contract are estimates for the purpose of determining an approximate total Contract amount and may not be the actual quantities required during the term of the Contract. The County reserves the right to increase the quantities purchased at the Contract price, subject to an amendment in the Contract amount, to correspond to the actual needs of the County. The County will be obligated to order and pay for only such quantities as are from time to time ordered, delivered, and accepted on purchase orders issued by the Director.

GC-28 AUDIT; EXAMINATION OF RECORDS

The Contractor agrees that the Cook County Auditor or any of its duly authorized representatives shall, until expiration of three (3) years after final payment under the Contract, have access and the right to examine any books, documents, papers, cancelled checks, bank statements, purveyor's and other invoices, and records of the Contractor related to the Contract, or to Contractor's compliance with any term, condition or provision thereof. The Contractor shall be responsible for establishing and maintaining records sufficient to document the costs associated with performance under the terms of this Contract.

The Contractor further agrees that it shall include in all of its subcontracts hereunder a provision to the effect that the subcontractor agrees that the Cook County Auditor or any of its duly authorized representatives shall, until expiration of three (3) years after final payment under the subcontract, have access and the right to examine any books, documents, papers, cancelled checks, bank statements, purveyor's and other invoices and records of such subcontractor involving transactions relating to the subcontract, or to such subcontractor's compliance with any term, condition or provision thereunder or under the Contract.

In the event the Contractor receives payment under the Contract, reimbursement for which is later disallowed by the County, the Contractor shall promptly refund the disallowed amount to the County on request, or at the County's option, the County may credit the amount disallowed from the next payment due or to become due to the Contractor under any contract with the County.

Contractor shall include a provision in its subcontracts requiring compliance with this paragraph. Contractor shall maintain books and records adequate to document the basis for its charges hereunder. The County shall have the right to examine the books of the Contractor and any subcontractor providing Deliverables hereunder for the purpose of auditing the same with reference to all charges made to the County until expiration of three (3) years after the final payment under the Contract. To the extent this Contract pertains to Deliverables which may be reimbursable under the Medicaid or Medicare Programs, Contractor shall retain and make available upon request, for a period of four (4) years after furnishing services pursuant to this Agreement, the contract, books, documents and records which are necessary to certify the nature and extent of the costs of such services if requested by the Secretary of Health and Human Services or the Comptroller General of the United States or any of their duly authorized representatives. If Contractor carries out any of its duties under the Agreement through a subcontract with a related organization involving a value of cost of \$10,000.00 or more over a 12 month period, Contractor will cause such subcontract to contain a clause to the effect that, until the expiration of four years after the furnishing of any service pursuant to said subcontract, the related organization will make available upon request of the Secretary of Health and Human Services or the Comptroller General of the United States or any of their duly authorized representatives, copies of said subcontract and any books, documents, records and other data of said related organization that are necessary to certify the nature and extent of such costs.

GC-29 GOVERNING LAW

This Contract shall be governed by and construed under the laws of the State of Illinois. The Contractor irrevocably agrees that, subject to the County's sole and absolute election, any action or proceeding in any way, manner, respect arising out of the Contract from any dispute or controversy arising in connection with or related to the Contract, shall be litigated only in courts within the City of Chicago, County of Cook, State of Illinois, and the Contractor consents and submits jurisdiction thereof. In accordance with these provisions, Contractor waives any right it may have to transfer or change the venue of any litigation brought against it by the County pursuant to this Contract.

GC-30 COOPERATION WITH INSPECTOR GENERAL

Contractors, subcontractors, licensees, grantees or persons or businesses who have a County contract, grant, license, or certification of eligibility for County contracts shall abide by all of the applicable provisions of the Office of the

Independent Inspector General Ordinance (section 2-281 et. seq. of the Cook County Code of Ordinances). Failure to cooperate as required may result in monetary and/or penalties.

GC-31 WAIVER

No term or provision of this Contract shall be deemed waived and no breach consented to unless such waiver or consent shall be in writing and signed by the party claimed to have waived or consented. The waiver of any such provision shall be strictly limited to the identified provision.

GC-32 ENTIRE CONTRACT

It is expressly agreed that the provisions set forth in this Contract constitute all the understandings and agreements between the parties. Any prior agreements, promises, negotiations, or representations not expressly set forth in this Contract are of no force and effect.

GC-33 FORCE MAJEURE

Neither Contractor nor County shall be liable for failing to fulfill any obligation under this Contract if such failure is caused by an event beyond such party's reasonable control and which is not caused by such party's fault or negligence. Such events shall be limited to acts of God, acts of war, fires, lighting, floods, or riots.

GC-34 CONTRACT INTERPRETATION

Whenever the singular is used herein, the masculine, feminine and neuter gender shall be deemed to include the others. The headings of articles, paragraphs and sections in this Contract are included for convenience only and shall not be considered by either party in construing the meaning of this Contract. If any provision or clause of this Contract shall be held to be invalid, such provision or clause shall be deleted from the Contract and the Contract shall be construed to give effect to the remaining portions thereof. This Contract shall be interpreted and construed based upon the following order of precedence of components parts. Such order of precedence shall govern to resolve all cases of conflict, ambiguity, or inconsistency.

1. Addenda, if any
2. Execution Forms
3. Specification
4. Special Conditions, if any
5. General Conditions
6. Instruction to Bidders
7. Legal Advertisement
8. Bidder's Cost Proposal

END OF SECTION

SPECIAL CONDITIONS

SC-01 SCOPE

The Contractor shall furnish CUSTOM MADE BURN GARMENTS for JOHN H. STROGER, JR. HOSPITAL OF COOK COUNTY, all in accordance with the Contract Documents, Specifications and Proposal herein.

SC-02 CONTRACT PERIOD

This is a requirement contract effective for twenty-four (24) months after proper execution of the Contract Documents. THE CURRENT CONTRACT EXPIRES 11/30/11

SC-03 AWARD OF CONTRACT

It is the intent of the County to award this bid in whole and not in part. The County reserves the right to award this contract in the best interest of the County.

SC-04 INQUIRIES

For inquiries, after award of contract please contact:

TORSTEN MUEHL
JOHN H. STROGER, JR. HOSPITAL OF COOK COUNTY
(312) 864-3651

A copy of any written request for interpretation of documents shall be provided to the Office of the PROCUREMENT DIRECTOR at the address set forth below.

Inquiries about the interpretation of the Specifications must be made only in writing and shall be directed to the Procurement Director. Inquiries will be answered in writing, if deemed necessary, by means of an Addendum issued by the Office of the Procurement Director. (Reference Instructions to Bidders, Section IB-05 "Exceptions", page IB-2). Inquiries must be received no later than 5:00 p.m. on Wednesday, AUGUST 24, 2011. Inquiries will be answered by the close of business on Friday, AUGUST 26, 2011.

DURING THE BID PROCESS, ALL INQUIRIES MUST BE DIRECTED, IN WRITING, ONLY TO THE PROCUREMENT DIRECTOR AS FOLLOWS:

PROCUREMENT DIRECTOR
JOHN H. STROGER JR. HOSPITAL OF COOK COUNTY
1901 W. HARRISON
ROOM LL250
CHICAGO, IL. 60612

SC-05 DELIVERY LOCATION

All deliveries shall be made to:

JOHN H. STROGER, JR. HOSPITAL OF COOK COUNTY
1901 W. HARRISON ST.
CHICAGO, IL 60612

SC-06 NOTIFICATION

Do not deliver until notified by Using Department.

SPECIFICATIONS

ALL ITEMS :

I. GARMENT SPECIFICATIONS:

All garments must be custom made as prescribed by a physician. Prescription must be written on the "Physical Therapy Department (PT) Patient Appliance Request" form #486.

