



RETURN THIS QUOTATION TO:  
**PURCHASING DEPARTMENT**  
**COOK COUNTY HEALTH AND HOSPITALS SYSTEM**

1901 WEST HARRISON STREET CHICAGO, ILLINOIS 60612  
SEALED BIDS FOR THE FOLLOWING SUPPLIES AND/OR SERVICES  
WILL BE ACCEPTED AT THIS OFFICE UP TO 10:00 A.M.

## Quotation

**This is not an order – submit all quotation on this form.**

| DATE    | BUYER      | BUYER PHONE  | ORDER NO.      | RESPOND BY | Quotes must be in Bid Box by 10:00 A.M. | Page 1 of 5 |
|---------|------------|--------------|----------------|------------|-----------------------------------------|-------------|
| 8/02/11 | Luz Flores | 312-864-4784 | 97924 OR-Rebid | 8/15/11    |                                         |             |

Vendor Address

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Product Delivery Point

**Ambulatory – Jorge Prieto Health Center  
Receiving Dock  
2424 S. Pulaski  
Chicago, IL 60623**

DELIVERY IN WORKING DAYS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

SIGNED BY \_\_\_\_\_

(PLEASE PRINT) \_\_\_\_\_

### TERMS AND CONDITIONS

Acceptance: If this bid is accepted by the county within 30 days from date of opening, bidder offers and agrees to furnish any or all the items upon which prices are quoted, at the price and delivery time stated, subject to all terms and conditions endorsed hereon.

Bidding: The right is reserved to reject any and all bids; to waive formally in bids; to award by item or class. Bidders cannot limit the acceptance of bid to less than 30 days.

Errors in Bids: Bidders are cautioned to verify their bids before submission. No bid may be withdrawn or changed after it has been opened. In case of error in extension, unit price will govern.

Deliveries: Bid price must reflect any delivery charges to point designation. Title is to pass at delivery point.

Taxes: Material and services purchased by Cook County are exempt from Federal Exercise Tax by virtue of exemption certificate #36-75-0038K, from Illinois Retailers' Occupation Tax, Municipal Retailers' Occupation Tax and all Service Taxes.

In General: The price quoted herein shall agree with all Federal Law and Regulations.

Brand Names: Where brand names, model or part numbers are employed in the description, it is not intended that they are restrictive. Where a bidder proposes an "or equal", bidder shall fully describe the item proposed.

### INSTRUCTIONS ON MARKING BID ENVELOPE

Before returning bid, mark the envelope in which the bid will be enclosed with the following information: Order Number, Date and Time bid is to be opened. Mark envelope "BID". Vendor is responsible for having quotation in bid box before bid opening date and time.

| DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | QUANTITY ORDERED | UNIT OF MEASURE                      | UNIT PRICE | EXTENDED PRICE |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------|------------|----------------|
| <b>Building Maintenance and Repair</b><br><br><b>Repair/Replacement of damage sections of the Boiler.</b><br><b>SCOPE: This agreement involves repairing a Burnham Boiler (V904) at the Jorge Prieto Health Center, located at 2424 South Pulaski, Chicago Illinois. The agreement involves removing 4 existing cracked heat exchanger sections and installing new ones. The contractor will supply new sections with same dimensions of existing unit, with new burner, all associated controls, gasket, and plates. The proposal for this repair will include all new, parts, gas pipes, rigging equipment and any other incidentals. Contractor will re-use existing jacket panels only replacing side access panels that are damaged. There will be no separate billing.</b> |                  | <b>LO</b>                            |            |                |
| OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PURCHASE ORDER # | ADDITIONAL TERMS ON THE REVERSE SIDE |            |                |



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| DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | QUANTITY ORDERED | UNIT OF MEASURE                      | UNIT PRICE | EXTENDED PRICE |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------|------------|----------------|
| <b>1. Contractor must have experience providing HVAC services to a 10,000sqft facility.</b><br><b>2. All bidders must complete site visit prior to submitting proposal.</b><br><b>3. Contractor must adhere to all ACHN policies and procedures which include but are not limited to security, and infection control and Fire Safety.</b><br><b>4. Contractor must check in with center leadership prior to performing any work that will cause noise, odors, flames, fumes or any function that could cause disruption of service.</b><br><b>5. To schedule site a site visit contractor will contact ACHN Facilities Manager at 312-864-0057.</b> |                  |                                      |            |                |
| OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PURCHASE ORDER # | ADDITIONAL TERMS ON THE REVERSE SIDE |            |                |



