

# CHIEF PROCUREMENT OFFICE Capital Development Board

## NOTICE OF HEARING

#### 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: August 7, 2024 TIME: 2:00PM

VIDEO LOCATIONS: WebEx call-in information

#### Join from the meeting link:

https://illinois.webex.com/illinois/j.php?MTID=mcaa55e4bf078db48846271e1daa5f161

#### Webex call information:

+1-415-655-0002 US Toll Meeting number (access code): 2631 516 3965

#### **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, August 1, 2024 of your desire to testify.

#### PROPOSED CONTRACT(S) SUBJECT OF THIS HEARING

Agency: CDB

Vendor: Chas F. Bruckner & Son, Lnc.

Description: Completed the installation, startup of equipment, windows, doors, and project

close out.

Project Number: 040-020-064-1

|                                                                                                                                                                                                           | Bulletin Reference N                                                |                | Number                                                                                                                                                                                                                                                                                                                                                                                                                                  | 040-020-064-I             |                               |          |           |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------|----------|-----------|--|--|
|                                                                                                                                                                                                           | Requesting Agency/U                                                 |                | //University                                                                                                                                                                                                                                                                                                                                                                                                                            | Capital Development Board |                               |          | I         |  |  |
|                                                                                                                                                                                                           | ustification Forr<br>neral Informatio                               |                |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                               |          |           |  |  |
| Department/B                                                                                                                                                                                              | Bureau/Section:                                                     | Constructio    | n                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                               |          |           |  |  |
| Need Identified Date:                                                                                                                                                                                     |                                                                     | 07/15/2024     |                                                                                                                                                                                                                                                                                                                                                                                                                                         | Supply/Servi              | vice Need By Date: 08/01/2024 |          |           |  |  |
| Project Title:                                                                                                                                                                                            | Project Title: DVA Install Automatic Flush Valves and Mixing Valves |                |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                               |          |           |  |  |
| Vendor:                                                                                                                                                                                                   | Chas. F. Bruckne                                                    | er & Son, Lnc. |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                               |          |           |  |  |
| Provide a description of the supplies or services required:                                                                                                                                               |                                                                     |                | Completed the installation, startup of equipment, windows, doors, and project close out. This includes the following activities: 1. Startup and training for nine (9) packaged filtration systems in coordination with IEPA. 2. Provision of warranty for filtration systems after startup. 3. Final trim piping at building S-1filter. 4. Final completion for one building, Prince House, which contains a mechanical room build-out. |                           |                               |          |           |  |  |
| Value:                                                                                                                                                                                                    | Actual                                                              |                | Value of Initial                                                                                                                                                                                                                                                                                                                                                                                                                        | Term, this Ch             | ange Order or Ame             | endment: | 98,604.64 |  |  |
| Will this Sole Source amend a Professional or Artistic Services contract?   Yes   No                                                                                                                      |                                                                     |                |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                               |          |           |  |  |
| *Sole Source may not be used for amendments for Professional or Artistic Services if the amendment would increase the value by more than 5% of the initial award or extend the term by more than 60 days. |                                                                     |                |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                               |          |           |  |  |
| Type:                                                                                                                                                                                                     | New Sole Economically Feasible Source                               |                |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                               |          |           |  |  |
| Section II - Pro                                                                                                                                                                                          | oposed Term                                                         |                |                                                                                                                                                                                                                                                                                                                                                                                                                                         | _                         |                               |          |           |  |  |
|                                                                                                                                                                                                           |                                                                     |                |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                               |          |           |  |  |
| Section III - Funding Source                                                                                                                                                                              |                                                                     |                |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                               |          |           |  |  |
| Select the type of funding to be used (Check all that apply): 🖂 State Appropriate Funds 🔲 Federal Funds 🔲 Other (Explain):                                                                                |                                                                     |                |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                               |          |           |  |  |
| Section IV - Sole Source Justification                                                                                                                                                                    |                                                                     |                |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                               |          |           |  |  |
| This purchase is economically only available from a single source <b>primarily</b> because it is: (If "Other" explain in one sentence)                                                                    |                                                                     |                |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                               |          |           |  |  |
| Critical Changes to the Existing Contract are Necessary and Best Accomplished by the Contract Holder                                                                                                      |                                                                     |                |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                               |          |           |  |  |
| Are there secondary justification(s) for this sole source?  \[ \sum \text{Yes} \sum \text{No} \]                                                                                                          |                                                                     |                |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                               |          |           |  |  |