- Garment fabric must be engineered to uniformly provide 25mm Hg. of pressure.
- Fabric must be hypoallergenic and have a non-irritation finish/surface.
- Fabric must be available in three (3) weights:
 - a. Regular
 - b. Softer for sensitive skin and for infants
 - c. Heavier for items such as work gloves
- Must be available in a wide variety of colors at no extra charge.
- Aesthetic enhancements (trim, decorative patches, etc.) must be available at no extra charge.
- Collar, hem and cuff band fabric must provide 25mm Hg. of pressure/compression and have a plush inside lining.
- Gloves must have slant inserts unless otherwise stated.
- Garment must have nylon coil zippers with auto-lock sliders and backed with lining (Industry #4.5 for size).
- Garment must have stitches and seams which are even, close, flat, have holding power and are non-raveling.
- Described fabrics must be used for any garment, for any part of the body including the face.

II. TEST GARMENTS:

- Prior to award, custom made test garments must be fabricated and submitted to John H. Stroger, Jr. Hospital of Cook County for approval.
- Test garments will be made to Occupational Therapy (OT) and Physical Therapy (PT) department specifications (selected hypothetical burn cases).
- Test garments will be measured on staff members and manufactured.
- Test garments must be delivered within time frame requirements determined by the hospital.

SPECIFICATIONS

II. TEST GARMENTS (CONTINUED)

- Finished test garments will be evaluated by Occupational and Physical Therapy Department Director for proper fit and quality of construction.
- Specific documentation concerning fabric compression must be submitted with vendor's bid proposal for approval.

III. SUPPLIER/GARMENT MEASURER AND FITTER SPECIFICATIONS:

- All garments must be custom measured and fitted by a certified garment fitter. Certification of completion of a burn garment measuring and fitting course for each potential technician must be submitted with vendor's bid proposal.
- All measurements and fittings are to be done at John H. Stroger, Jr. Hospital of Cook County unless a mutually agreeable location is pre-arranged between vendor and John H. Stroger, Jr. Hospital of Cook County Staff.
- Measurements and fittings are on an as needed basis, usually in Occupational/Physical Therapy, Clinic N, Room 2620 on Monday from 8 AM TO 12 PM. Special arrangements are to be made with vendor, as needed, when the clinic is closed.
- Supplier must have and prove a minimum of 3 years experience in measuring and manufacturing custom made Burn Pressure Garments, and supply a list of references of institutions for whom they provide/have provided service.
- Supplier and burn garment measurer/fitter must demonstrate a respect for the dignity and confidentiality of the patient and the patient's caregiver(s).
- The vendor's past performance history will be taken into account. This may include surveys, hospital records, quality improvement data, and reference checks.

IV. FINANCIAL SPECIFICATIONS:

- All requests for garments must be signed by authorized personnel from Physical Therapy.
- There will be no charge for clinic or hospital visits by vendor.
- Vendor is responsible for correct fit of all garments measured by them and will replace, at no additional cost, if fit is not appropriate, unless a change in patient's measurements is due to issues beyond the control of the vendor.
- "No-fault" adjustments are to be done at no charge to the hospital for problems identified within 15 days of fitting by OT and acceptance by the hospital of the garment.

SPECIFICATIONSIV. FINANCIAL SPECIFICATIONS (CONTINUED):

- Vendor shall complete a vendor log sheet of measurement and fitting transactions at each clinic and turn a copy in to the OT/PT department. Proof of garment receipt will be obtained by patient signature on this document at time of receipt of garment with proper fit.
- Vendor will submit all invoices directly to the Department of Occupational Physical Therapy, John H. Stroger, Jr. Hospital of Cook County, Clinic N, Room 2620 Chicago, IL. 60612.
- In submitting invoices to John H. Stroger, Jr. Hospital of Cook County, the invoice should include the following information:
 1. Name of Patient
 2. Name of Garment
 3. Cost of Garment
 4. Stroger Hospital Contract Item No. And Mfr. No.
 5. Balance due from John H. Stroger, Jr. Hospital of Cook County
 6. Date Ordered
 7. Date Accepted
 8. Item Quantity
 9. Unit Cost
 10. Attach and submit all invoices with completed and signed Cook County Voucher form and a copy of the patient appliance form. Voucher form should include the following information: Patient Name, Contract item number, MFR#, Qty, Unit cost, Extended cost and signature of company representative.

V. DELIVERY SPECIFICATIONS:

- Pressure garments are to be delivered to Physical Therapy Department unless another mutually agreeable location is determined by the Physical Therapy Department and vendors.
- Delivery of garment is expected at the next burn clinic meeting after measurement or within seven (7) calendar days unless mutually agreed to a different time in writing and signed by both the Physical Therapy Department and vendor.
- Emergency orders must be processed and delivered within twenty-four (24) working hours.

VI. QUALITY CONTROL:

- Occupational Therapy and/or Physical Therapy and vendor will have weekly scheduled meetings to address quality assurance and improvement issues at John H. Stroger, Jr. Hospital of Cook County.

PROPOSAL

The undersigned declares that they have carefully examined, the Proposal Form, General and Special Conditions and Specifications identified as CONTRACT NO. H11-73-074 for GARMENTS, CUSTOM MADE BURN for JOHN H. STROGER, JR. HOSPITAL OF COOK COUNTY as prepared by Cook County, and that they have familiarized themselves with all of the conditions under which it must be carried out and understands that in making this Proposal they waive all right to plead any misunderstanding regarding the same.

<u>ITEM NO.</u>	<u>UNIT OF MEASURE</u>	<u>QTY.</u>	<u>DESCRIPTION</u>
1.	EACH	73	GARMENT, BURN; GLOVE TO WRIST, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
2.	EACH	14	GARMENT, BURN; GLOVE TO ELBOW, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
3.	EACH	3	GARMENT, BURN; GLOVE TO AXILLA, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
4.	EACH	2	GARMENT, BURN; GLOVE TO AXILLA WITH SHOULDER FLAP, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____

PROPOSAL

<u>ITEM NO.</u>	<u>UNIT OF MEASURE</u>	<u>QTY.</u>	<u>DESCRIPTION</u>
5.	EACH	14	GARMENT, BURN; DETACHABLE GAUNTLET (METACARPALS TO WRIST), AS PER SPECIFICATIONS HEREIN. \$ _____ /EA \$ _____ TOTAL MFR. _____ MFR NO. _____
6.	EACH	3	GARMENT, BURN; GAUNTLET WITH ENCLOSED/EXTENDED THUMB (GLOVE STYLE), AS PER SPECIFICATIONS HEREIN. \$ _____ /EA \$ _____ TOTAL MFR. _____ MFR NO. _____
7.	EACH	3	GARMENT, BURN; INTERDIGITAL WEB SPACER, AS PER SPECIFICATIONS HEREIN. \$ _____ /EA \$ _____ TOTAL MFR. _____ MFR NO. _____
8.	EACH	3	GARMENT, BURN; MITTEN TO WRIST, AS PER SPECIFICATIONS HEREIN. \$ _____ /EA \$ _____ TOTAL MFR. _____ MFR NO. _____

PROPOSAL

9.	EACH	3	GARMENT, BURN; MITTEN TO ELBOW, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
10.	EACH	3	GARMENT, BURN; INDIVIDUAL FINGER SUPPORT, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
11.	EACH	3	GARMENT, BURN; HALF SLEEVE AND GAUNTLET, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
12.	EACH	48	GARMENT, BURN; ARM SLEEVE AND GAUNTLET, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
13.	EACH	4	GARMENT, BURN; ARM SLEEVE AND GAUNTLET/SHOULDER FLAP, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____

PROPOSAL

14.	EACH	7	GARMENT, BURN; ELBOW BAND, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
15.	EACH	4	GARMENT, BURN; HALF SLEEVE (WRIST TO ELBOW), AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
16.	EACH	4	GARMENT, BURN; HALF SLEEVE (ELBOW TO AXILLA), AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
17.	EACH	13	GARMENT, BURN; HALF SLEEVE WITH GAUNTLET, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
18.	EACH	2	GARMENT, BURN; HALF SLEEVE WITH SHOULDER FLAP, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____

