

**Business Rationale**

1. Provide a detailed explanation of the need for the supplies or services: WEI grant's target population includes African American from high poverty, high rate of incarceration areas. The scope includes training and employment placement, IMF is particularly versed in this area currently delivering training and placement at the Sheridan Correctional Facility.
2. 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: IMF provides both the training and placement of the returning citizen population. Other partners only deliver employment placement and outsource training to another partner. By partnering with IMF we are able to double our service numbers as Wright College can only train up to 15 people per cohort.
3. If professional services, what are the unique qualifications this vendor possesses? Provide specific, measurable factors/qualifications: Current employer partnerships that are ex-offender friendly, a dedicated CNC machining training facility with equipment allowing Wright College to train more participants within the semester.
4. Were alternative supplies or services evaluated?  Yes  No If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility: Safer Foundation also offers employment services to the returning citizen however they do not have the capacity to train in the area of manufacturing.  
 b. If no, why were alternatives not evaluated? \_\_\_\_\_
5. What efforts were made to get the best possible price? Negotiations
6. Will this purchase obligate the CCC to this vendor for future purchases such as maintenance, licensing or continuing need?  Yes  No  
 a. If yes, please provide details regarding future obligations and/or needs: \_\_\_\_\_
7. Why is the price for this purchase considered to be fair and reasonable? The price quoted is the price charged to Cook County Workforce Partnership for the delivery of employment and training.
8. If this is a renewal, describe why circumstances are such that competitive selection is still not an alternative since awarding the original contract: \_\_\_\_\_
9. What will be the financial or other impact to the CCC if this sole source is not approved and a competitive bid is required? WEI is a one year grant whose funding hasn't been determined for the 2020-2021 school year. Not approving the sole source compromises our stated outcomes of enrollment, 100% spend down of the grant and employment placement as our current partners require background check.

**Department/College Representative Signature Required**

I know and understand the contents of this Sole Source /Bid Waiver Justification and attest that all statements are true and correct.

Janetta O'Neal  
 Department/College Representative Signature

Janetta O'Neal  
 Printed Name

3/2/20  
 Date

Phoebe Wood  
 Department/College Representative Signature

Phoebe Wood  
 Printed Name

3/4/2020  
 Date

[Signature]  
 VC/ College President Signature

DAVID POTASI  
 Printed Name

3/10/20  
 Date

**CPO Approval and Signature Required**

\_\_\_\_\_

### Sole Source/Bid Waiver Justification Application

Name of Requestor:   Jenetta O'Neal  

Email Address:   JONea30@CCC.edu  

Department/School:   Wilbur Wright College  

BulletIn or Reference Number: \_\_\_\_\_

Project Title:   Workforce Equity Initiative  

Vendor:   Illinois Manufacturing Foundation (IMF) #  

Value of Initial Term, or if a Renewal, Value of this Renewal: \$   104,000    Actual  Estimated (Attach the proposal received)

Number of Potential/Remaining Renewals: \_\_\_\_\_

Choose one of the following:

Length of Each Renewal in Months: \_\_\_\_\_

New Sole Source

Sole Source Renewal

Value of All/Remaining Renewals: \$ \_\_\_\_\_

Change Order or Amendment to an Existing Sole Source

Provide a description of the supplies or services required:   Delivery of employment and training and placement services of multi-axis machining to formely incarcerated and identified target population of the Workforce Equity Initiative Grant  

Select the Type of Funding to be Used:  Educational Funds  Capital Funds  Grant Funds  Other (Explain): \_\_\_\_\_

This purchase is economically only available from a single source because it is:

- |  |   |
|--|---|
| <input type="checkbox"/> Art or Entertainment Services or Athletic Events  | <input type="checkbox"/> Items Are Needed for Trial Use or Testing  |
| <input type="checkbox"/> Compatibility with Existing/current Equipment, Accessories, Replacement Parts or Service                              | <input type="checkbox"/> Media for Advertising  |
| <input type="checkbox"/> Critical Changes to the Existing Contract Are Necessary and Best Accomplished by the Original Contract Holder         | <input type="checkbox"/> Organization Memberships (Dues, Fees, Conference Charges Including Mandated Travel and Related Expenses) |
| <input checked="" type="checkbox"/> Federal/CCC Grant Requires Contract with Vendor (attach Grant Award Agreement)                             | <input type="checkbox"/> Public Utility Regulated Services  |
| <input type="checkbox"/> Item is Copyrighted or Patented and the Item Is Only Available From the Holder – Copyright or Patent Number(s): _____ | <input type="checkbox"/> Radio and Television Broadcast Rights  |
|  | <input type="checkbox"/> Software License/Upgrade/Maintenance   |
|  | <input type="checkbox"/> Other (Explain): _____   |

Has CCC purchased these supplies/services in the past?  Yes  No

If yes, STARTING WITH THE MOST RECENT CONTRACT AND WORKING BACKWARD, for the entire relationship with this vendor for this supply or service, list each term, value, short description and type of procurement of each:

Term	Term From:	Term To:	Value	Description	Vendor Selection
One					
Two					
Three					
Four					
Five					
Six					
Seven					
Eight					
Nine					
Ten					

If more than 10 years, explain: \_\_\_\_\_

## Sole Source/Bid Waiver Justification

Below are the following Sole Source /Bid Waiver Criteria. If your purchase does meet any of the following criteria, please Christopher Kopp, Chief Procurement Officer for further instruction via email at ckopp1@ccc.edu or phone (312) 553-3240.