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|          |                 |                                        | Bulletin F     | leference Number                              | 040-020-064-I         |                                     |                   |         |
|----------|-----------------|----------------------------------------|----------------|-----------------------------------------------|-----------------------|-------------------------------------|-------------------|---------|
|          |                 |                                        | Requestii      | ng Agency/University                          | Capital Developm      | nent Board                          |                   |         |
|          | on V - Purchas  | •                                      |                |                                               |                       |                                     |                   |         |
| Has th   | ne Agency or U  | niversity Purcha                       | ased these su  | pplies or services in the                     | past? X Yes           | No                                  | 1                 |         |
| Term     | Term From       | Term To                                | Value          | Descri                                        | ption                 | Contract Number                     | Туре              |         |
| 1        | Feb 19, 2019    | Dec 22, 2022                           | 8,034,011.4    | DVA Install Automat<br>Mixing Valves          | ic Flush Valves and   | 19E1282                             | Emergency         |         |
| 2        |                 |                                        |                |                                               |                       |                                     |                   |         |
| 3        |                 |                                        |                |                                               |                       |                                     |                   |         |
| 4        |                 |                                        |                |                                               |                       |                                     |                   |         |
| 5        |                 |                                        |                |                                               |                       |                                     |                   |         |
| 6        |                 |                                        |                |                                               |                       |                                     |                   |         |
| 7        |                 |                                        |                |                                               |                       |                                     |                   |         |
| 8        |                 |                                        |                |                                               |                       |                                     |                   |         |
| 9        |                 |                                        |                |                                               |                       |                                     |                   |         |
| 10       |                 |                                        |                |                                               |                       |                                     |                   |         |
| If moi   |                 | other commen                           | nts,           |                                               |                       |                                     |                   |         |
|          | on VI - Busines |                                        | 4 16           | d                                             |                       |                                     |                   |         |
|          |                 |                                        |                | the supplies or services                      |                       |                                     |                   |         |
|          |                 |                                        |                | rosive materials from th                      | •                     |                                     |                   |         |
|          |                 |                                        | •              | ations required to satis                      | •                     |                                     |                   |         |
|          |                 |                                        |                |                                               |                       | house build out in Princ            |                   |         |
|          |                 |                                        |                | requirements?                                 | lain why the reque    | ested supplies or service           | es are the only c | nes     |
| Cont     | ractor has the  | warranties pend                        | ding the com   | pletion of the installation                   | on.                   |                                     |                   |         |
|          |                 | ue features of the<br>factors/qualific |                | r services that are not a                     | vailable in any othe  | er product or by any oth            | ner vendor? Pro   | vide    |
|          |                 | ations this vend<br>it installed and   | •              | •                                             | isting environmen     | t of 9 buildings, the pun           | np house, and     |         |
| 5. Has   | the Agency or   | University con                         | sidered altern | ative supplies or servic                      | es to satisfy their n | eed? 🗌 Yes 🔀 No                     | )                 |         |
| 5a. If r | no, why weren'  | t alternatives ev                      | valuated?      |                                               |                       |                                     |                   |         |
|          |                 | •                                      |                | ies requirements of the would have to purchas |                       | ent from manufacturers<br>art-over. | because they      | did not |
| 6. Are   | there resellers | or distributors?                       | ?              |                                               |                       |                                     |                   |         |
|          | es 🛛 No 🗌       | N/A                                    |                |                                               |                       |                                     |                   |         |

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|                                                                      | Bulletin Reference Number                                                        | 040-020-064-I                                                                |          |
|----------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------|
|                                                                      | Requesting Agency/University                                                     | Capital Development Board                                                    |          |
| 7. What efforts were made to get for this purchase is considered fai |                                                                                  | ncy/university negotiate) and how did you determine th                       | e price  |
| , ,                                                                  | ne A/E of record the review the cost est<br>team reviewed the new cost and found | timate provide by the contractor . This was checked cros<br>d it as in-line. | sed from |
| 8. Will this purchase obligate the S                                 | State to this vendor for future purchase                                         | es such as maintenance, licensing or continuing need?                        |          |
| ☐ Yes ⊠ No                                                           |                                                                                  |                                                                              |          |
| 9. What will be the financial or oth                                 | er impact to the State if this sole sourc                                        | e is not approved and a competitive bid is required?                         |          |
| The current conditions on site wi continue destroy equipment.        | ll continue to advance the corrosivene                                           | ss elements in the water system. This deterioration will b                   | oe       |
| 10. Is there any additional informa                                  | tion you would like to add to justify th                                         | is sole source?                                                              |          |
| The facility continue to experience corrosives materials from the wa | • •                                                                              | ater quality. The completion of the filtration system with                   | remove   |

