

AMENDMENT NO. 1

This Amendment modifies Contract No. 1845-17651, for Ford Vehicles by and between the County of Cook, Illinois, herein referred to as "County" and BCR Automotive Group, dba Roesch Ford, authorized to do business in the State of Illinois hereinafter referred to as "Contractor":

RECITALS

Whereas, the County and Contractor have entered into a Contract approved by the Cook County Board on May 23, 2019, (hereinafter referred to as the "Contract"), wherein the Contractor is to provide Ford Vehicles (hereinafter referred to as the "Supplies" from June 3, 2019 through June 2, 2021, in an amount not to exceed \$1,279,467.00, with no renewal options; and

Whereas, the Contract will expire June 2, 2021, and the agreed upon Supplies are still required; and

Whereas, an increase of the Contract amount is required for the continuation of Supplies; and pursuant to GC-10 of the Contract, the County and Contractor desire to increase the Contract in the amount of \$601,196.91.

Whereas, pursuant to GC-10 of the Contract, the County and Contractor desire to include additional Ford Vehicles to the Contract per Attachment A; and

Now therefore, in consideration of mutual covenants contained herein, it is agreed by and between the parties to amend the Contract as follows:

1. The Contract is increased by \$601,196.91 and the Total Contract Amount is revised to \$1,880,663.91.
2. The Contract is hereby amended to incorporate Attachment A and made part of the Contract.
3. The attached updated Identification of Sub-Contractors/Suppliers/Sub-Consultants Form (if applicable and updated), MBE/WBE Utilization Plan forms (if applicable and updated), certificate of insurance (if updated), and Economic Disclosures Statement under Attachment B are incorporated and made a part of this Contract.

All other terms and conditions remain as stated in the Contract.

In witness whereof and pursuant to County Board approval on June 18, 2020 the County and Contractor have caused this Amendment No. 1 to be executed on the date and year last written below.

Remainder of this page intentionally left blank

Contract No. 1845-17651 Amendment No. 1
Vendor Name: BCR Automotive Group LLC
dba Roesch Ford

County of Cook, Illinois

BCR Automotive Group LLC
Dba Roesch Ford

By: Raffi Sarrafian
Chief Procurement Officer

Dan Roesch
Signed

Date: 6.29.20

DAN ROESCH
Type or print name

By: James Beligratis
State's Attorney (if applicable)

PRESIDENT
Title

James Beligratis
Type or print name (if applicable)

Date: 5/4/20

Date: 04/15/20

Contract No. 1845-17651 Amendment No. 1
Vendor Name: BCR Automotive Group LLC
dba Roesch Ford

ATTACHMENT A

BCR AUTOMOTIVE GROUP LLC, DBA ROESCH FORD
 333 W. GRAND AVE
 BENSenville, IL 60106
 630-279-6000

Invoice

Date: 2/11/2020
 Invoice #:
 Customer ID: ANIMAL

To: COUNTY OF COOK
 118 N. CLARK ST. ROOM 1000
 CHICAGO, IL 60602
 ANIMAL CONTROL
 ATTN: MARK ROSENTHAL

Salesperson	PO #	REQ. NO.	VENDOR #	RECEIPT #
MICHAEL HILMERS			854693	

City Unit #	Stock #	VIN	Key code	Engine Serial#	Trans Serial #	Ext Color	Ext Color Code
						WHITE	Z1

Qty	PO Line	Ship Line	Description	Unit price	Line Total
1			2020MY FORD TRANSIT CARGO	\$ 24,163.00	\$ 24,163.00
1			UPGRADE TO 350 EXTENDED	\$ 5,534.00	\$ 5,534.00
1			UPFITTER PACKAGE	\$ 555.00	\$ 555.00
1			AUX HEATER / AC PREP PACKAGE	\$ 91.00	\$ 91.00
1			UPFIT PACKAGE AS REQUESTED	\$ 3,416.21	\$ 3,416.21
Invoice Total				\$	33,759.21

BCR AUTOMOTIVE GROUP LLC, DBA ROESCH FORD
333 W. GRAND AVE
BENSENVILLE, IL 60106
630-279-6000

Invoice

Date: 11/19/2019
Invoice #:
Customer ID: FLEET

To: COUNTY OF COOK
118 N. CLARK ST. ROOM 1000
CHICAGO, IL 60602
BUREAU OF ADMIN
ATTN: RADOSLAV STOILOV

Salesperson	PO #	REQ. NO.	VENDOR #	RECEIPT #
MICHAEL HILMERS	70000110181	1	854693	