PROPOSAL

19.	EACH	50	GARMENT, BURN; ARM SLEEVE (WRIST TO AXILLA), AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
20.	EACH	3	GARMENT, BURN; ARM SLEEVE WITH ATTACHED GAUNTLET, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
21.	EACH	3	GARMENT, BURN; ARM SLEEVE WITH ATTACHED SHOULDER FLAP, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
22.	EACH	3	GARMENT, BURN; ARM SLEEVE WITH GAUNTLET AND SHOULDER, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
23.	EACH	3	GARMENT, BURN; ARM STUMP TO AXILLA, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____

PROPOSAL

24.	EACH	3	GARMENT, BURN; ARM STUMP WITH SHOULDER FLAP, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
25.	EACH	19	GARMENT, BURN; ZIPPER (EACH OPENING), AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
26.	EACH	10	GARMENT, BURN; ELBOW LINING (INNER ASPECT ONLY), AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
27.	EACH	3	GARMENT, BURN; ELBOW LINING (FULL), AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
28.	EACH	3	GARMENT, BURN; LINING VARIATION, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____

PROPOSAL

29.	EACH	3	GARMENT, BURN; REINFORCED PALM ON GLOVE OR GAUNTLET, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
30.	EACH	21	GARMENT, BURN; POCKET FOR PADDING OR SPLINT, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
31.	EACH	2	GARMENT, BURN; ADJUSTABLE SHOULDER FLAP, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
32.	EACH	9	GARMENT, BURN; FACE MASK, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
33.	EACH	9	GARMENT, BURN; FACE MASK, OPEN FACE, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____

PROPOSAL

34.	EACH	4	GARMENT, BURN; CHIN STRAP, MODIFIED, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
35.	EACH	7	GARMENT, BURN; CHIN STRAP, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
36.	EACH	9	GARMENT, BURN; NECK SUPPORT, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
37.	EACH	3	GARMENT, BURN; HEAD BAND, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
38.	EACH	3	GARMENT, BURN; DETACHABLE TURTLENECK, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____

PROPOSAL

39.	EACH	3	GARMENT, BURN; OTOPLASTY SUPPORT, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
40.	EACH	19	GARMENT, BURN; VEST, SLEEVELESS, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
41.	EACH	10	GARMENT, BURN; VEST, TWO LONG SLEEVES, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
42.	EACH	38	GARMENT, BURN; VEST, TWO SHORT SLEEVES, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
43.	EACH	74	GARMENT, BURN; VEST, ONE LONG SLEEVE AND ONE SHORT SLEEVE, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____

PROPOSAL

44.	EACH	2	GARMENT, BURN; VEST, ONE LONG SLEEVE, GAUNTLET AND ONE SHORT SLEEVE, AS PER SPECIFICATIONS HEREIN. \$ _____ /EA \$ _____ TOTAL MFR. _____ MFR NO. _____
45.	EACH	2	GARMENT, BURN; VEST, TWO LONG SLEEVES, ONE WITH GAUNTLET, AS PER SPECIFICATIONS HEREIN. \$ _____ /EA \$ _____ TOTAL MFR. _____ MFR NO. _____
46.	EACH	3	GARMENT, BURN; VEST, TWO LONG SLEEVE WITH GAUNTLETS, AS PER SPECIFICATIONS HEREIN. \$ _____ /EA \$ _____ TOTAL MFR. _____ MFR NO. _____
47.	EACH	5	GARMENT, BURN; TORSO BAND, AS PER SPECIFICATIONS HEREIN. \$ _____ /EA \$ _____ TOTAL MFR. _____ MFR NO. _____

PROPOSAL

48.	EACH	3	GARMENT, BURN; ZIPPER (EACH OPENING), AS PER SPECIFICATIONS HEREIN. \$ _____ /EA \$ _____ TOTAL MFR. _____. MFR NO. _____.
49.	EACH	3	GARMENT, BURN; BODY BRIEF, WITH SLEEVES, AS PER SPECIFICATIONS HEREIN. \$ _____ /EA \$ _____ TOTAL MFR. _____. MFR NO. _____.
50.	EACH	3	GARMENT, BURN; BODY BRIEF, SLEEVELESS AND LEGS (TO DISTAL MEASUREMENT ABOVE KNEE), AS PER SPECIFICATIONS HEREIN. \$ _____ /EA \$ _____ TOTAL MFR. _____. MFR NO. _____.
51.	EACH	3	GARMENT, BURN; BODY BRIEF SLEEVELESS, AS PER SPECIFICATIONS HEREIN. \$ _____ /EA \$ _____ TOTAL MFR. _____. MFR NO. _____.

PROPOSAL

52.	EACH	3	GARMENT, BURN; BODY SUIT, SLEEVELESS, WITH LEGS TO DISTAL, AS PER SPECIFICATIONS HEREIN. \$ _____ /EA \$ _____ TOTAL MFR. _____. MFR NO. _____.
53.	EACH	3	GARMENT, BURN; BODY SUIT, UNIQUE VARIATION, AS PER SPECIFICATIONS HEREIN. \$ _____ /EA \$ _____ TOTAL MFR. _____. MFR NO. _____.
54.	EACH	6	GARMENT, BURN; FOOT GLOVE TO ANKLE, AS PER SPECIFICATIONS HEREIN. \$ _____ /EA \$ _____ TOTAL MFR. _____. MFR NO. _____.
55.	EACH	6	GARMENT, BURN; FOOT GLOVE EXTENDING TO KNEE, AS PER SPECIFICATIONS HEREIN. \$ _____ /EA \$ _____ TOTAL MFR. _____. MFR NO. _____.
56.	EACH	3	GARMENT, BURN; WEB SPACER FOR FOOT (TO BE WORN OVER FOOT GLOVE), AS PER SPECIFICATIONS HEREIN. \$ _____ /EA \$ _____ TOTAL MFR. _____. MFR NO. _____.

PROPOSAL

57.	EACH	3	GARMENT, BURN; REINFORCED HEEL (PER LEG), AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR. NO _____
58.	EACH	3	GARMENT, BURN; ANKLE LINING (PER LEG), AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR. NO. _____
59.	EACH	26	GARMENT, BURN; KNEE LENGTH SUPPORT, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR. NO. _____
60.	EACH	3	GARMENT, BURN; ANKLET LENGTH SUPPORT, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR. NO. _____
61.	EACH	3	GARMENT, BURN; SELF-MATERIAL ENCLOSED TOES, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR. NO. _____

PROPOSAL

62.	EACH	3	GARMENT, BURN; SOFT-MATERIAL ENCLOSED TOES, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
63.	EACH	14	GARMENT, BURN; THIGH LENGTH SUPPORT, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
64.	EACH	9	GARMENT, BURN; THIGH BAND, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
65.	EACH	3	GARMENT, BURN; KNEE BAND, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
66.	EACH	3	GARMENT, BURN; REINFORCED KNEE (PER LEG), AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____

PROPOSAL

67.	EACH	3	GARMENT, BURN; PANTY BRIEF, TWO LEGS, OPEN OR CLOSED PUBIS, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
68.	EACH	23	GARMENT, BURN; PANTY GIRDLE, TWO LEGS, ABOVE KNEE CLOSED PUBIS, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
69.	EACH	14	GARMENT, BURN; PANTY GIRDLE, TWO LEGS, BELOW KNEE CLOSED PUBIS, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
70.	EACH	7	GARMENT, BURN; PANTY GIRDLE, TWO LEGS, ABOVE KNEE OPEN PUBIS, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____

