

CHIEF PROCUREMENT OFFICE Capital Development Board

HEARING CANCELLED

No requests for comments were received.

X Sole/Sole Economically Feasible Source Contract

The office of the Chief Procurement Officer will hold a public hearing to hear testimony and receive comments on the proposed contract(s) described below.

Details of the proposed contract, justification for the Agency to contract in this way and the hearing procedure can be found at https://cdb.illinois.gov/procurement/solesourceprocurementcontractawards.html

SPECIAL HEARING DETAILS

DATE: March 13, 2025 TIME: 2:00PM VIDEO LOCATIONS: WebEx call-in information

Join from the meeting link:

https://illinois.webex.com/illinois/j.php?MTID=m6665624a7d80b48dd31afa4b25ee13a4

Webex call information: +1-415-655-0002 US Toll Meeting number (access code): 28622436611

HEARING OFFICER

NAME: Thaddeus Wilkins ADDRESS: 160 N LaSalle Street, Suite C1010, Chicago, Illinois 60601 PHONE: 312-802-4562 FAX: 217-558-1399 E-MAIL: Thaddeus.Wilkins@illinois.gov

TESTIMONY

Anyone wishing to testify, please notify the HEARING OFFICER by 4:00 pm, Thursday, March 6, 2025, of your desire to testify.

PROPOSED CONTRACT(S) SUBJECT OF THIS HEARING

Agency: CDB Vendor: Chas F. Bruckner & Sons, Inc. Description: Repair HVAC and Pool - Jacoby Dickens Center Project Number: 814-010-083

814-010-083

Requesting Agency/University

Capital Development Board

	ustification Fori neral Informatic								
Department/Bureau/Section: Capit		tal Development Board - Construction							
Need Identified Date: 9/2		9/23/2024 Supply/Service Need By Date: 3/25/2025							
Project Title:	Repair HVAC an	d Pool - Jacoby Dickens Center							
Vendor:	Chas F. Bruckne	Chas F. Bruckner & Sons, Inc.							
Provide a dese	cription of the su	Complete the plumbing installation required for the project and com pplies or services required: the project closeout, including project substantial completion and pro- final acceptance, including punch list items.							
Value:	Actual	Value of Initial Term, this Change Order or Amendment: 174,757.18							
Will this Sole S	Source amend a P	Professional or Artistic Services contract? 🔲 Yes 🔀 No							
	not be used for ame by more than 60 days	ndments for Professional or Artistic Services if the amendment would increase the value by more than 5% of the initial awa	[.] d or						
Туре:	New Sole Sourc	e							
Section II - Pr	oposed Term								
One-Time	Purchase 🛛 🕅	Term Contract							
Estimated Cor	ntract Begin Date	:: 3/25/2025							
Estimated Cor	ntract End Date:	1/31/2026							
Number of Potential Renewals: 0		0							
Length of Eac	h Renewal in Mo	nths: 0							
Total Value of	All Renewals:	0							
If a Term Cont	ract, does the ter	m, including renewals, exceed 12 months?							
Section III - Fu	unding Source								
Select the type	e of funding to b	e used (Check all that apply): 🖂 State Appropriate Funds 🛛 🗌 Federal Funds 🗌 Other (Explain):							
Section IV - Secti	ole Source Justi	fication							
		only available from a single source primarily because it is: (If "Other" explain in one sen	tence)						
Pursuant to 4	4 ILL Adm Code	3.2025 b)5), contract has rxpired, but the supplies or services have not been fully received.							
Are there secc	ondary justificatic	on(s) for this sole source? 🔲 Yes 🔀 No							
Section V - Pu	urchase History								
-		urchased these supplies or services in the past? 🔲 Yes 🔀 No							
	usiness Rationa								
i. Provide a de	etalled explanatio	on of the need for the supplies or services:	,						
Contract exp	ired with plumbi	ng installation and project closeout at the Jacoby Dickens Center not yet completed.							

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2. Provide a list and describe in detail the specifications required to satisfy the need:

Contract needs to be reestablished to complete work and pay the Plumbing Contractor and subcontractors for work completed.

