

COOK COUNTY OFFICE OF THE CHIEF PROCUREMENT OFFICER  
CONTRACT AWARD RECOMMENDATIONS

6/2015

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 Concurr
1	1423-14152	Award	County Clerk	Policy, Planning and Intergovernmental Affairs Consulting Services	Michael Kreloff, Attorney	\$210,000.00	Full Waiver Granted	DNA	DNA	3	0	Yes
2	1430-13970A	Award	Chief Judge	Patient Care Management Services	Presence Behavioral Health	\$407,993.60	Full Waiver Granted	DNA	DNA	4	0	Yes
3	1430-13970B	Award	Chief Judge	Patient Care Management Services	TASC, Inc.	\$600,394.70	Jenngo Maintenance Services, Inc	WBE (7)	5%	4	0	Yes
4	1511-14343	Award	Sheriff	Prisoner Transport Buses	Midwest Transit Equipment, Inc.	\$454,611.00	DNA	DNA	DNA	1	0	Yes
5	1511-14411	Award	Sheriff	Two View X-Ray Systems	Smiths Detection, Inc.	\$457,494.03	Full Waiver Granted	DNA	DNA	4	0	Yes
6	1530-14412	Award	Justice Advisory Council	Adult Redeploy Illinois Program Modified Hope Model	Westcare Illinois, Inc.	\$195,057.16	Full Waiver Granted	DNA	DNA	DNA	DNA	Yes
7	1518-14511	Award	Treasurer	Revenue Collection System Maintenance & Support	PCI LLC.	\$292,182.00	Full Waiver Granted	DNA	DNA	DNA	DNA	Yes
8	1318-12619	Award	Department of Capital Planning and Policy	Countywide Fire & Life Safety Systems Upgrades Package Number 11	Cannon Design, Inc.	\$308,640.09	C.C. Johnson & Malhorta, P.C.	DBE (8)	35.02%	2	1	Yes
9	1585-14254	Award	State's Attorney	Victim Notification Service	Appriss, Inc.	\$811,000.00	DNA	MBE WBE	0% 0%	DNA	DNA	Yes
10	1590-14377	Award	Enterprise Resource Planning (ERP)	ERP Independent Verification and Validation Services	Grant Thornton, LLP	\$2,930,000.00	Amerigo, LLC	MBE (8)	35%	DNA	DNA	Yes
11	1528-14647	Award	Department of Capital Planning and Policy	Package 1 - Guranteed Energy Performance Contract - Corporate Buildings	Noresco, LLC	\$11,386,016.00	Code Engineering Services Comprehensive Construction Cons. Nes, Inc. Shelton Solutions, Inc. Ornelas Construction Co. W.E. Bishop & Co. All Tech Energy, Inc. R.H.L. Insulation & Firestopping, Inc. Central States Manufacturing & Supply Active Electrical Supply Co. Every Boomin Industrial Supply, Inc.	MBE (6) MBE (6) MBE (9) MBE (6) MBE (9) MBE (6) WBE (7) WBE (7) WBE (7) WBE (7) WBE (7)	15.45% 1.14% 0.13% 0.09% 1.75% 7.17% 8.83% 0.90% 0.21% 0.26% 1.18%	DNA	DNA	Yes

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 OFFICE OF THE CHIEF PROCUREMENT OFFICER  
 CONTRACT AWARD RECOMMENDATIONS