Qty	PO Line	Ship Line	Description	Unit price	Line Total
1		1	2020 TRANSIT 250 CARGO VAN	\$ 24,163.00	\$ 24,163.00
				Invoice Total	\$ 24,163.00

BCR AUTOMOTIVE GROUP LLC, DBA ROESCH FORD
 333 W. GRAND AVE
 BENSENVILLE, IL 60106
 630-279-6000

Invoice

Date: 3/11/2020
 Invoice #:
 Customer ID: FLEET

To: COUNTY OF COOK
 118 N. CLARK ST. ROOM 1000
 CHICAGO, IL 60602
 DHSEM
 ATTN: TIM THOMAS

Salesperson	PO #	REQ. NO.	VENDOR #	RECEIPT #
MICHAEL HILMERS			854693	

City Unit #	Stock #	VIN	Key code	Engine Serial#	Trans Serial #	Ext Color	Ext Color Code

Qty	PO Line	Ship Line	Description	Unit price	Line Total
1	1	1	2020 EXPLORER XLT PER CONTRACT SPECS	\$ 32,704.00	\$ 32,704.00
				Invoice Total	\$ 32,704.00

BCR AUTOMOTIVE GROUP LLC, DBA ROESCH FORD
 333 W. GRAND AVE
 BENSENVILLE, IL 60106
 630-279-6000

Invoice

Date:

2/24/2020

 Invoice #:

--

 Customer ID:

FLEET

To: COUNTY OF COOK
 118 N. CLARK ST. ROOM 1000
 CHICAGO, IL 60602
 ATTORNEYS OFFICE
 ATTN: JAMES FITZPATRICK

Salesperson	PO #	REQ. NO.	VENDOR #	RECEIPT #
MICHAEL HILMERS	70000110181	1	854693	

Qty	PO Line	Ship Line	Description	Unit price	Line Total
5	1	1	2020 FORD POLICE INTERCEPTOR	\$ 32,325.00	\$ 161,625.00
				Invoice Total	\$ 161,625.00

BCR AUTOMOTIVE GROUP LLC, DBA ROESCH FORD
 333 W. GRAND AVE
 BENSENVILLE, IL 60106
 630-279-6000

Invoice

Date:	3/11/2020
Invoice #:	
Customer ID:	FLEET

To: COUNTY OF COOK
 118 N. CLARK ST. ROOM 1000
 CHICAGO, IL 60602
 DHSEM
 ATTN: TIM THOMAS

Salesperson	PO #	REQ. NO.	VENDOR #	RECEIPT #
MICHAEL HILMERS			854693	

City Unit #	Stock #	VIN	Key code	Engine Serial#	Trans Serial #	Ext Color	Ext Color Code

Qty	PO Line	Ship Line	Description	Unit price	Line Total
1	1	1	2020 FORD FUSION HYBRID	\$ 24,112.00	\$ 24,112.00
				Invoice Total	\$ 24,112.00

BCR AUTOMOTIVE GROUP LLC, DBA ROESCH FORD
333 W. GRAND AVE
BENSENVILLE, IL 60106
630-279-6000

Invoice

Date: 1/10/2020
Invoice #:
Customer ID: FLEET

To: COUNTY OF COOK
118 N. CLARK ST. ROOM 1000
CHICAGO, IL 60602
CLERKS OFFICE

Salesperson	PO #	REQ. NO.	VENDOR #	RECEIPT #
MICHAEL HILMERS	70000110181	1	854693	

Qty	PO Line	Ship Line	Description	Unit price	Line Total
1		1	TRANSIT WAGON	\$ 29,344.00	\$ 29,344.00
				Invoice Total	\$ 29,344.00

BCR AUTOMOTIVE GROUP LLC, DBA ROESCH FORD
 333 W. GRAND AVE
 BENSENVILLE, IL 60106
 630-279-6000

Invoice

Date: 2/28/2020
 Invoice #:
 Customer ID: FLEET

To: COUNTY OF COOK
 118 N. CLARK ST. ROOM 1000
 CHICAGO, IL 60602
 HIGHWAY DEPARTMENT
 ATTN: RANDY PISCITELLI

Salesperson	PO #	REQ. NO.	VENDOR #	RECEIPT #
MICHAEL HILMERS	70000038420		854693	

Qty	PO Line	Ship Line	Description	Unit price	Line Total
10	1	1	2020MY EXPLORER 4X4 PER CONTRACT SPECS	\$ 28,582.00	\$ 285,820.00
10	2	2	FLOOR LINERS	\$ 113.00	\$ 1,130.00
10	3	3	MUD GUARDS	\$ 193.00	\$ 1,930.00
10	4	4	CARGO MAT	\$ 94.00	\$ 940.00
Invoice Total				\$	289,820.00