PROPOSAL

71.	EACH	3	GARMENT, BURN; PANTY GIRDLE, TWO LEGS, BELOW KNEE OPEN PUBIS, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
72.	EACH	6	GARMENT, BURN; PANTY GIRDLE, VARIATION, BELOW KNEE, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
73.	EACH	3	GARMENT, BURN; PANTY GIRDLE, VARIATION, ONE LEG BELOW KNEE, ONE LEG ABOVE KNEE, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
74.	EACH	3	GARMENT, BURN; PANTY GIRDLE, VARIATION, BELOW KNEE, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____

PROPOSAL

75.	EACH	4	GARMENT, BURN; GIRDLE, WAIST HEIGHT, TWO LEG, OPEN PUBIS, AS PER SPECIFICATIONS HEREIN. \$ _____ /EA \$ _____ TOTAL MFR. _____. MFR NO. _____.
76.	EACH	62	GARMENT, BURN; GIRDLE, TWO LEGS, CLOSED PUBIS, AS PER SPECIFICATIONS HEREIN. \$ _____ /EA \$ _____ TOTAL MFR. _____. MFR NO. _____.
77.	EACH	3	GARMENT, BURN; GIRDLE, ONE LEGS, OPEN PUBIS, AS PER SPECIFICATIONS HEREIN. \$ _____ /EA \$ _____ TOTAL MFR. _____. MFR NO. _____.
78.	EACH	7	GARMENT, BURN; GIRDLE, WAIST HEIGHT, ONE LEG PANTY, OPEN PUBIS, AS PER SPECIFICATIONS HEREIN. \$ _____ /EA \$ _____ TOTAL MFR. _____. MFR NO. _____.
79.	EACH	17	GARMENT, BURN; GIRDLE, WAIST HEIGHT, ONE LEG PANTY, CLOSED PUBIS, AS PER SPECIFICATIONS HEREIN. \$ _____ /EA \$ _____ TOTAL MFR. _____. MFR NO. _____.

			<u>PROPOSAL</u>
80.	EACH	3	GARMENT, BURN; GIRDLE, WAIST HEIGHT, ONE LEG BRIEF, AS PER SPECIFICATIONS HEREIN. \$ _____ /EA \$ _____ TOTAL MFR. _____. MFR NO. _____.
81.	EACH	2	GARMENT, BURN; GIRDLE, WAIST HEIGHT, ONE LEG BELOW KNEE AND ONE FULL LEG, CLOSED PUBIS, AS PER SPECIFICATIONS HEREIN. \$ _____ /EA \$ _____ TOTAL MFR. _____. MFR NO. _____.
82.	EACH	6	GARMENT, BURN; GIRDLE, WAIST HEIGHT, ONE LEG BELOW KNEE AND ONE FULL LEG, OPEN PUBIS, AS PER SPECIFICATIONS HEREIN. \$ _____ /EA \$ _____ TOTAL MFR. _____. MFR NO. _____.
83.	EACH	3	GARMENT, BURN; GIRDLE, PREGNANCY, CHEST HEIGHT, TWO LEGS, AS PER SPECIFICATIONS HEREIN. \$ _____ /EA \$ _____ TOTAL MFR. _____. MFR NO. _____.
84.	EACH	3	GARMENT, BURN; SUPPORT, PENILE AS PER SPECIFICATIONS HEREIN. \$ _____ /EA \$ _____ TOTAL MFR. _____. MFR NO. _____.

PROPOSAL

85.	EACH	3	GARMENT, BURN; STUMP SUPPORT, ABOVE KNEE, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
86.	EACH	3	GARMENT, BURN; STUMP SUPPORT, BELOW KNEE, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
87.	EACH	6	GARMENT, BURN; STUMP SUPPORT, ONE STUMP AND ONE LEG, WAIST HEIGHT, CLOSED PUBIS, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
88.	EACH	3	GARMENT, BURN; STUMP SUPPORT, ONE STUMP, WAIST HEIGHT, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
89.	EACH	3	GARMENT, BURN; STUMP SUPPORT, ONE STUMP, WAIST HEIGHT, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____

PROPOSAL

90.	EACH	3	GARMENT, BURN; STUMP SUPPORT, TWO STUMPS, WAIST HEIGHT, CLOSED PUBIS, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
91.	EACH	3	GARMENT, BURN; STUMP SUPPORT, TWO STUMPS, WAIST HEIGHT, OPEN PUBIS, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
92.	EACH	3	GARMENT, BURN; STUMP SUPPORT, ONE STUMP AND PANTY, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
93.	EACH	23	GARMENT, BURN; CHAP STYLE, ONE LEG SUPPORT, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
94.	EACH	3	GARMENT, BURN; CHAP STYLE, TWO LEG SUPPORT, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____

PROPOSAL

95.	EACH	3	GARMENT, BURN; CHAP STYLE, ONE STUMP SUPPORT, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
96.	EACH	3	GARMENT, BURN; CHAP STYLE, TWO STUMP SUPPORT, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
97.	EACH	3	GARMENT, BURN; REINFORCED INNER THIGH, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
98.	EACH	3	GARMENT, BURN; ADDITIONAL CHARGE FOR CIRCUMFERENCES, 50"-59" (127-151CM), AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
99.	EACH	3	GARMENT, BURN; ADDITIONAL CHARGE FOR CIRCUMFERENCES, 70"-79" (178-202CM), AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____

PROPOSAL

100.	EACH	3	GARMENT, BURN; ADDITIONAL CHARGE FOR CIRCUMFERENCES, 60"-69" (152-177CM), AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
101.	EACH	3	GARMENT, BURN; RE-STITCH SEAM, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
102.	EACH	14	GARMENT, BURN; ADD OR REPLACE ZIPPER, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
103.	EACH	95	GARMENT, BURN; OPEN FINGERTIPS ON GLOVE, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
104.	EACH	3	GARMENT, BURN; REMOVE FABRIC FOR CONTRACTURE, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____

PROPOSAL

105.	EACH	3	GARMENT, BURN; REPLACE ELASTIC ON GAUNTLET, AS PER SPECIFICATIONS HEREIN. \$ _____ /EA \$ _____ TOTAL MFR. _____ MFR NO. _____
106.	EACH	3	GARMENT, BURN; SHORTEN OR REPLACE THUMB, AS PER SPECIFICATIONS HEREIN. \$ _____ /EA \$ _____ TOTAL MFR. _____ MFR NO. _____
107.	EACH	3	GARMENT, BURN; REPLACE ELASTIC ON KNEE LENGTH OR SLEEVE, AS PER SPECIFICATIONS HEREIN. \$ _____ /EA \$ _____ TOTAL MFR. _____ MFR NO. _____
108.	EACH	3	GARMENT, BURN; SHORTEN TOP OR SLEEVE WITH FLAP, AS PER SPECIFICATIONS HEREIN. \$ _____ /EA \$ _____ TOTAL MFR. _____ MFR NO. _____
109.	EACH	3	GARMENT, BURN; SHORTEN TOP OR BOTTOM OF SLEEVE, AS PER SPECIFICATIONS HEREIN. \$ _____ /EA \$ _____ TOTAL MFR. _____ MFR NO. _____

PROPOSAL

110.	EACH	3	GARMENT, BURN; REMOVE SHOULDER FLAP, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____. MFR NO. _____.
111.	EACH	3	GARMENT, BURN; CHANGE SLEEVE TO DETACHABLE GAUNTLET, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____. MFR NO. _____.
112.	EACH	3	GARMENT, BURN; CHANGE STYLE OF ARM FLAP, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____. MFR NO. _____.
113.	EACH	3	GARMENT, BURN; SLEEVE WITH GAUNTLET WITH EXTENDED THUMB, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____. MFR NO. _____.
114.	EACH	3	GARMENT, BURN; SLEEVE WITH GAUNTLET SHOULDER FLAP WITH ENCLOSED EXTENDED THUMB, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____. MFR NO. _____.