6/2015

<u>Item #</u>	<u>Contract#</u>	<u>Recommended Action</u>	<u>Using Department</u>	<u>Description</u>	<u>Recommended Vendor</u>	<u>Contract Amount</u>	<u>MBE/WBE Participation</u>	<u>Participation Type</u>	<u>Participation%</u>	<u># of Bids Received</u>	<u># of M/WBE Bids Received</u>	<u>CCA Concurs</u>
12	1528-14648	Award	Department of Capital Planning and Policy	Package 2 - Guranteed Energy Performance Contract - Courthouses and Highway Facilities	Noresco, LLC	\$32,833,401.00	PCS Power & Communications, Inc Code Engineering Services MZI Group, Inc. Quantum Crossings, Inc. ASC Window Corp. Shelton Solutions, Inc. Btrown & Momen, Inc. Comprehensive Construction Cons. Vario Mechanical, LLC All Tech Energy, Inc Abbott Industries, Inc. Teleplus, Inc. CT Mechanical, LLC	MBE (6) MBE (6) MBE (9) MBE (9) MBE (9) MBE (6) MBE (6) MBE (6) MBE (6) MBE (6) WBE (7) WBE (7) WBE (7) WBE (7)	3.32% 3.13% 4.49% 4.45% 1.47% 0.03% 6.56% 0.76% 6.06% 2.14% 2.53% 4.60% 0.74%	DNA	DNA	Yes

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

Contract 1423-14152  
Michael Kreloff

### COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

The Cook County Code of Ordinances (22-310 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.

**Applicant:** means any Entity or person making an application to the County for any County Action.  
**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.

**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 ("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: Michael Kreloff DBA: Michael Kreloff EIN NO: [REDACTED]  
Attorney at Law  
 Street Address: 1926 Washington, Ste. 310  
 City: Glenview State: IL Zip Code: 60025  
 Phone No.: 847-525-1139

- Form of Legal Entity:
- Sole Proprietor     Partnership     Corporation     Trustee of Land Trust
- Business Trust     Estate     Association     Joint Venture
- Other (describe): \_\_\_\_\_

**COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT**

The Cook County Code of Ordinances (#2-6-10 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.

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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: Presence Behavioral Health DBA: \_\_\_\_\_ EIN NO.: 96-2709982

Street Address: 1820 South 25th Avenue

City: Broadview State: IL Zip Code: 60155

Phone No.: 708-416-0815

Form of Legal Entity:

Sole Proprietor  Partnership  Corporation  Trustee of Land Trust

Business Trust  Estate  Association  Joint Venture

Other (describe): Not for profit organization

## 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.

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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: TASC, Inc. D/B/A: \_\_\_\_\_ EIN NO.: 36-2870923

Street Address: 1500 N. Halsted St.

City: Chicago State: IL Zip Code: 60642

Phone No.: 312-787-0208

### Form of Legal Entity:

- Sole Proprietor  Partnership  Corporation  Trustee of Land Trust  
501(c)(3)
- 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
N/A		

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 or principals 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

**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.

Roy H. Fesmire  
 Name of Authorized Applicant/Holder Representative (please print or type)

[Signature]  
 Signature

r.fesmire@tasc.org  
 E-mail address

Vice President and CFO  
 Title

2/2/15  
 Date

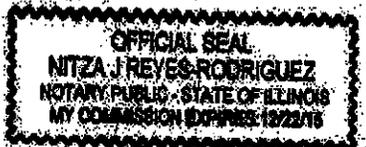
312-573-8271  
 Phone Number

Subscribed to and sworn before me this 2nd day of Feb, 2015.

My commission expires:

[Signature]  
 Notary Public Signature

[Signature]  
 Notary Seal



## 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.

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"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.

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This Statement is an:  Original Statement or  Amended Statement

**Identifying Information:**

Name MIDWEST TRANSIT EQUIPMENT INC

D/B/A: \_\_\_\_\_ FEIN NO/SSN (LAST FOUR DIGITS): 36-3033895

Street Address: 146 W. ISSERT DR

City: KANKAKEE State: IL Zip Code: 60901

Phone No. 800.933.2412 Fax Number: 815.933.3966 Email: barry.huebner@midwesttransit.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
BARRY C. HUEBNER,	1153 LASCOMBES, BOURBONNAIS, IL 60914	41.47
JAMERS R. BRIDGEWATER,	460 N. LUXFORD, BOURBONNAIS, IL 60914	43.09
JOHN KEIGHER,	180 BARRINGTON DR., BOURBONNAIS, IL 60914	6.07
JERRY POYNER,	843 S. CHICAGO ST., KANKAKEE, IL 60901	6.07