BCR AUTOMOTIVE GROUP LLC, DBA ROESCH FORD
 333 W. GRAND AVE
 BENSENVILLE, IL 60106
 630-279-6000

Invoice

Date: 2/11/2020
 Invoice #:
 Customer ID: ANIMAL

To: COUNTY OF COOK
 118 N. CLARK ST. ROOM 1000
 CHICAGO, IL 60602
 ANIMAL CONTROL
 ATTN: MARK ROSENTHAL

Salesperson	PO #	REQ. NO.	VENDOR #	RECEIPT #
MICHAEL HILMERS			854693	

City Unit #	Stock #	VIN	Key code	Engine Serial#	Trans Serial #	Ext Color	Ext Color Code
						WHITE	Z1

Qty	PO Line	Ship Line	Description	Unit price	Line Total
1			2020MY FORD TRANSIT CARGO	\$ 24,163.00	\$ 24,163.00
1			UPGRADE TO MEDIUM ROOF	\$ 2,304.00	\$ 2,304.00
1			UPFITTER PACKAGE	\$ 555.00	\$ 555.00
1			AUX HEATER / AC PREP PACKAGE	\$ 91.00	\$ 91.00
1			UPFIT PACKAGE AS REQUESTED	\$ 2,719.70	\$ 2,719.70
Invoice Total				\$	29,832.70

Contract No. 1845-17651 Amendment No. 1
Vendor Name: BCR Automotive Group LLC
dba Roesch Ford

ATTACHMENT B

**Cook County
Office of the Chief Procurement Officer
Identification of Subcontractor/Supplier/Subconsultant Form**

OCPO ONLY:	
<input type="radio"/> Disqualification	
<input type="radio"/> Check Complete	

The Bidder/Proposer/Respondent ("the Contractor") will fully complete and execute and submit an Identification of Subcontractor/Supplier/Subconsultant Form ("ISF") with each Bid, Request for Proposal, and Request for Qualification. **The Contractor must complete the ISF for each Subcontractor, Supplier or Subconsultant which shall be used on the Contract.** In the event that there are any changes in the utilization of Subcontractors, Suppliers or Subconsultants, the Contractor must file an updated ISF.

Bid/RFP/RFQ No.:	1845-17651	Date:	04/15/20
Total Bid or Proposal Amount:	\$1,880,663.91	Contract Title:	VARIOUS FORD VEHICLES
Contractor:	BCR AUTOMOTIVE GROUP LLC DBA ROESCH FORD	Subcontractor/Supplier/ Subconsultant to be added or substitute:	N/A
Authorized Contact for Contractor:	MICHAEL HILMERS	Authorized Contact for Subcontractor/Supplier/ Subconsultant:	N/A
Email Address (Contractor):	mikehilmers@roeschtrucks.com	Email Address (Subcontractor):	N/A
Company Address (Contractor):	333 W. GRAND AVE	Company Address (Subcontractor):	N/A
City, State and Zip (Contractor):	BENSENVILLE, IL 60106	City, State and Zip (Subcontractor):	N/A
Telephone and Fax (Contractor)	630-279-6000 / 630-451-3509	Telephone and Fax (Subcontractor)	N/A
Estimated Start and Completion Dates (Contractor)		Estimated Start and Completion Dates (Subcontractor)	N/A

Note: Upon request, a copy of all written subcontractor agreements must be provided to the OCPO.