PROPOSAL

115.	EACH	3	GARMENT, BURN; NOSE COVERING (INCLUDED IN MASK), AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
116.	EACH	3	GARMENT, BURN; LIP COVERING (ATTACHED TO MASK OR CHIN STRAP), AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
117.	EACH	3	GARMENT, BURN; EAR FLAP (ATTACHED TO MASK OR CHIN STRAP), AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
118.	EACH	3	GARMENT, BURN; EYE FLAP (ATTACHED TO MASK), AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
119.	EACH	3	GARMENT, BURN; TRACHEA OPENING, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____

PROPOSAL

120.	EACH	3	GARMENT, BURN; ELBOW LINING, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
121.	EACH	28	GARMENT, BURN; GAUNTLET (ATTACHED TO BODY SUIT), AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
122.	EACH	3	GARMENT, BURN; REINFORCED PERINEUM, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
123.	EACH	3	GARMENT, BURN; ABDOMINAL PANEL, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
124.	EACH	3	GARMENT, BURN; GARTERS ATTACHED, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____

PROPOSAL

125.	EACH	3	GARMENT, BURN; OSTOMY OPENING, AS PER SPECIFICATIONS HEREIN. \$ _____ /EA \$ _____ TOTAL MFR. _____ MFR NO. _____
126.	EACH	3	GARMENT, BURN; PULL TABS, AS PER SPECIFICATIONS HEREIN. \$ _____ /EA \$ _____ TOTAL MFR. _____ MFR NO. _____
127.	EACH	3	GARMENT, BURN; LINING BEHIND KNEES, AS PER SPECIFICATIONS HEREIN. \$ _____ /EA \$ _____ TOTAL MFR. _____ MFR NO. _____
128.	EACH	3	GARMENT, BURN; GARTER HOOPS, AS PER SPECIFICATIONS HEREIN. \$ _____ /EA \$ _____ TOTAL MFR. _____ MFR NO. _____
129.	EACH	3	GARMENT, BURN; SUSPENDERS, AS PER SPECIFICATIONS HEREIN. \$ _____ /EA \$ _____ TOTAL MFR. _____ MFR NO. _____

PROPOSAL

130.	EACH	3	GARMENT, BURN; REINFORCED TOP (ON WAIST HEIGHTS OR PANTY GIRDLE), AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
131.	EACH	3	GARMENT, BURN; 2" ELASTIC BAND (ADDED TO WAIST HEIGHTS OR PANTY GIRDLE), AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
132.	EACH	3	GARMENT, BURN; CONTRACTURE SEAM, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____
133.	EACH	3	GARMENT, BURN; SELF-MATERIAL GUSSET, AS PER SPECIFICATIONS HEREIN. \$ _____/EA \$ _____ TOTAL MFR. _____ MFR NO. _____

PROPOSAL

BIDDER: _____

134.	SQUARE INCH	3,900	GARMENT BURN; SILICONE ELASTOMER SHEETING BACKED BY TEXTILE FABRIC, CUSTOM SEWN INTO BURN GARMENT, WASHABLE, AS PER SPECIFICATIONS HEREIN. \$ _____ /SQ./IN. \$ _____ TOTAL MFR. _____ MFR NO. _____
------	-------------	-------	---

135.	EACH	11	GLOVE, BURN, FOR WORK. LEATHER REINFORCEMENTS CUSTOM SEWN INTO OUTSIDE SURFACE OF BURN COMPRESSION GLOVE AS PER SPECIFICATIONS HEREIN. \$ _____ /EA \$ _____ TOTAL MFR. _____ MFR NO. _____
------	------	----	--

GRAND TOTAL: \$ _____

DELIVERY DATE: _____
 (NUMBER OF CALENDAR DAYS AFTER AWARD OF CONTRACT)

THE RECEIPT OF THE FOLLOWING ADDENDA TO THE SPECIFICATIONS IS ACKNOWLEDGED:

ADDENDUM NO. _____	DATE _____
ADDENDUM NO. _____	DATE _____
ADDENDUM NO. _____	DATE _____
ADDENDUM NO. _____	DATE _____

MBE/WBE UTILIZATION PLAN

(SECTION 1)

BIDDER / PROPOSER HEREBY STATES that all MBE/WBE firms included in this plan are certified MBEs/WBEs by at least one of the entities listed in the General Conditions.

I. BIDDER / PROPOSER MBE/WBE STATUS: (check the appropriate line)

- ☐ Bidder / Proposer is a certified MBE or WBE firm. (If so, attach copy of appropriate Letter of Certification).
- ☐ Bidder / Proposer is a Joint Venture and one or more Joint Venture partners are Certified MBEs or WBEs. (If so, attach copies of Letter(s) of certification, a copy of Joint Venture Agreement clearly describing the role of the MBE/WBE firm(s) and its ownership interest in the Joint Venture and a completed Joint Venture Affidavit which is available from the Office of Contract Compliance).
- ☐ Bidder / Proposer is not a certified MBE or WBE firm, nor a Joint Venture with MBE/WBE partners, but will utilize MBE and WBE firms either directly or indirectly in the performance of the Contract. (If so, complete Sections II and III).

II. ☐ Direct Participation of MBE/WBE Firms ☐ Indirect Participation of MBE/WBE Firms

Where goals have not been achieved through direct participation, Bidder / Proposer shall include documentation outlining efforts to achieve Direct Participation at the time of Bid / Proposal submission. Indirect Participation will only be considered after all efforts to achieve Direct Participation have been exhausted. Only after written documentation of Good Faith Efforts is received will Indirect Participation be considered.

MBEs/WBEs that will perform as subcontractors / suppliers / consultants include the following:

MBE/WBE Firm: _____		
Address: _____		
E-mail: _____		
Contact Person: _____	Phone: _____	
Dollar Amount Participation: \$ _____		
Percent Amount of Participation: _____ %		
*Letter of Intent attached?	Yes _____	No _____
*Letter of Certification attached?	Yes _____	No _____
MBE/WBE Firm: _____		
Address: _____		
E-mail: _____		
Contact Person: _____	Phone: _____	
Dollar Amount Participation: \$ _____		
Percent Amount of Participation: _____ %		
*Letter of Intent attached?	Yes _____	No _____
*Letter of Certification attached?	Yes _____	No _____
Attach additional sheets as needed.		

* Additionally, all Letters of intent, Letters of Certification and documentation of Good Faith Efforts omitted from this bid / proposal must be submitted to the Office of Contract Compliance so as to assure receipt by the Contract Compliance Administrator not later than five (5) business days after any Reverse Auction event date.

Revised: 4/15/11

Cook County Government

Letter of Intent

(SECTION 2)

M/WBE Firm: _____

Contract #: _____

Address: _____

City / State: _____ Zip: _____

Contact Person: _____

Phone: _____ Fax: _____

Certification Expiration Date: _____

Race / Gender: _____

Email: _____

FEIN #: _____

Participation: ☐ Direct ☐ Indirect

Will the M/WBE firm be subcontracting any of the performance of this contract to another firm?

☐ No ☐ Yes — Please attach explanation

Proposed Subcontractor: _____

The Undersigned M/WBE is prepared to provide the following Commodities/Services for the above named Project/Contract:

Indicate the Dollar Amount or Percentage and the Terms of Payment for the above described Commodities/Services:

(If more space is needed to fully describe M/WBE firm's proposed scope of work and/or payment schedule, attach additional sheets)

THE UNDERSIGNED PARTIES AGREE that this Letter of Intent will become a binding Subcontract Agreement conditioned upon the Bidder / Proposer's receipt of a signed contract from the County of Cook. The Undersigned Parties do also certify that they did not affix their signatures to this document until all areas under Description of Service/Supply and Fee/Cost were completed.

