



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 8/02/11	BUYER Luz Flores	BUYER PHONE 312-864-4784	ORDER NO. 98115 OR- Rebid	RESPOND BY 8/15/11	Quotes must be in Bid Box by 10:00 A.M.	Page 1 of 4
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Vendor Address

Product Delivery Point
**Oak Forest Hospital
Receiving Dock
15900 S. Cicero Ave.
Oak Forest IL 60452**

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 No bid may be withdrawn or changed after it has been opened.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
Replacement of HVAC Units OF THE RECREATION BUILDING, THE DINING ROOM AND THE ANNEX ROOFTOP. Scope: 1. Contractor to verify existing constant volume air handler cooling and heating capacity. Replacement HVAC unit to be air cooled, self-contained DX with R-410A refrigerant, economizer package and natural gas heat. 2. Project to include disconnecting of the existing chilled water and steam piping within the building. All piping to be capped within the building. Existing piping on the roof to be abandoned in place. Contractor to determine if disturbed pipe insulation contains asbestos prior to starting any		JB		
OFFICE USE ONLY	PURCHASE ORDER #	ADDITIONAL TERMS ON THE REVERSE SIDE		



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work. Asbestos abatement, if removed, shall be included within the contractor's proposal pricing. 3. Remove existing supply air and return air ductwork on existing air handler above roof penetrations. Contractor to determine if disturbed ductwork insulation contains asbestos prior to starting any work. Asbestos abatement, if required, shall be included within the contractor's proposal pricing. 4. Removal and hoisting of equipment shall be included within the contractor's proposal pricing. 5. All electrical work shall be included. 6. Structural steel modifications and supports shall be included to accommodate the new rooftop HVAC unit.				
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7. All gas piping to the new rooftop HVAC unit shall be included. New gas piping shall be sized by contractor. Gas piping to be supported on the roof by MIRO Industries, Rooftop Systems or approved equal. Gas piping to be painted yellow with rustoleum or equal and tagged. All new piping to be pressure tested at 20 PSI for a 24 hour period and witnessed by the operating engineer. 8. New roof mounted supply air and return air ductwork to be galvanized steel with TDC connections. All exterior ductwork to be externally insulated with 2" foil faced rigid board and jacketed with aluminum sheeting lapped and waterproof sealed.				
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9. Existing internal drop ductwork, main ductwork, branch ductwork, supply air grills, and return air registers to be cleaned. 10. Power wiring, new safety disconnect switches and control wiring to be included with the contractors proposal pricing. 11. Temperature control to be incorporated into the existing Honeywell DDC system. 12. Contractor to provide start up of new system, air balance with hard copy reports & orientation on the new system with the engineering staff. Specifications: 1. DX w/R-410A refrigerant. 2. Carrier or Trane manufactured.				
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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 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!