

COOK COUNTY OFFICE OF THE CHIEF PROCUREMENT OFFICER
CONTRACT AWARD RECOMMENDATIONS

Item #	Contract#	Recommended		Description	Recommended Vendor	Contract Amount	MBE/WBE Participation	Participation Type	Participation %	# of Bids Received	# of M/WBE Bids Received	CCA
		Action	Using Department									
1	12-45-238 Section I	Award	Cook County Adult Probation Department	Drug Testing Services	Accu-Lab Medical Testing	\$1,031,723.00	Accu-Lab Medical Testing, Inc.	[6]	95%	3	1	Yes
							Arrow Messenger Services	[7]	5%			
2	12-45-247	Award	Cook County Facilities Management	Filter Supplies	Production Distribution Company	\$543,429.48	Production Distribution Company	[6]	90.00%	2	1	Yes
							Inter-City Supply Company	[6]	10.00%			
3	12-30-380	Award	Countywide	Temporary Staffing Services	Acro Service Corporation	\$500,000.00	Adino, Inc.	[6]		0 Reference Agreement	1 Reference Agreement	Yes
							Solai & Cameron, Inc.	[8]				
							VersityLink, LLC	[9]				
							Viva USA	[8]				
							W4Sight, LLC	[7]				
							Professional Dynamic Network, Inc.	[6]				
							Seville Staffing, LLC	[7]				
RL Canning, Inc.	[7]											
4	12-30-383	Award	Countywide	Equipment Rental and Associated Services	Hertz Equipment Rental Corporation	\$262,500.00	Carson Tire Services, Inc.	[6]	3.00%	0	0	Yes
							Quimex	[9]	3.00%			
5	12-28-319	Award	Office of the Geographical Information Systems (GIS)	Cultural Features Data Layer Services	ProWest & Associates, Inc.	\$311,680.00	ProWest & Associates, Inc.		93.70%	3	1	Yes
							W4Sight, LLC		6.30%			

MBE/WBE Participation Types:
Native American [4]
African American [6]
Female [7]
Asian [8]
Hispanic [9]

R - Rebid
DNA - Does Not Apply
CCA - Contract Compliance Administrator
** Not Low Bidder

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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"Entity" or "Legal Entity" means a sole proprietorship, corporation, partnership, association, business trust, estate, two or more persons having a joint or common interest, trustee of a land trust, other commercial or legal entity or any beneficiary or beneficiaries thereof.

This Disclosure of Ownership Interest Statement must be submitted by:

1. An Applicant for County Action and
2. An individual or Legal Entity that holds stock or a beneficial interest in the Applicant and is listed on the Applicant's Statement (a "Holder") must file a Statement and complete #1 only under Ownership Interest Declaration.

Please print or type responses clearly and legibly. Add additional pages if needed, being careful to identify each portion of the form to which each additional page refers.

This Statement is being made by the Applicant or Stock/Beneficial Interest Holder

This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name: Warren Cooper D/B/A: ACCU-Lab Medical Testing, Inc. EIN NO: 36-3787868

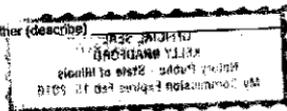
Street Address: 2680 S. Michigan Avenue, Suite 212

City: Chicago State: IL Zip Code: 60616

Phone No.: 312-939-3535

Form of Legal Entity:

- Sole Proprietor Partnership Corporation Trustee of Land Trust
- Business Trust Estate Association Joint Venture
- Other (describe) _____



EDS-8

11.1.11

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each individual and each Entity having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
Sylvia Burks	7310 S. Wabash Ave., Chicago	12%
Warren Cooper	1700 e. 56th St., Chgo, IL	88%

2. If the interest of any individual or any Entity listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address

3. Is the Applicant constructively controlled by another person or Legal Entity? [] Yes [X] No
If yes, state the name, address and percentage of beneficial interest of such person or legal entity, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship

Declaration (check the applicable box):

- [X] I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.
- [] I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

Warren Cooper

Name of Authorized Applicant/Holder Representative (please print or type)

Wa Cooper
Signature

acculab_il@msn.com

E-mail address

President

Title

8-10-12

Date

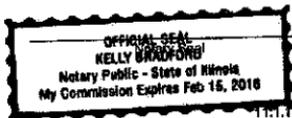
312-320-2945

Phone Number

My commission expires: 2/15/2012

Subscribed to and sworn before me
this 10 day of Aug, 2012

x *Kelly Bradford*
Notary Public Signature



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This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name: Franchise Distributor B/A EIN No: 20-1535658

Street Address: 9511 S. Dorchester Ave

City: Chicago State: ILL Zip Code: 60628

Phone No.: 708-489-0195

Form of Legal Entity:

Sole Proprietor Partnership Corporation Trustee of Land Trust

Business Trust Estate Association Joint Venture

Other (describe) _____

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each individual and each Entity having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Folder.

