

COOK COUNTY OFFICE OF THE CHIEF PROCUREMENT OFFICER
 CONTRACT AWARD RECOMMENDATIONS

Item #	Contract#	Recommended Action	Using Department	Description	Recommended Vendor	Contract Amount	MBE/WBE Participation	Participation Type	Participation%	# of Bids Received	# of M/WBE Bids Received	CCA Concurrs
1	1585-14435	Award	Office of the Medical Examiner	Service Agreement for Apollo Remote Control R/F System	RPS, Inc. d/b/a RPS Imaging	\$183,600.00	DNA	DNA	DNA	DNA	DNA	Y
2	1584-14581	Award	Countywide	Envelopes	Montenegro Paper, Ltd.	\$1,248,745.50	Montenegro Paper, Ltd. Dresden Printing	MBE(9) WBE (7)	90.00% - Direct 10.00% - Direct	1	1	Y
3	1553-14393A 1553-14393B 1553-14393C 1553-14393D	Award	Justice Advisory Council	Violence Prevention, Intervention, and Reduction Demonstration Grants	Brighton Park Neighborhood Council Enlace Chicago Youth Advocate Programs Illinois African American Coalition for Prevention	\$200,000.00 \$200,000.00 \$200,000.00 \$200,000.00	DNA DNA DNA DNA	DNA DNA DNA DNA	DNA DNA DNA DNA	25	0	Y

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

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

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

The Cook County Code of Ordinances (§2-610 *et seq.*) requires that any Applicant for any County Action must disclose information concerning ownership interests in the Applicant. This Disclosure of Ownership Interest Statement must be completed with all information current as of the date this Statement is signed. Furthermore, this Statement must be kept current, by filing an amended Statement, until such time as the County Board or County Agency shall take action on the application. The information contained in this Statement will be maintained in a database and made available for public viewing.

If you are asked to list names, but there are no applicable names to list, you must state NONE. An incomplete Statement will be returned and any action regarding this contract will be delayed. A failure to fully comply with the ordinance may result in the action taken by the County Board or County Agency being voided.

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"County Action" means any action by a County Agency, a County Department, or the County Board regarding an ordinance or ordinance amendment, a County Board approval, or other County agency approval, with respect to contracts, leases, or sale or purchase of real estate.

"Person" "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. A Person 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: RPS Inc
D/B/A: RPS Imaging FEIN NO/SSN (LAST FOUR DIGITS): 38-2173300
Street Address: 1815 Washington St.
City: Michigan City State: IN Zip Code: 46360
Phone No.: 800-710-4200 Fax Number: 219-874-8430 Email: rpsinfo@rpsimaging.com

Cook County Business Registration Number: _____
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): _____

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 Person 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
Reece Price	1815 Washington St, Michigan City, IN	45
David Price	1815 Washington St, Michigan City, IN	45
Bill Price	1815 Washington St, Michigan City, IN	10

2. If the interest of any Person 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 No
 If yes, state the name, address and percentage of beneficial interest of such person, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship

Corporate Officers, Members and Partners Information:

For all corporations, list the names, addresses, and terms for all corporate officers. For all limited liability companies, list the names, addresses for all members. For all partnerships and joint ventures, list the names, addresses, for each partner or joint venture.

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
David Price	1815 Washington St, Michigan City, IN	President	21 yrs
Jill Price	1815 Washington St, Michigan City, IN	Secretary	9 yrs

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

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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

This Statement is an: [X] Original Statement or [] Amended Statement

Identifying Information:

Name: Montenegro Paper, Ltd.
D/B/A: Montenegro, Inc. FEIN NO/SSN (LAST FOUR DIGITS): 36-4113264
Street Address: 400 W. Lake St. # 214
City: Roselle State: IL Zip Code: 60172
Phone No.: 630-894-0350 Fax Number: 630-894-0095 Email: info@montenegropaper.com

Cook County Business Registration Number: n/a
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): 5910-914-6

Form of Legal Entity:

- [] Sole Proprietor [] Partnership [X] 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 Person 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
Edgar R. Enciso	271 E. Railroad Ave #103, Bartlett, IL 60103	51%
Irma V. Bates	510 N. Clearwater St. / Roselle, IL 60172	49%

2. If the interest of any Person 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
n/a		

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, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship
n/a			

Corporate Officers, Members and Partners Information:

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Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Edgar R. Enciso	271 E. Railroad Ave #103 Bartlett, IL 60103	President	
Irma V. Bates	510 N. Clearwater St. Roselle IL 60172	V. President	
Carol A. Graham	271 E. Railroad Ave #103 Bartlett IL 60103	Op. Mgr.	
Ken L. Bates	510 N. Clearwater St. Roselle, IL 60172	V. Pres. of Sales	