Signature (M/WBE) _____

Signature (Prime Bidder / Proposer) _____

Print Name _____

Print Name _____

Firm Name _____

Firm Name _____

Date _____

Date _____

Subscribed to and sworn before me this
_____ day of _____, 20____

My commission expires:

X _____
Notary Public Signature

Notary Seal

PETITION FOR WAIVER OF MBE/WBE PARTICIPATION
(SECTION 3)

A. BIDDER / PROPOSER HEREBY REQUESTS:

☐

FULL MBE WAIVER

☐

FULL WBE WAIVER

☐

REDUCTION (PARTIAL MBE and/or WBE PARTICIPATION)

____ % of Reduction for MBE Participation
____ % of Reduction for WBE Participation

B. REASON FOR FULL / REDUCTION WAIVER REQUEST

Bidder / Proposer shall check each item applicable to its reason for a waiver request. Additionally, supporting documentation shall be submitted with this request. If such supporting documentation cannot be submitted with bid / proposal / quotation, such documentation shall be submitted directly to the Office of Contract Compliance no later than three (3) days from the date of submission date.

☐

(1) Lack of sufficient qualified MBEs and /or WBEs capable of providing the goods or services required by the contract. (Please explain)

☐

(2) The specifications and necessary requirements for performing the contract make it impossible or economically infeasible to divide the contract to enable the contractor to utilize MBEs and/or WBEs in accordance with the applicable participation. (Please explain)

☐

(3) Price(s) quoted by potential MBEs and/or WBEs are above competitive levels and increase cost of doing business and would make acceptance of such MBE and/or WBE bid economically impracticable, taking into consideration the percentage of total contract price represented by such MBE and/or WBE bid. (Please explain)

☐

(4) There are other relevant factors making it impossible or economically infeasible to utilize MBE and/or WBE firms. (Please explain)

C. GOOD FAITH EFFORTS TO OBTAIN MBE/WBE PARTICIPATION

☐

(1) Made timely written solicitation to identified MBEs and WBEs for utilization of goods and/or services; and provided MBEs and WBEs with a timely opportunity to review and obtain relevant specifications, terms and conditions of the proposal to enable MBEs and WBEs to prepare an informed response to solicitation. (Please attach)

☐

(2) Followed up initial solicitation of MBEs and WBEs to determine if firms are interested in doing business. (Please attach)

☐

(3) Advertised in a timely manner in one or more daily newspapers and/or trade publication for MBEs and WBEs for supply of goods and services. (Please attach)

☐

(4) Used the services and assistance of the Office of Contract Compliance staff. (Please explain)

☐

(5) Engaged MBEs and WBEs for indirect participation. (Please explain)

D. OTHER RELEVANT INFORMATION

Attach any other documentation relative to Good Faith Efforts in complying with MBE/WBE participation.

Revised 4/15/11

CERTIFICATIONS

(SECTION 4)

THE FOLLOWING CERTIFICATIONS ARE MADE PURSUANT TO STATE LAW AND THE CODE. THE UNDERSIGNED IS CAUTIONED TO CAREFULLY READ THESE CERTIFICATIONS PRIOR TO SIGNING THE SIGNATURE PAGE. SIGNING THE SIGNATURE PAGE SHALL CONSTITUTE A WARRANTY BY THE UNDERSIGNED THAT ALL THE STATEMENTS, CERTIFICATIONS AND INFORMATION SET FORTH WITHIN THESE CERTIFICATIONS ARE TRUE, COMPLETE AND CORRECT AS OF THE DATE THE SIGNATURE PAGE IS SIGNED. THE UNDERSIGNED IS NOTIFIED THAT IF THE COUNTY LEARNS THAT IF ANY OF THE FOLLOWING CERTIFICATIONS WERE FALSELY MADE, THAT ANY CONTRACT ENTERED INTO WITH THE UNDERSIGNED SHALL BE SUBJECT TO TERMINATION.

A. PERSONS AND ENTITIES SUBJECT TO DISQUALIFICATION

No person or business entity shall be allowed a contract or sub-contract for a period of five (5) years from the date of conviction or entry of a plea or admission of guilt, civil or criminal, if that person or entity:

- 1) Has been convicted of an act committed, within the State of Illinois, of bribery or attempting to bribe an officer or employee of a unit of state, federal or local government or school district in the State of Illinois in that officer's or employee's official capacity;
- 2) Has been convicted by federal, state or local government of an act of bid-rigging or attempting to rig bids as defined in the Sherman Anti-Trust Act and Clayton Act, Act. 15 U.S.C. Section 1 et seq.;
- 3) Has been convicted of bid-rigging or attempting to rig bids under the laws of federal, state or local government;
- 4) Has been convicted of an act committed, within the State, of price-fixing or attempting to fix prices as defined in the Sherman Anti-Trust Act and Clayton Act, Act. 15 U.S.C. Section 1 et seq.;
- 5) Has been convicted of price-fixing or attempting to fix prices under the laws of the State;
- 6) Has been convicted of defrauding or attempting to defraud any unit of state or local government or school district within the State of Illinois;
- 7) Has made an admission of guilt of such conduct as set forth in subsections (1) through (6) above which admission is a matter of record, whether or not such person or business entity was subject to prosecution for the offense or offenses admitted to; or
- 8) Has entered a plea of *nolo contendere* to charge of bribery, price-fixing, bid-rigging, or fraud, as set forth in sub-paragraphs (1) through (6) above.

In the case of bribery or attempting to bribe, a business entity may not be awarded a contract if an official, agent or employee of such business entity committed the Prohibited Act on behalf of the business entity and pursuant to the direction or authorization of an officer, director or other responsible official of the business entity, and such Prohibited Act occurred within three years prior to the award of the contract. In addition, a business entity shall be disqualified if an owner, partner or shareholder controlling, directly or indirectly, 20% or more of the business entity or an officer of the business entity has performed any Prohibited Act within five years prior to the award of the contract.

THE UNDERSIGNED HEREBY CERTIFIES THAT: The Undersigned has read the provisions of Section A, Persons and Entities Subject to Disqualification, that the Undersigned has not committed any Prohibited Act set forth in Section A, and that award of the contract to the Undersigned would not violate the provisions of such Section or of the Code.

B. BID-RIGGING OR BID ROTATING

THE UNDERSIGNED HEREBY CERTIFIES THAT: In accordance with 720 ILCS 5/33 E-11, neither the Undersigned nor any Affiliated Entity is barred from award of this contract as a result of a conviction for the violation of State laws prohibiting bid-rigging or bid rotating.

C. DRUG FREE WORKPLACE ACT

THE UNDERSIGNED HEREBY CERTIFIES THAT: The undersigned will provide a drug free workplace, as required by Public Act 86-1459 (30 ILCS 580/2-11).

D. DELINQUENCY IN PAYMENT OF TAXES

THE UNDERSIGNED HEREBY CERTIFIES THAT: The Undersigned is not an owner or a party responsible for the payment of any tax or fee administered by Cook County, by a local municipality, or by the Illinois Department of Revenue, which such tax or fee is delinquent, such as by award of a contract or subcontract pursuant to the Code, Chapter 34, Section 34-129.

E. HUMAN RIGHTS ORDINANCE

No person who is party to a contract with Cook County ("County") shall engage in unlawful discrimination or sexual harassment against any individual in the terms or conditions of employment, credit, public accommodations, housing, or provision of County facilities, services or programs (Code Chapter 42, Section 42-30 *et seq.*).

F. ILLINOIS HUMAN RIGHTS ACT

THE UNDERSIGNED HEREBY CERTIFIES THAT: It is in compliance with the Illinois Human Rights Act (775 ILCS 5/2-105), and agrees to abide by the requirements of the Act as part of its contractual obligations.

G. MACBRIDE PRINCIPLES (COOK COUNTY CODE CHAPTER 34, SECTION 34-132)

If the primary contractor currently conducts business operations in Northern Ireland, or will conduct business during the projected duration of a County contract, the primary contractor shall make all reasonable and good faith efforts to conduct any such business operations in Northern Ireland in accordance with the MacBride Principles for Northern Ireland as defined in Illinois Public Act 85-1390.