3. Provide detail explaining the justification selected in Section IV to explain why the requested supplies or services are the only ones available that can satisfy the agency or university requirements?

Plumbing Contractor has previously established contract that expired, new contract needed to keep warranties valid after completion.

4. What are the unique features of the supplies or services that are not available in any other product or by any other vendor? Provide specific quantifiable factors/qualifications:

Plumbing Contractor has the warranties and subcontractor contracts to complete this project as originally intended.

5. Has the Agency or University considered alternative supplies or services to satisfy their need? 🗌 Yes 🛛 No

5a. If no, why weren't alternatives evaluated?

Contractor holds warranty for work and materials completed.

6. Are there resellers or distributors?

🗌 Yes 🗌 No 🖂 N/A

7. What efforts were made to get the best possible price (i.e. did the agency/university negotiate) and how did you determine the price for this purchase is considered fair and reasonable?

Project was originally competeively bid to the general public, and Plumbing Contractor was determined to be the low, responsive bidder.

8. Will this purchase obligate the State to this vendor for future purchases such as maintenance, licensing or continuing need?

🗌 Yes 🖂 No

9. What will be the financial or other impact to the State if this sole source is not approved and a competitive bid is required?

Project will remain stopped, and Plumbing installation will remain incomplete which may lead to damage if the contractor is not under contract to maintain site.

10. Is there any additional information you would like to add to justify this sole source?

RFPCO P-011 was generated and attempted to extend this contract, but was not submitted prior to the contract expiration date of 9/23/24. The completion of the Plumbing Contractor's scope of work is imperative for the completion of the project.

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Section VII

Requesting Department Signature Required

I know and understand the contents of this Sole Source Justification and attest that all statements are true and correct and the fairness and reasonableness of the price was adequately confirmed.

Requesting De	partment Representative Mark Jones Digitally signed	by Mark Jones 4 16:16:31 -06'00' Phone	Number	312-814-8806	Date	Feb 25, 2025
Printed Name	Mark Jones	E-mail Address	mark.jo	ones2@illinois.gov		

State Agency Bureau/Division Head or University Purchasing Director Approval and Signature Required

I know and understand the contents of this Sole Source Justification and attest that all statements are true and correct and the fairness and reasonableness of the price was adequately confirmed. (All prior form fields will lock once this e-signature is completed)

	/Division Head or University ector and Not a Designee	E. Patrick	igned by Timothy 5.02.26 11:36:43		Number	217-782-0601	Date	Feb 26, 2025
Printed Name	Timothy E. Patrick		E-mail Ac	ddress	tim.patric	k@illinois.gov		

SPO Approval and Signature Required

I have reviewed and understand the contents of this Sole Source Justification and agree with the State Agency or University determination.

I have reviewed and understand the contents of this Sole Source Justification and do not agree with the State Agency or University determination. As a result, the State Agency or University must explore other sourcing methods to satisfy their need.

State Durchasing Officer Signature		GERALD STEVEN BURLINGHAM	Digitally signed by GERALD STEVEN BURLINGHAM Date: 2025.02.26 11:42:54 -06'00'		Phone Number		217-836-0185	Date	Feb 26, 2025
Printed Name	Gerald S. Burlingham, CPPO		E-mail	Address	gerald	.burlingham@illinois.g	OV		

Bulletin	Reference	Number
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Sole Source Justification Form - Part II Section I - General Information Project Title Vendor Initial Date of Procurement Bulletin Posting Was a Sole Source hearing held per 30 ILCS 500/20-25?

Yes - Complete Section II and III below (Section II will only be visible when this option is selected)

No - Section II not required, go to Section III below

Section III - CPO Approval and Signature Required

Based on my review, I authorize the Agency/University to proceed in accordance with the published Notice referenced above.

Based upon my review, I authorize the Agency/University to proceed with the following Changes.

Based on my review, the Agency/University is not authorized to proceed with this sole source as presented and my recommendation is that it be cancelled.

CPO Signature	CPO Phone	
Printed Name	Date	
CPO E-mail]	

□ Other