Name	Address	Percentage Interest in Applicant/Folder
Cleo Downs	21235 Vivienne Method	100

2. If the interest of any individual or any Entity listed in (1) above is held as an agent or agents, or a nominee or nominee, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address
N/A		

3. Is the Applicant constructively controlled by another person or Legal Entity? [] Yes [] No
If yes, state the name, address and percentage of beneficial interest of such person or legal entity, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship
N/A			

Declaration (check the applicable box):

- [] I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor exercised any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.
- I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

Cleo Downs
Name of Authorized Applicant/Holder Representative (please print or type)

Cleo Downs
Signature

Cleo@pdcompanies.org
E-mail address

President
Title

8/30/12
Date

708-489-0195
Phone Number

Subscribed to and sworn before me
this 30 day of Aug, 2012.

x Shallie Dawn
Notary Public Signature

My commission expires: 26-Dec-2012

OFFICIAL SEAL
SHALLIEE DOWNS
NOTARY PUBLIC
THE STATE OF ILLINOIS
COMMISSION EXPIRES 26-Dec-2012

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This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name Hertz Equipment D/B/A: HERC EIN NO.: 13-6174127
Rental Corporation

Street Address: 225 Brae Boulevard

City: Park Ridge State: NJ Zip Code: 07656

Phone No.: 773-247-6297 - David Marsden, Region Operations Manager

Form of Legal Entity:

Sole Proprietor Partnership Corporation Trustee of Land Trust

Business Trust Estate Association Joint Venture

Other (describe) _____

Ownership Interest Declaration:

- 1. List the name(s), address, and percent ownership of each individual and each Entity having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name Address Percentage Interest in Applicant/Holder
The Hertz Corporation 100%
225 Brae Boulevard
Park Ridge, NJ 07656

- 2. If the interest of any individual or any entity listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held. N/A

Name of Agent/Nominee Name of Principal Principal's Address

- 3. Is the Applicant constructively controlled by another person or legal entity? [X] Yes [] No
If yes, state the name, address and percentage of beneficial interest of such person or legal entity, and the relationship under which such control is being or may be exercised.

Name Address Percentage of Beneficial Interest Relationship
The Hertz Corporation 100% Parent company
225 Brae Boulevard
Park-Ridge, NJ 07656

Declaration (check the applicable box):

- [] I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.
[X] I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

Hertz Equipment Rental Corporation
Name of Authorized Applicant/Holder Representative (please print or type)
Signature Jason Oosterbeek
joosterbeek@hertz.com
E-mail address

Strategic Sales Sr. Director
Title
5.2.12
Date
201-307-2257
Phone Number



Subscribed to and sworn before me this 3 day of May, 2012

X Linda Dravin
Notary Public Signature

My commission expires:

LINDA DRAVIN
NOTARY PUBLIC OF NEW JERSEY
MY COMMISSION EXPIRES JAN. 24, 2014

Notary Seal

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This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name: Acco Service Corp D/B/A: _____ EIN NO.: 38-2413629

Street Address: 39209 W Six mile #250

City: Livonia State: MI Zip Code: 48152

Phone No.: 734.591.1100

Form of Legal Entity:

Sole Proprietor Partnership Corporation Trustee of Land Trust

Business Trust Estate Association Joint Venture

Other (describe) _____

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each individual and each Entity having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
<u>Ravinder Shabani</u>		<u>100%</u>

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Name of Agent/Nominee	Name of Principal	Principal's Address
<u>N/A</u>		

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- [] I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

Ravinder T. Shabani
 Name of Authorized Applicant/Holder Representative (please print or type)

R Shabani
 Signature

rshabani@acrocorp.com
 E-mail address

President
 Title

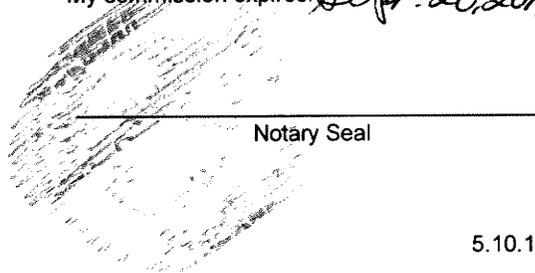
6-4-12
 Date

734.591.1100
 Phone Number

Subscribed to and sworn before me
 this 4th day of June, 2012

My commission expires: Sept. 20, 2014

Ruth Cassar
 Notary Public Signature



RUTH CASSAR
 Notary Public, State of Michigan
 County of Oakland
 My Commission Expires Sep. 20, 2014
 Acting in the County of WAYNE

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Identifying Information:

Name Pro-West & Assoc., Inc. D/B/A: _____ EIN NO.: 41-1795858

Street Address: 8239 State 371 NW

City: Walker State: MN Zip Code: 56484

Phone No.: 218-547-3374

Form of Legal Entity:

Sole Proprietor Partnership Corporation Trustee of Land Trust

Business Trust Estate Association Joint Venture

Other (describe) _____

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Please see following page

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-----------------------	-------------------	---------------------

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------	---------	-----------------------------------	--------------

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- [] I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

Annette M. Theroux

Name of Authorized Applicant/Holder Representative (please print or type)

Annette M. Theroux
Signature

atheroux@prowestgis.com

E-mail address

President, CEO, CFO

Title

10/31/12
Date

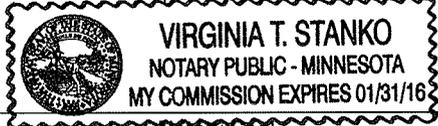
218-547-3374

Phone Number

Subscribed to and sworn before me
this 31st day of 10, 2012.

x Virginia T. Stanko
Notary Public Signature

My commission expires: 11/31/2016



Notary Seal