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
BARRY C. HUEBNER,	1153 LASCOMBES, BOURBONNAIS, IL 60914	PRESIDENT	ON GOING
JAMES R. BRIDGEWATER,	460 N. LUXFORD, BOURBONNAIS, IL 60914	SEC/TREASURER	ON GOING

**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.

BARRY C. HUEBNER

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

*Barry Huebner*

Signature

barry.huebner@midwesttransit.com

E-mail address

Subscribed to and sworn before me  
this 21 day of April, 2015

x *Kelly L Boyd*  
Notary Public Signature

PRESIDENT

Title

4/21/2015

Date

800.933.2412

Phone Number

My commission expires:



**ECONOMIC DISCLOSURE STATEMENT**

**COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT**

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This Statement is an:  Original Statement or  Amended Statement

**Identifying Information:**

Name: Smiths Detection Inc D/B/A: EIN NO: 22-3552823

Street Address: 2202 Lakeside Blvd

City: Edgewood State: MD Zip Code: 21040

Phone No.: 800-297-0955

**Form of Legal Entity:**

- |  |                                      |   |  |
|--|--------------------------------------|---|--|
| <input type="checkbox"/> Sole Proprietor         | <input type="checkbox"/> Partnership | <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Trustee of Land Trust |
| <input type="checkbox"/> Business Trust          | <input type="checkbox"/> Estate      | <input type="checkbox"/> Association            | <input type="checkbox"/> Joint Venture         |
| <input type="checkbox"/> Other (describe): _____ |                                      |   |  |

ECONOMIC DISCLOSURE STATEMENT

**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

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  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
Smiths Group plc.	2nd Floor, Cardinal Place, 80 Victoria Street, London, SW1E 5JL	100%	Parent Company

**Declaration (check the applicable box):**

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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.

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

President

Signature

March 17, 2015

Terry.Gibson@smithsdetection.com

Date

E-mail address

410-612-2558

Phone Number

Subscribed to and sworn before me

My commission expires: 8/3/2016

this 17th day of March, 2015  
x [Signature]

Notary Public Signature  
CARMEN PICART KRITCHON  
NOTARY PUBLIC-STATE OF MD  
MY COMMISSION EXPIRES 8/3/2016

Notary Seal

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This Statement is an:  Original Statement or  Amended Statement

**Identifying Information:**

Name LESLIE BALONICK

D/B/A: WESTCARE ILLINOIS INC FEIN NO/SSN (LAST FOUR DIGITS): [REDACTED]

Street Address: 1100 W. CERMAK, SUITE B414

City: CHICAGO State: IL Zip Code: 60608

Phone No.: 312 568-7051 Fax Number: 312 243-4107 Email: LESLIE.BALONICK@WESTCARE.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) NON-PROFIT

**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		

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 [  ] 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
Richard Steinberg	1711 Whitney Mesa Drive Henderson NV	President	1/1/11
JIM HANNA	1711 Whitney Mesa Drive Henderson NV	SECRETARY	1/1/11
JINA STILES	1711 Whitney Mesa Drive Henderson NV	TREASURER	1/1/11

**Declaration (check the applicable box):**

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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.