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| DESCRIPTION                                                                                                                                                                                                                                                                                               | QUANTITY ORDERED | UNIT OF MEASURE                      | UNIT PRICE | EXTENDED PRICE |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------|------------|----------------|
| 6. The existing boiler is manufactured by Burnham Commercial Boiler Corporation.                                                                                                                                                                                                                          |                  |                                      |            |                |
| 7. Contractor must re-attach boiler back to all water supplies, gas and venting system.                                                                                                                                                                                                                   |                  |                                      |            |                |
| 8. Contractor will provide all labor, materials, rigging equipment, gas pipe connections, gas flu connections, calibrations, controls and interface with existing Building management Systems, operational adjustments and any related equipment or materials to complete the repair and test the boiler. |                  |                                      |            |                |
| 9. The replacement burner must be a Becker CG10.                                                                                                                                                                                                                                                          |                  |                                      |            |                |
| 10. Contractor must remove old parts out of the premises and not use site dumpsters.                                                                                                                                                                                                                      |                  |                                      |            |                |
| 11. Contractor will provide the site with a set of manuals for the new burner.                                                                                                                                                                                                                            |                  |                                      |            |                |
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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------|------------|----------------|
| <p>12. Contractor is responsible for repairing any damage cause to the building by there employees during the installation of the new boiler.</p> <p>13. IF elevator is to be used to bring new boiler to the basement, contractor will be responsible for protecting the elevator floors and walls from damage. Contractor must verify that elevator is capable of handling the weight of the boiler.</p> <p>14. Contractor must also protect the floor from the elevators to the mechanical room. Any damage to floor is the responsibility of the contractor.</p> <p>15. Contractor will provide a standard warranty for the first year on labor and parts and a warranty from the second through tenth year on all casting.</p> |                  |                                      |            |                |
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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------|------------|----------------|
| 16. Repair must be completed during normal business hours. If contractor needs to perform operations that could result in the clinic shut down, like water shutdown, gas etc. Contractor must schedule with ACHN Facilities Manager a time when these functions can take place. |                  |                                      |            |                |
| Req. # 118932536                                                                                                                                                                                                                                                                |                  |                                      |            |                |
| OFFICE USE ONLY                                                                                                                                                                                                                                                                 | PURCHASE ORDER # | ADDITIONAL TERMS ON THE REVERSE SIDE |            | <b>TOTAL</b>   |

## INSTRUCTIONS FOR DELIVERY AND FOR INVOICING OF GOODS

1. Clearly mark every package with the name of the institution, department or agency to which goods are to be delivered. MARK ALL PACKAGES WITH THE COOK COUNTY HEALTH AND HOSPITAL'S SYSTEM PURCHASE ORDER NUMBER.
2. Stencil or attach a tag to every package that bears your own names so the receiving clerk will know from whom the order was shipped.
3. Delivery time, unless otherwise stipulated, is Monday through Friday between 9:00 a.m. and 3:00 p.m.
4. Charge all goods to Cook County.
5. For the Health & Hospitals System Facilities, direct all inquiries and send the original and all appropriate copies of the invoice with the proper Cook County Health & Hospitals System invoice with the proper Cook County Health & Hospitals System invoice forms (i.e., 29A voucher form) to the appropriate address below.

Stroger Hospital

John H. Stroger Hospital  
P.O. Box 12950  
Chicago, IL 60612-5041  
Attn: Accts. Payable  
(312) 864-0101 x1

Provident Hospital

Provident Hospital  
P.O. Box 12940  
Chicago, IL 60612-5031  
Attn: Accts. Payable  
(312) 864-0101 x2

Cermak Health Services

Cermak Health Services  
2800 S. California  
Chicago, IL 60608  
Attn: Cermak Health  
(773) 869-5644

Oak Forest Hospital

Oak Forest Hospital  
P.O. Box 12920  
Chicago, IL 60612-5015  
Attn: Accts. Payable  
(312) 864-0101 x3

6. For all Cook County Health & Hospitals System Offices, direct all inquiries and send the original and all appropriate copies of the invoice with the proper Cook County Health & Hospitals System invoice forms (i.e., 29A voucher form) to the following address:  

Cook County Health & Hospitals System  
Centralized Purchasing Department  
1901 W. Harrison, Suite 5360  
Chicago, IL 60612
7. Never include goods furnished on two or more purchase orders on a single invoice.
8. All prices must be in compliance with federal, state, and local regulations.
9. Partial shipments or partial pay warrants will not be considered unless authorized or requested by the Cook County Health & Hospitals System Purchasing Agent.
10. The law provides that every person selling goods to the Cook County Health & Hospitals System.
11. Execute certification on the bottom of the invoice before mailing.
12. All pay warrants will be mailed to you by the County Comptroller.
13. INDEMNITY – The contractor shall indemnify, keep and save harmless the County, its agents, officials and employees, against all injuries, deaths, loss, damages, claims, patent claims, suits, liabilities, judgments, costs and expenses, which may in anywise accrue against the County in consequence of the granting of this contract of which may in anywise result therefrom, whether or not it shall be alleged or determined that the act was caused through negligence or omission of the Contractor or his employees, of the subcontractor or his employees, if any, or of the County of Cook or its employees, and the Contractor shall, at his own expense, appear, defend, and pay all charges of attorneys and all costs and other expenses, arising therefrom or incurred in connection therewith, and, if any judgment shall be rendered against the County in any such action, the Contractor shall, at his own expense, satisfy and discharge the same. The Contractor expressly understands and agrees that any performance bond or insurance protection required by this contract or otherwise provided by the Contractor, shall in no way limit the responsibility to indemnify, keep and save harmless and defend the County as herein provided. If this purchase order covers services, a Certificate of Insurance must be submitted before performance of service.
14. Compliance with the above will help avoid errors and delays.

# CHECKLIST FOR REQUEST FOR QUOTATION 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](mailto: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, did you:

- FILL OUT the Vendor Address section of the *Request for Quotation* with your name and address.
- Be sure to SIGN the *Request for Quotation*
- DOUBLE CHECK the unit, extended, and total price of the *Request for Quotation* you are submitting.
- READ the Terms and Conditions, Instructions on Marking Bid Envelope directions, located on the front of the *Request for Quotation* page and the Instructions for Delivery and for Invoicing of Goods page.

Finally, make sure you:

- Submit your bid documents on or before the Respond by Date and Time listed at the top of the page.
- 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 3:00 p.m five days a week and on the respond date from 8am to 10am.
- Send in all pages of the *Request. For Quotation*.

**Bid documents submitted Late or Deposited in the wrong location will not be considered for award. No exceptions!**

Good luck!