



RETURN THIS QUOTATION TO:

**OFFICE OF THE CHIEF PROCUREMENT OFFICER
COUNTY OF COOK**

118 NORTH CLARK ST. ROOM 1018 CHICAGO, ILLINOIS 60602-1375

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
quotations on this form.

| | | | | | | |
|------------------|------------------------|----------------------------|------------------------|-------------------------|--|-------------|
| DATE 8/4/2015 | BUYER BEARD, BRENDA | BUYER PHONE 312 6035383 | ORDER NO. 119745 OR | RESPOND BY 8/19/2015 | Quotes must be in Bid Box by 10:00 A.M. | Page 1 of 1 |
|------------------|------------------------|----------------------------|------------------------|-------------------------|--|-------------|

Vendor Address

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 of 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 a formality in bids; to award by item or class. Bidders cannot limit the acceptance of bid to less than 30 days.

Errors in Bid: 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 No bid may be withdrawn or changed after it has been opened.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 designated. Title is to pass at delivery point

Taxes: Materials and services purchased by Cook County are exempt from Federal Excise 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 prices quoted herein shall agree with all Federal Laws 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.

DELIVERY IN WORKING DAYS _____

PHONE NUMBER _____

SIGNED BY _____

(PLEASE PRINT) _____

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 |
|--|----------------------------------|--------------------|------------|-------------------|
| Monthly Answering Service 24/7 answering service on holidays and weekend that is routed to the assigned officer or applicable person. Provide all accurate information from complainants such as Name, Address, Contact Number, and the Nature of Complainants, 7 days a week call center with operator's knowledge with basic scripted information regarding Animal Control basic mandated response requirements. Calls are dispatched within 15 minutes of receiving calls. Ability to contact the Administrator immediately if a call of urgent or life threatening nature comes into the call center. All call information is logged into our database and stored into our archival media for seven (7) years. calls received after the department is closed after hours Monday through Friday 4:30 pm to 8:30 am . The vendor would fax (708) 974-6046 a print out of calls they have received which this department would then enter into our database. | 36.00 | MO | | |
| OFFICE USE ONLY PURCHASE ORDER # | ADDITIONAL TERMS ON REVERSE SIDE | | | TOTAL |

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 Purchase Order Number.
2. Stencil on 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. Direct all inquiries and send the original and all appropriate copies of the invoice with the proper Cook County invoice forms (i.e., 29A voucher form) to the following address:

Accounts Payable
Cook County Comptroller's Office
118 North Clark Street - Room 1134
Chicago, Illinois 60602

6. Never include goods furnished on two or more purchase orders on a single invoice.
7. All prices must be in compliance with federal, state, and local regulations.
8. Partial shipments or partial pay warrants will not be considered unless authorized or requested by the Purchasing Agent.
9. The law provides that every person selling goods to Cook County must make invoice form with certification as to the correctness of the bill.
10. Execute certification on the bottom of the invoice before mailing.
11. All pay warrants will be mailed to you by the County Comptroller.
12. 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 there from, 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 there from 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.
13. Compliance with the above will help avoid errors and delays.



Cook County Affidavit of Child Support Obligations

Effective July 1, 1998, every applicant for a County Privilege shall be in full compliance with any Child Support order before such Applicant is entitled to receive or renew a County Privilege. When Delinquent Child Support exists, the County shall not issue or renew any county Privilege, and may revoke any County Privilege.

"Applicant" means any person or business entity, including all Substantial Owners, seeking issuance of a County Privilege or renewal of an existing County Privilege from the County. This term shall not include any political subdivision of the federal or state government, including units of local government, and not-for-profit organizations.

"County Privilege" means any business license, including but not limited to liquor dealer's licenses, packaged goods licenses, tavern licenses, restaurant licenses, and gun licenses; real property licenses or lease; permit, including but not limited to building permits, zoning permits or approvals; environmental certificate; County HOME Loan; and contracts exceeding the value of \$10,000.

"Substantial Owner" means any person or persons who own or hold a twenty-five percent (25%) or more percentage of interest in any business entity seeking a County Privilege, including those shareholders, general or limited partners, beneficiaries and principals; except where a business entity is an individual or sole proprietorship, Substantial owner means that individual or sole proprietor.

All Applicants/Substantial Owners are required to complete this affidavit and comply with the Child Support Enforcement Ordinance before any privilege is granted. Signature of this form constitutes a certification that the information provided below is correct and complete, and that the individual(s) signing this form has/have personal knowledge of such information.

Applicant Information

Last Name: _____ First Name: _____ MI: _____
SS# (last four digits): _____ Date of Birth: _____
Street Address: _____
City: _____ State: _____ Zipcode: _____
Home Phone #: (____) _____ Driver's License #: _____

Child Support Obligation Information

The undersigned Applicant, being duly sworn on oath or affirmation hereby states that, "To the best of my knowledge": (place an "X" next to "A", "B", "C", or "D" as is appropriate)

- ☐ A. I, the Applicant, has no judicially or administratively ordered child support obligations.
- ☐ B. I, the Applicant, has an outstanding judicially or administratively ordered obligation, but is paying it in accordance with the terms of the order.
- ☐ C. I, the Applicant, is delinquent in paying judicially or administratively ordered child support obligations.
- ☐ D. I, the Applicant, is not a Substantial Owner as defined above.

The undersigned Applicant understands that failure to disclose any judicially or administratively ordered child support debt will be grounds for revoking the privilege.

Signature: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, 20____

_____, Notary Public

Note: The above information is subject to verification prior to the award of the contract.

For Internal Office Use Only: County Privilege Information

County Privilege #: _____ County Department: _____
County Requester Name: _____
County Requester Email: _____ Phone #: _____