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

Edgar. R. Enciso

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

Edgar R. Enciso

Signature

Ed. ENCISO @ MONTENEGRO PAPER.COM

E-mail address

Subscribed to and sworn before me
this 26 day of May, 2015

x *Sandra A. Breymeyer*
Notary Public Signature

President

Title

5/26/15

Date

630 - 894-0350

Phone Number

My commission expires:

Notary Seal



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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 BRIGHTON PARK NEIGHBORHOOD COUNCIL

D/B/A: BRIGHTON PARK NEIGHBORHOOD COUNCIL FEIN NO/SSN (LAST FOUR DIGITS): 9387

Street Address: 4477 SOUTH ARCHER AVE

City: CHICAGO State: IL Zip Code: 60632

Phone No.: 773-523-7110 Fax Number: 773-523-7023 Email: pbrasnan@bpnccchicago.org

Cook County Business Registration Number: N/A
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): N/A

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 Person 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
NONE		

2. If the interest of any Person 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
NONE		

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, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship
NONE			

Corporate Officers, Members and Partners Information:

For all corporations, list the names, addresses, and terms for all corporate officers. For all limited liability companies, list the names, addresses for all members. For all partnerships and joint ventures, list the names, addresses, for each partner or joint venture.

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
BOARD OF DIRECTOR LIST ATTACHED			

Declaration (check the applicable box):

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This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name: Entace Chicago

D/B/A: _____

FEIN NO/SSN (LAST FOUR DIGITS): 36-3727669

Street Address: 2756 S. Harding Ave

City: Chicago

State: IL

Zip Code: 60623

Phone No.: 773-542-9233 Fax Number: 773-542-9241

Email: ndunlop@entacechicago.org

Cook County Business Registration Number: N/A
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): 5605032

Form of Legal Entity:

Sole Proprietor Partnership Corporation Trustee of Land Trust

Business Trust Estate Association Joint Venture

Other (describe) Not-For-Profit Corp.

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person 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
N/A		

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N/A			

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Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Maurice Sone	831 N. Ashland, Chicago	President	N/A
Juana Ballesteros	2621 S. Kedzie, Chicago	Secretary	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 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.
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This Statement is being made by the [X] Applicant or [] Stock/Beneficial Interest Holder

This Statement is an: [X] Original Statement or [] Amended Statement

Identifying Information:

Name: Youth Advocate Programs, Inc.
D/B/A: Chicago Youth Advocate Program FEIN NO/SSN (LAST FOUR DIGITS): 23-1977514
Street Address: 2007 N. 3rd Street
City: Harrisburg, PA State: PA Zip Code: 17102
Phone No.: 717. 232-7590 Fax Number: 717 233 2819 Email:

Cook County Business Registration Number: N/A
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): 847577 (Vendor number 2013)

Form of Legal Entity:

- [] Sole Proprietor [] Partnership [] Corporation [] Trustee of Land Trust
[] Business Trust [] Estate [] Association [] Joint Venture
[X] Other (describe) nonprofit corporation

Ownership Interest Declaration:

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Name	Address	Percentage Interest in Applicant/Holder
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Name	Address	Percentage of Beneficial Interest	Relationship
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Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
<i>See Attached List</i>			

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.
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This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name Illinois African American Coalition for Prevention

D/B/A: _____ FEIN NO/SSN (LAST FOUR DIGITS): 4795

Street Address: 850 W. Jackson Blvd. STE 340

City: Chicago State: IL Zip Code: 60607

Phone No.: 312.850.4444 Fax Number: 312.850.4446 Email: _____

Cook County Business Registration Number: _____
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): 64605402

Form of Legal Entity:

Sole Proprietor Partnership Corporation Trustee of Land Trust

Business Trust Estate Association Joint Venture

Other (describe) _____

Ownership Interest Declaration:

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Name	Address	Percentage Interest in Applicant/Holder
N/A APPLICANT IS A NOT FOR PROFIT CORPORATION		

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

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 If yes, state the name, address and percentage of beneficial interest of such person, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship

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Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Myrtis Sullivan	1415 N. Dearborn Chicago, IL 60610	Chairperson	3 years
David Day	8600 S. Dorchester Chicago, IL 60619	Treasurer	3 years
William Godwin	7404 S. Merrill Chicago, IL 60649	Secretary	3 years

Declaration (check the applicable box):

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