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| E                                                                                                                                                                                                                                                        | Bulletin Reference Number 040-020-064-I                                            |                                        |                                                                                  |                             |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------|-----------------------------|--|--|--|
| F                                                                                                                                                                                                                                                        | Requesting Agency/Univer                                                           | sity Capital D                         | evelopment Board                                                                 |                             |  |  |  |
| Section VII                                                                                                                                                                                                                                              |                                                                                    |                                        |                                                                                  |                             |  |  |  |
| Requesting Department Signature Rec                                                                                                                                                                                                                      | quired                                                                             |                                        |                                                                                  |                             |  |  |  |
| 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 Department Representative                                                                                                                                                                                                                     | Leonard E. Mc Gee Gee                                                              | by Leonard E. Mc<br>1 18:16:47 -05'00' | ne Number 3128141495                                                             | Date Jul 11, 2024           |  |  |  |
| Printed Name Leonard E. Mc Gee                                                                                                                                                                                                                           |                                                                                    | E-mail Addre                           | ess leonard.mcgee@illinoi                                                        | is.gov                      |  |  |  |
| I know and understand the contents of the and reasonableness of the price was ade Agency Bureau/Division Head or Universe Purchasing Director and Not a Designeed Printed Name Timothy E. Patrick                                                        | his Sole Source Justificatio<br>quately confirmed. (All prior fo                   | n and attest tha                       | t all statements are true an se-signature is completed)  ne Number (217)782-0601 | nd correct and the fairness |  |  |  |
| 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 Purchasing Officer Signature                                                                                                                                                                                                                       | GERALD STEVEN BURLINGHAM  Digitally signed by STEVEN BURLINGHA Date: 2024.07.12 09 | M   Phone                              | Number 217-836-0185                                                              | Date Jul 12, 2024           |  |  |  |
| Printed Name Gerald S. Burlingham                                                                                                                                                                                                                        |                                                                                    | E-mail Address                         | gerald.burlingham@illir                                                          | nois.gov                    |  |  |  |

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|                             | Bulletin Reference Number                                              | 040-020-064-I        |                                       |         |  |  |  |
|-----------------------------|------------------------------------------------------------------------|----------------------|---------------------------------------|---------|--|--|--|
|                             | Requesting Agency/University                                           | Capital Develop      | ment Board                            |         |  |  |  |
| Sole Source Jus             | tification Form - Part II                                              |                      |                                       |         |  |  |  |
| Section I - Gene            | ral Information                                                        |                      |                                       |         |  |  |  |
| Project Title               | DVA Install Automatic Flush Valves and Mixing Valves                   |                      |                                       |         |  |  |  |
| Vendor                      | Chas. F. Bruckner & Son, Lnc.                                          |                      |                                       |         |  |  |  |
| Initial Date of Pr          | ocurement Bulletin Posting                                             |                      |                                       |         |  |  |  |
| Was a Sole Sourc            | re hearing held per 30 ILCS 500/20-25?                                 |                      |                                       |         |  |  |  |
| Yes - Comple                | te 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                   | n accordance with    | the published Notice referenced above |         |  |  |  |
| Based upon                  | my review, I authorize the Agency/University to procee                 | ed with the followir | ng Changes.                           |         |  |  |  |
| Based on my is that it be c | review, the Agency/University is not authorized to proancelled.        | oceed with this sole | source as presented and my recommen   | ndation |  |  |  |
| Other                       |                                                                        |                      |                                       |         |  |  |  |
| CPO Signature               |                                                                        | CPO Phone            |                                       |         |  |  |  |
| Printed Name                |                                                                        | Date                 |                                       |         |  |  |  |
| CPO E-mail                  |                                                                        |                      |                                       |         |  |  |  |

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