H. LIVING WAGE ORDINANCE PREFERENCE (COOK COUNTY CODE CHAPTER 34, SECTION 34-127)

The Code requires that a living wage must be paid to individuals employed by a contractor who has a County contract and by all subcontractors of such Contractor under a County contract throughout the duration of such County contract. The amount of such living wage is determined from time to time by, and is available from, the Chief Financial Officer of the Hospital System.

For purposes of this EDS Section 4, H, "Contract" means any written agreement whereby the County is committed to or does expend funds in connection with the agreement or subcontract thereof. The term "Contract" excludes the following:

- 1) Not-For-Profit Organizations (defined as a corporation having tax exempt status under Section 501(C)(3) of the United States Internal Revenue Code and recognized under the Illinois State not-for-profit law;
- 2) Community Development Block Grants;
- 3) President's Office of Employee Training;
- 4) Sheriff's Work Alternative Program; and
- 5) Department of Corrections Inmates.

REQUIRED DISCLOSURES
(SECTION 5)

1. DISCLOSURE OF LOBBYIST CONTACTS

List all persons or entities that have made lobbying contacts on your behalf with respect to this contract:

Name

Address

2. LOCAL BUSINESS PREFERENCE DISCLOSURE; CODE CHAPTER 34, SECTION 34-151(p);

"Local Business" shall mean a person authorized to transact business in this State and having a bona fide establishment for transacting business located within Cook County at which it was actually transacting business on the date when any competitive solicitation for a public contract is first advertised or announced and further which employs the majority of its regular, full time work force within Cook County, including a foreign corporation duly authorized to transact business in this State and which has a bona fide establishment for transacting business located within Cook County at which it was actually transacting business on the date when any competitive solicitation for a public contract is first advertised or announced and further which employs the majority of its regular, full time work force within Cook County.

a) Is Bidder/Proposer a "Local Business" as defined above?

Yes: _____ No: _____

b) If yes, list business address(es) within Cook County:

c) Does Bidder/Proposer employ the majority of its regular full-time workforce within Cook County?

Yes: _____ No: _____

3. THE CHILD SUPPORT ENFORCEMENT ORDINANCE (PREFERENCE) CODE CHAPTER 34, SECTION 34-366

Every Applicant for a County Privilege shall be in full compliance with any child support order before such Applicant is entitled to receive or renew a County Privilege. When delinquent child support exists, the County shall not issue or renew any County Privilege, and may revoke any County Privilege. All Applicants are required to review the Cook County Affidavit of Child Support Obligations attached to this EDS and complete the following, based upon the definitions and other information included in such Affidavit:

_____ Applicant has no "Substantial Owner"

OR

_____ The Cook County Affidavit of Child Support Obligations has been completed by all "Substantial Owners" and is attached to this EDS.

4. REAL ESTATE OWNERSHIP DISCLOSURES

The Undersigned must indicate by checking the appropriate provision below and providing all required information that either:

- a) The following is a complete list of all real estate owned by the Undersigned in Cook County

PERMANENT INDEX NUMBER(S):

_____ (ATTACH SHEET IF NECESSARY TO LIST ADDITIONAL NUMBERS)

OR:

- b) The Undersigned owns no real estate in Cook County.

5. EXCEPTIONS TO CERTIFICATIONS OR DISCLOSURES

If the Undersigned is unable to certify to any of the Certifications or any other statements contained in this EDS and not explained elsewhere in this EDS, the Undersigned must explain below:

If the letters "NA", the word "None" or "No Response" appears above, or if the space is left blank, it will be conclusively presumed that the Undersigned certified to all Certifications and other statements contained in this EDS.

COOK COUNTY AFFIDAVIT OF CHILD SUPPORT OBLIGATIONS

Effective July 1, 1998, every applicant for a County Privilege shall be in full compliance with any Child Support Order before such applicant is entitled to receive a County Privilege. When Delinquent Child Support exists, the County shall not issue or renew any County Privilege, and may revoke any County Privilege.

"Applicant" means any person or business entity, including all substantial Owners, seeking issuance of a County Privilege or renewal of an existing County Privilege from the County. This term shall not include any political subdivision of the federal or state government, including units of local government, and not-for-profit organizations.

"County Privilege" means any business license, including but not limited to liquor dealers' licenses, package goods licenses, tavern licenses, restaurant licenses, and gun licenses; real property license or lease; permit, including but not limited to building permits, zoning permits or approvals; environmental certificate; County HOME Loan, and contracts exceeding the value of \$25,000.00.

"Substantial Owner" means any person or persons who own or hold a twenty-five percent (25%) or more percentage of interest in any business entity seeking a County Privilege, including those shareholders, general or limited partners, beneficiaries and principals; except where a business entity is an individual or sole proprietorship, Substantial Owner means that individual or sole proprietor.

All Applicants / Substantial Owners are required to complete this affidavit and comply with the Child Support Enforcement Ordinance before any privilege is granted. Signature of this form constitutes a certification the information provided below is correct and complete, and that the individual(s) signing this form has / have personal knowledge of such information.

Privilege Information:

County Privilege: _____

County Department: _____

Applicant Information:

Last Name: _____ First Name: _____ MI: _____

SS# (Last Four Digits): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Driver's License No. _____

Child Support Obligation Information:

The Undersigned applicant, being duly sworn on oath or affirmation hereby states that to the best of my knowledge (place an "X" next to "A", "B", "C", or "D").

- ☐ A. The Applicant has no judicially or administratively ordered child support obligations.
- ☐ B. The Applicant has an outstanding judicially or administratively ordered obligation, but is paying in accordance with the terms of the order.
- ☐ C. The Applicant is delinquent in paying judicially or administratively ordered child support obligations.
- ☐ D. The Applicant is not a substantial owner as defined above.

The Undersigned applicant understands that failure to disclose any judicially or administratively ordered child support debt owed will be grounds for revoking the privilege.

Signature: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, 20_____

X _____
Notary Public Signature

Notary Seal

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

The Cook County Code of Ordinances [§2-610 *et seq.*] requires that any Applicant for any County Action must disclose information concerning ownership interests in the Applicant. This Disclosure of Ownership Interest Statement must be completed with all information current as of the date this Statement is signed. Furthermore, this Statement must be kept current, by filing an amended Statement, until such time as the County Board or County Agency shall take action on the application. The information contained in this Statement will be maintained in a database and made available for public viewing.

If you are asked to list names, but there are no applicable names to list, you must state NONE. An incomplete Statement will be returned and any action regarding this contract will be delayed. A failure to comply with the ordinance may result in the action taken by the County Board or County Agency being voided.

"Applicant" means any Entity or person making an application to the County for any County Action.

"County Action" means any action by a County Agency, a County Department, or the County Board regarding an ordinance or ordinance amendment, a County Board approval, or other County Agency approval, with respect to contracts, leases, or sale or purchase of real estate.

"Entity" or "Legal Entity" means a sole proprietorship, corporation, partnership, association, business trust, estate, two or more persons having a joint or common interest, trustee of a land trust, other commercial or legal entity or any beneficiary or beneficiaries thereof.

This Disclosure of Ownership Interest Statement must be submitted by:

1. An Applicant for County Action and
2. An individual or Legal Entity that holds stock or a beneficial interest in the Applicant and is listed on the Applicant's Statement (a "Holder") must file a Statement and complete #1 only under Ownership Interest Declaration.

Please print or type responses clearly and legibly. Add additional pages if needed, being careful to identify each portion of the form to which each additional page refers.