### What is a Sole Source Procurement?

A "sole source" procurement can be defined as any contract entered into without a competitive process, based on a justification that only one known source exists or that only one single supplier can fulfill the requirement. Although states generally do not permit non-competitive procurements by statute, exceptions are allowed where competition is not feasible.

Examples of acceptable exceptions from the competitive procurement process may include:

- Only one known source exists for supplies of services as determined by documented research.
- No other reasonable alternative source exists that meets the CCC requirements.
- Only one source meets the business needs of the CCC (e.g., compatibility, unique feature to meet CCC's business need, etc.)
- Procurement of public utility services.

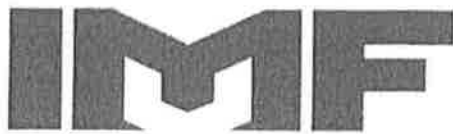
### What's not a Sole Source Procurement?

- A CCC requirement for a particular proprietary product or service does not automatically justify a sole source procurement if there is more than one potential bidder or offeror for that item.
- A CCC preference for a brand name product does not justify a sole source procurement.
- A good's or service's "uniqueness" alone may not qualify the producer or supplier of the good or service as a sole provider of a good or service.

### What are acceptable considerations for sole source procurements?

CCC reasons for sole sources vary greatly but should fall within the following:

- Only one known source that can provide the commodity or service.
- Unique source (commodity/service is unique/special in nature)
- Compatibility (e.g., a public safety CCC requiring a specific piece of equipment to be compatible with an existing equipment system)
- Limited or proprietary systems (i.e. additional licenses, updates, specialized replacement parts, etc.)
- A professional expert is requested.
- Sales territories or product availability within limited geographic boundaries.



**ILLINOIS  
MANUFACTURING  
FOUNDATION**

**2101 S. Kedzie Avenue, Chicago, IL 60623 T: 773-277-2343; F: 773-277-2337  
<https://www.imfjobtraining.org>**

**To Whom It May Concern:**

This letter shall confirm that Illinois Manufacturing Foundation (IMF) is a sole source provider of professional machinist and machine tool (manual, automatic and computer numerically controlled (CNC) machine tools) training and placement services for the following populations: (a) economically disadvantaged Chicago area residents, (b) returning citizens and (c) incarcerated felons. IMF serves Chicago, Cook County and surrounding areas and serves students through all phases of the enrollment, training/skills acquisition and employment process.

**Additionally, ILLINOIS MANUFACTURING FOUNDATION is:**

- The only training provider in Illinois with more than 15 years experience providing machinist training and placement services for incarcerated felons with a 75-85% placement rate for parolees/program completers.
- The training provider in Illinois that initiated sectoral-based workforce development for economically disadvantaged community residents in collaboration with sector-specific trade and professional associations, starting in 1982 and continuing to the present.
- The unique user of the only machinist training and placement curriculum that emphasizes trainee learning of the distinct machining operations needed for production of piece parts **ALONG WITH** trainee fabrication of the tooling needed for each machining operation. Machining operations go hand in hand with unique and distinct tooling for each operation; learning operations without learning tooling does not produce machinists; machinists know both.
- IMF is the only community-based, non-profit training and placement provider in Illinois with a 39-year history of training production machinists for the production machining sector of the precision metalworking industry.
- IMF is the community-based, non-profit training and placement provider in Illinois that initiated the production machinist training and placement program at Daley College of the City Colleges of Chicago (in collaboration with a Business Sector Organizing Committee composed of representatives of production machining firms in the city and suburbs). The program at Daley College uniquely emphasized the engagement of employers in the testing, evaluation and placement of trainees.

Respectfully,

**Ric Gudell, Executive Director**



**CHICAGO COOK  
WORKFORCE PARTNERSHIP**





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/03/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

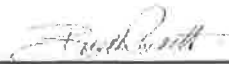
<b>PRODUCER</b> ALPER SERVICES LLC 410 North Michigan Avenue 12th Floor Chicago IL 60611		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (312) 642-1000 FAX (A/C, No): E-MAIL ADDRESS: Certs@AlperServices.com	
<b>INSURED</b> Illinois Manufacturing Foundation 2101 S. Kedzie Chicago IL 60623		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Philadelphia Indemnity Ins. Co NAIC # 18058 INSURER B: Continental Casualty Company 20443C INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES** CERTIFICATE NUMBER: CL1991126848 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LDC OTHER:			PHPK1953538	04/24/2019	04/24/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Professional Liability \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N		6025349898	09/11/2019	09/11/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Business Personal Property			PHPK1953538	04/24/2019	04/24/2020	Limit \$50,000 Deductible \$500

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 City Colleges of Chicago is included as an Additional Insured as respects to General Liability as required by written contract and policy forms.

<b>CERTIFICATE HOLDER</b> City Colleges of Chicago 226 W Jackson Chicago IL 60606	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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