



BOARD ACTION REQUEST FORM

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SECTION 1: PURPOSE

The BOARD ACTION REQUEST FORM is designed to 1) enhance the orderly and efficient conduct of Committee and Board meetings; 2) serve as prior notice to all interested parties; 3) aid the Committee Chairs in meeting preparation; 4) provide the Departments with a mechanism for formal communication with the Board; and 5) aid in the creation of the official record of the meeting.

To request an item be added to a committee agenda, submit the completed FORM and all supporting documentation to the applicable Committee Chair for consideration at least 5 days prior to the meeting date/time.

SECTION 2: OVERVIEW

Subject: Old Courthouse Elevator Repairs **Requested by:** Greg Saunders

To Committee(s): Properties, Finance, Full Board **Meeting Date(s)** 10/11, 10/13, 10/20

Action Requested (Select One): **Motion** **Resolution** **Ordinance** **Contract Approval**

Executive Session **YES** **NO** **5 ILCS 120/2(c) Exception:** _____

Requestor's Recommended Action:

Motion to move the request for Old Courthouse Elevator Repairs to the Finance Committee for approval and inclusion on the for Full Board agenda.

SECTION 3: PROPOSAL

Describe the action requested, including relevant background information, applicable statutory references, potential impact to the County and/or any other departments, and the proposed implementation timeline. Attach additional pages if needed.

Replacement of motors, drive system, and controls only. No changes to existing carriage. Estimated cost includes removal and replacement of control room roof and roof repairs.

Per Lee County Financial & Accounting Policies and Procedures, this is a non-competitive procurement. There is only one source for the required equipment, service, and professional service.

SECTION 4: FINANCIAL IMPACT

Provide specific financial details including revenue or expenses associated with the request and if this is a one-time or recurring expense. If this is an unanticipated (unbudgeted) expense, explain the catalyst for the request. Attach relevant documents such as revenue/expense projections or vendor bids/quotes.

Budgetary Status (check all that apply): **Cost of Proposed Action:** \$ 132,500

- This action has no budgetary implications.
- Funds are available in this FY budget. Line-item Description/Number ARPA Capital Fund
- Funds are not budgeted in this FY. Proposed funding source: _____
- If approved, funds will be requested for this action in next year's budget.
- This action will bring in additional revenue of \$ _____ Line-item _____
- This action will reduce expenditures and/or be budget neutral.

Kone (Elevator) Quote: \$121,000
Elevator Roof removal/replacement/repairs: \$11,500

KONE Care™

PEOPLE FLOW REPAIR AND UPGRADE PROPOSAL



8-4-22

Lee County Courthouse
112 EAST 2ND STREET
Dixon, IL 61021

Re: MACHINE

The safety, performance and reliability of your vertical transportation equipment are important to us. We understand the value of the equipment to your building and know that the following areas are important to you:

- Passenger and employee safety
- Code compliance
- Performance and reliability
- Accessibility
- Aesthetics
- Eco-efficiency

Therefore, based on our detailed equipment evaluation, we thank you for the opportunity to submit the following proposal to you which will help improve your equipment in one or more of the above areas. Our trained service technicians will follow proven performance procedures to perform the recommended work in a safe, professional manner designed specifically for each piece of equipment.

Upon your approval, please sign and return the following proposal to our local Branch Office for processing.

Should you have any questions regarding this agreement, or if we can be of any further assistance, please contact me at **262-716-9275**, wendy.kittredge@kone.com.

Sincerely,

Wendy Kittredge
Sales Consultant
KONE Inc.



8-4-22

Lee County Courthouse
112 EAST 2ND STREET
Dixon, IL 61021

KONE Inc.
5801 S. Pennsylvania Ave.
Suite 300
Cudahy, WI 53110
Tel 262-716-9275
Fax 414-483-3133
www.kone.us
wendy.kittredge@kone.com

Re: MACHINE

Description of Work

We propose to furnish and install the labor, materials, tools and supervision to perform the following work:

We will remove existing machine and provide and install with a new machine. Test for proper operation and perform state required testing before turning over the elevator for use.

Price

Our total price to perform the above-mentioned work amounts to: **\$120,985.65**

Our price includes applicable labor, material and permit fees. This proposal is not binding on KONE until approved by an authorized KONE representative. Pricing is subject to KONE's attached Terms and Conditions for tendered repairs and, by signing below, Purchaser hereby agrees to these Terms and Conditions. Price is valid for 30 days from the date of this proposal.

Down Payment

The above quoted price is based on a **fifty percent (50%) down payment**, due before the order will be processed. No material will be ordered and work shall not commence until applicable down payment is received. The attached invoice will serve as a receipt for the down payment provided.

Respectfully submitted by,
KONE Inc.

ACCEPTANCE:

(Signature)

Wendy Kittredge
Sales Consultant

(Print Name)

(Approved By) Authorized Representative

(Print Title)

Title

Date: ____ / ____ / ____

Date: ____ / ____ / ____

General Clarifications

Our proposal is based on the following clarifications:

- Contract terms between KONE Inc. and Purchaser shall be based on our Proposal and Attachments. (See Attachment "A" and "B")
- All new elevator equipment provided shall meet applicable ASME A17.1 code requirements. Any provisions of codes applicable to out-of-scope items shall be the Purchaser's responsibility. Cost of any future code changes adopted prior to permitting and completion are excluded.
- The existing cab and entrance dimensions, which may not meet current ADA or stretcher access rules, will be retained as is.
- Our proposal includes inspections and testing as required by the AHJ. However, any re-testing required due to other trades' failures to complete their work or tests in a timely manner will be billed at our regular billing rates.
- Proposal includes a standard one-year warranty and one-year KONE Standard Maintenance program
- The ASME code limits changes to the empty car weight + capacity of each elevator to 5% of the originally installed value. If past or proposed changes result in a change to the weight or



NO MATTER HOW BEAUTIFUL YOUR BUILDING IS, IF IT LEAKS.....IT'S JUST A BEAUTIFUL BUCKET

Certified Minority Owned & Operated Business Enterprise

PROPOSAL DATE: 9/20/2022

SUBMITTED TO: Mr. Greg Saunders

email: gsaunders@countyoflee.org

LOCATION: DIXON COURTHOUSE

H.C. Anderson Roofing proposes to provide labor, materials, and equipment to complete the following scope of work on ELEVATOR SHAFT ROOF AREA :

- Tear off existing roof and insulation
- Remove portion of decking and rafters
 - To accommodate elevator motor & pulley
- Sister any 2x6 trusses
- Install new plywood to match deck
- Install 1.5 insulation
- Install 50 MIL Duro-Tuff Rhino Bond Attached Roof system
- Extend membrane over face at three (3) sides & terminate with bar and mastic
- Extend up wall at T-Bar
- Remove and dispose of debris

The above scope of work to be completed for the sum of: \$ **11,500.00**

Note: We exclude anything not mentioned as proposed above.

*All work to be completed in a professional manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. **Workers are covered by Workmen's Compensation Insurance.***

Note: This proposal may be withdrawn by H C Anderson Roofing if not accepted within (2) weeks.

Proposal Acceptance: **The costs, terms, and conditions are satisfactory and are hereby accepted. You are authorized to perform the work specified.**

Date of Acceptance: _____

Customer Signature: _____

Contractor Signature: _____

H. C. ANDERSON ROOFING COMPANY