This Statement is being made by ☐ Applicant or ☐ Stock / Beneficial Interest Holder

This Statement is an ☐ Original Statement or ☐ Amended Statement

Identifying Information:

Name D/B/A FEIN #

Street Address

City State Zip Code

Phone #

Form of Legal Entity:

- | | | | |
|--|--------------------------------------|--------------------------------------|--|
| ☐ Sole Proprietor | ☐ Partnership | ☐ Corporation | ☐ Trustee of Land Trust |
| ☐ Business Trust | ☐ Estate | ☐ Association | ☐ Joint Venture |
| ☐ Other (describe) <input type="text"/> | | | |

Ownership Interest Declaration:

1. List the name(s), address(s), and percent of ownership of each individual and each Entity having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant / Holder.

Name	Address	Percentage Interest in Applicant / Holder

2. If the interest of any individual or any Entity listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principle on whose behalf the interest is held.

Name of Agent / Nominee	Name of Principal	Principal's Address

3. Is the Applicant constructively controlled by another person or Legal Entity? ☐ Yes ☐ No
If yes, state the name, address and percentage of beneficial interest of such person or legal entity, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship

Declaration (Check the applicable box):

- ☐ I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.
- ☐ I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

Name of Authorized Applicant / Holder representative (Please print or type)

Title

Signature

Date

E-mail address

Phone Number

Subscribed to and sworn before me
this _____ day of _____, 20____

My commission expires:

X

Notary Public Signature

Notary Seal

SIGNATURE BY A SOLE PROPRIETOR

(SECTION 6)

The Undersigned hereby certifies and warrants: that all of the statements, certifications and representations set forth in this EDS are true, complete and correct; that the Undersigned is in full compliance and will continue to be in compliance throughout the term of the Contract or County Privilege issued to the Undersigned with all the policies and requirements set forth in this EDS; that all facts and information provided by the Undersigned in this EDS are true, complete and correct. The Undersigned agrees to inform the Procurement Office in writing if any such statements, certifications, representations, facts or information becomes or is found to be untrue, incomplete or incorrect during the term of the Contract or County Privilege.

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE: _____ FAX NUMBER: _____

EMAIL: _____

BUSINESS FEIN / SSN: _____

COOK COUNTY BUSINESS REGISTRATION NUMBER: _____

SOLE PROPRIETOR'S SIGNATURE: _____

PRINT NAME: _____

DATE: _____

Subscribed to and sworn before me this
_____ day of _____, 20_____.

My commission expires:

X _____

Notary Public Signature

Notary Seal

SIGNATURE BY A SOLE PROPRIETOR
(SECTION 6)

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BUSINESS ADDRESS: _____

BUSINESS TELEPHONE: _____ FAX NUMBER: _____

EMAIL: _____

BUSINESS FEIN / SSN: _____

COOK COUNTY BUSINESS REGISTRATION NUMBER: _____

SOLE PROPRIETOR'S SIGNATURE: _____

PRINT NAME: _____

DATE: _____

Subscribed to and sworn before me this
_____ day of _____, 20_____

My commission expires: _____

X: _____
Notary Public Signature

Notary Seal

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BUSINESS ADDRESS: _____

BUSINESS TELEPHONE: _____ FAX NUMBER: _____

EMAIL: _____

BUSINESS FEIN / SSN: _____

COOK COUNTY BUSINESS REGISTRATION NUMBER: _____

SOLE PROPRIETOR'S SIGNATURE: _____

PRINT NAME: _____

DATE: _____

Subscribed to and sworn before me this
_____ day of _____, 20____.

My commission expires:

X: _____
Notary Public Signature

Notary Seal

SIGNATURE BY A PARTNERSHIP (AND / OR A JOINT VENTURE)
(SECTION 7)

The Undersigned hereby certifies and warrants: that all of the statements, certifications and representations set forth in this EDS are true, complete and correct; that the Undersigned is in full compliance and will continue to be in compliance throughout the term of the Contract or County Privilege issued to the Undersigned with all the policies and requirements set forth in this EDS; that all facts and information provided by the Undersigned in this EDS are true, complete and correct. The Undersigned agrees to inform the Procurement Office in writing if any such statements, certifications, representations, facts or information becomes or is found to be untrue, incomplete or incorrect during the term of the Contract or County Privilege.

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE: _____ FAX NUMBER: _____

CONTACT PERSON: _____ EMAIL: _____

FEIN / SSN: _____

COOK COUNTY BUSINESS REGISTRATION NUMBER: _____

SIGNATURE OF PARTNER AUTHORIZED TO EXECUTE CONTRACTS ON BEHALF OF PARTNERSHIP:

*BY: _____

Date: _____

Subscribed to and sworn before me this
_____ day of _____, 20_____.

My commission expires: _____

X _____
Notary Public Signature

Notary Seal

- * Attach hereto a partnership resolution or other document authorizing the individual signing this Signature Page to so sign on behalf of the Partnership.

SIGNATURE BY A PARTNERSHIP (AND / OR A JOINT VENTURE)

(SECTION 7)

The Undersigned hereby certifies and warrants: that all of the statements, certifications and representations set forth in this EDS are true, complete and correct; that the Undersigned is in full compliance and will continue to be in compliance throughout the term of the Contract or County Privilege issued to the Undersigned with all the policies and requirements set forth in this EDS; that all facts and information provided by the Undersigned in this EDS are true, complete and correct. The Undersigned agrees to inform the Procurement Office in writing if any such statements, certifications, representations, facts or information becomes or is found to be untrue, incomplete or incorrect during the term of the Contract or County Privilege.

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE: _____ FAX NUMBER: _____

CONTACT PERSON: _____ EMAIL: _____

FEIN / SSN: _____

COOK COUNTY BUSINESS REGISTRATION NUMBER: _____

SIGNATURE OF PARTNER AUTHORIZED TO EXECUTE CONTRACTS ON BEHALF OF PARTNERSHIP:

*BY: _____

Date: _____

Subscribed to and sworn before me this
_____ day of _____, 20_____

My commission expires: _____

X _____
Notary Public Signature

Notary Seal

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FEIN / SSN: _____

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*BY: _____

Date: _____

Subscribed to and sworn before me this
_____ day of _____, 20_____

My commission expires: _____

X _____
Notary Public Signature

Notary Seal

* Attach hereto a partnership resolution or other document authorizing the individual signing this Signature Page to so sign on behalf of the Partnership.

SIGNATURE BY A CORPORATION
(SECTION 8)

The Undersigned hereby certifies and warrants: that all of the statements, certifications and representations set forth in this EDS are true, complete and correct; that the Undersigned is in full compliance and will continue to be in compliance throughout the term of the Contract or County Privilege issued to the Undersigned with all the policies and requirements set forth in this EDS; that all facts and information provided by the Undersigned in this EDS are true, complete and correct. The Undersigned agrees to inform the Procurement Office in writing if any such statements, certifications, representations, facts or information becomes or is found to be untrue, incomplete or incorrect during the term of the Contract or County Privilege.

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE: _____ FAX NUMBER: _____

CONTACT PERSON: _____ EMAIL: _____

BUSINESS FEIN: _____ *IL CORPORATE FILE NUMBER: _____

LIST THE FOLLOWING CORPORATE OFFICERS:

PRESIDENT: _____ VICE PRESIDENT: _____

SECRETARY: _____ TREASURER: _____

**SIGNATURE OF PRESIDENT: _____

ATTEST: _____ (CORPORATE SECRETARY)

Subscribed to and sworn before me this _____ day of _____, 20____.

My commission expires: _____

X _____
Notary Public Signature

Notary Seal

* If the Corporation is not registered in the State of Illinois, a copy of the Certificate of Good Standing from the state of incorporation must be submitted with this Signature Page.

** In the event that this Signature Page is signed by any persons than the President and the Secretary, attach either a certified copy of the corporate by-laws, resolution or other authorization by the corporation, authorizing such persons to sign the Signature Page on behalf of the corporation.

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(SECTION 8)

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ATTEST: _____ (CORPORATE SECRETARY)

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My commission expires: _____

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PRESIDENT: _____ VICE PRESIDENT: _____

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day of _____, 20____

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X _____
Notary Public Signature

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