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

*Leslie Balonick*  
Signature

LESLIE.BALONICK@WESTCARE.COM  
E-mail address

Subscribed to and sworn before me  
this 10 day of April, 2015

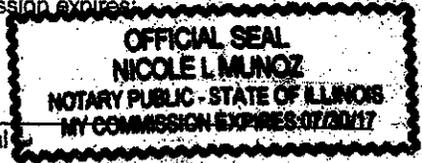
X *Nicole L. Minoz*  
Notary Public Signature

SENIOR VICE PRESIDENT  
Title

4-10-2015  
Date

312-568-7051  
Phone Number

My commission expires:



Notary Seal

## COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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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: NORESCO, LLC

D/B/A: \_\_\_\_\_ FEIN NO/SSN (LAST FOUR DIGITS): 90-0453168

Street Address: One Research Drive, Suite 400C

City: Westborough State: MA Zip Code: 01581

Phone No.: 508-614-1087 Fax Number: \_\_\_\_\_ Email: bsmith@noresco.com

Cook County Business Registration Number: 839613 (Vendor Payee 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) Limited Liability Company

## COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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This Statement is an:  Original Statement or  Amended Statement

**Identifying Information:**

Name PCI LLC

D/B/A: \_\_\_\_\_ FEIN NO/SSN (LAST FOUR DIGITS) 20-2319813

Street Address: 4899 W. WATERS AVE, SUITE 'A'

City: TAMPA State: FL Zip Code: 33634

Phone No.: 813-885-7974 Fax Number: 813-882-4577 Email: ALASTAIR.MAIZEN@PCIUSA.COM

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

Corporate File Number (if applicable): \_\_\_\_\_

**Form of Legal Entity:**

Sole Proprietor  Partnership  LLC Corporation  Trustee of Land Trust

Business Trust  Estate  Association  Joint Venture

Other (describe) \_\_\_\_\_

## COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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This Statement is an:  Original Statement or  Amended Statement

### Identifying Information:

Name Cannon Design, Inc. D/B/A: CannonDesign EIN NO.: \_\_\_\_\_

Street Address: 225 North Michigan Avenue, Suite 1100

City: Chicago State: IL Zip Code: 60601

Phone No.: 312.332.9600

### Form of Legal Entity:

Sole Proprietor  Partnership  Corporation  Trustee of Land Trust

Business Trust  Estate  Association  Joint Venture

Other (describe) \_\_\_\_\_

**Ownership Interest Declaration:**

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
1) single owner owns 5% of the company		

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
N/A		

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

**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.

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

[Signature]  
 Signature

dfagan@cannondesign.com  
 E-mail address

Principal  
 Title

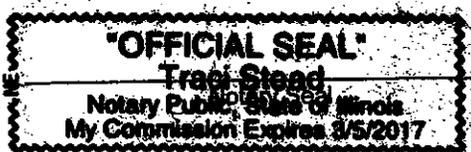
7.17.14  
 Date

312.960.8301  
 Phone Number

Subscribed to and sworn before me this 17TH day of JULY, 2014

My commission expires: 03/05/2017

x [Signature]  
 Notary Public Signature



## COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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**Identifying Information:**

Name: ALCANTARA, INC. D/B/A: \_\_\_\_\_ EIN NO: 61-1871324

Street Address: 14401 LINN STATION RD

City: LOUISVILLE State: KY Zip Code: 40223

Phone No.: 502-521-9402

**Form of Legal Entity:**

- |  |                                      |   |  |
|--|--------------------------------------|---|--|
| <input type="checkbox"/> Sole Proprietor         | <input type="checkbox"/> Partnership | <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Trustee of Land Trust |
| <input type="checkbox"/> Business Trust          | <input type="checkbox"/> Estate      | <input type="checkbox"/> Association            | <input type="checkbox"/> Joint Venture         |
| <input type="checkbox"/> Other (describe): _____ |                                      |   |  |

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### Identifying Information:

Name Grant Thornton LLP D/B/A: \_\_\_\_\_ EIN NO.: 36-6055558

Street Address: 175 W. Jackson Blvd., 20th Floor

City: Chicago State: IL Zip Code: 60604-2687

Phone No.: 215-701-8870

### Form of Legal Entity:

- Sole Proprietor  Partnership  Corporation  Trustee of Land Trust
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- Other (describe) \_\_\_\_\_