<u>Description of Services or Supplies</u>	<u>Total Price of Subcontract for Services or Supplies</u>
N/A	

The subcontract documents will incorporate all requirements of the Contract awarded to the Contractor as applicable. The subcontract will in no way hinder the Subcontractor/Supplier/Subconsultant from maintaining its progress on any other contract on which it is either a Subcontractor/Supplier/Subconsultant or principal contractor. This disclosure is made with the understanding that the Contractor is not under any circumstances relieved of its abilities and obligations, and is responsible for the organization, performance, and quality of work. **This form does not approve any proposed changes, revisions or modifications to the contract approved MBE/WBE Utilization Plan. Any changes to the contract's approved MBE/WBE/Utilization Plan must be submitted to the Office of the Contract Compliance.**

Contractor BCR AUTOMOTIVE GROUP LLC DBA ROESCH FORD

Name DAN ROESCH, PRESIDENT

Title *Dan Roesch* 04/15/20

Prime Contractor Signature Date



OFFICE OF CONTRACT COMPLIANCE

EDWARD H. OLIVIERI

CONTRACT COMPLIANCE DIRECTOR

118 N. Clark, County Building, Room 1020 • Chicago, Illinois 60602 • (312) 603-5502

TONI PRECKWINKLE

PRESIDENT

**Cook County Board
of Commissioners**

BRANDON JOHNSON

1st District

DENNIS DEER

2nd District

BILL LOWRY

3rd District

STANLEY MOORE

4th District

DEBORAH SIMS

5th District

DONNA MILLSER

6th District

ALMA E. ANAYA

7th District

LUIS ARROYO, JR

8th District

PETER N. SILVESTRI

9th District

BRIDGET GAINER

10th District

JOHN P. DALEY

11th District

BRIDGET DEGNEN

12th District

LARRY SUFFREDIN

13th District

SCOTT R. BRITTON

14th District

KEVIN B. MORRISON

15th District

FRANK AGUILAR

16TH District

SEAN M. MORRISON

17th District

April 21, 2020

Mr. Raffi Sarrafian
Chief Procurement Officer
118 N. Clark Street
County Building-Room 1018
Chicago, IL 60602

Re: Contract No.: 1845-17651 (Amendment No. 1)
Ford Vehicles
Department of Transportation and Highways

Dear Mr. Sarrafian:

The Office of Contract Compliance is in receipt of the above-referenced contract amendment and has determined a 0% (MBE/WBE) participation goal was recommended and does not require the Office of Contract Compliance to review for MBE/WBE compliance with the Minority- and Women- owned Business Enterprises (MBE/WBE) Ordinance.

Sincerely,

Edward H. Olivieri
Contract Compliance Director
EHO/smp

cc: Dan Gizzi, OCPO
Randy Piscitelli, DOTD



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/04/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER GCG Risk Management Consultants LLC 120 W. 22nd Street, Suite 101 Oak Brook IL 60523		CONTACT NAME: Angelique Incavo PHONE (A/C, No, Ext): (630) 242-3200 E-MAIL ADDRESS: angelique.incavo@gcgfinancial.com		FAX (A/C, No): (630) 574-2036	
INSURED BCR Automotive Group LLC 333 W. Grand Ave. Bensenville IL 60106		INSURER(S) AFFORDING COVERAGE			
		INSURER A: ICW Group		NAIC #	
		INSURER B:			
		INSURER C:			
		INSURER D:			
		INSURER E:			
		INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** CL202410674 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WIL5053664	02/08/2020	02/08/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Contract# 1745-16622

CERTIFICATE HOLDER

CANCELLATION

Cook County Office of the Chief Procurement Officer
118 North Clark Street
Room 1018
Chicago IL 60602

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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**Cook County
Office of the Chief Procurement Officer**

Economic Disclosure Statement Recertification Affidavit

Applicant/Holder Name: BCR AUTOMOTIVE GROUP LLC DBA ROESCH FORD Contract #: 1845-17651
Address: 333 W. GRAND AVE City: BENSENVILLE
County: DUPAGE State: IL Zip: 60106
Phone: 630-279-6000 Email: mikehilmers@roeschtrucks.com

Instructions

If the Applicant is a corporation, the President must execute this affidavit. If executed by someone other than the President, attach hereto a certified copy of that section of the Corporate By-Laws or other authorization, satisfactory to the County that permits the person to execute this affidavit for the corporation.

If the Applicant is a partnership or joint venture, all partners or joint venturers must execute this affidavit, unless one partner or joint venturer has been authorized to sign.

If the Applicant is a member-managed LLC all members must execute this affidavit, unless otherwise provided in the operating agreement, resolution or other corporate documents.

If the Applicant is a Sole Proprietorship, the sole proprietor must execute this affidavit.

This recertification is being submitted in connection with

Contract Name: Ford Vehicles

Under penalty of perjury, the person signing below: (1) warrants that he/she is authorized to execute this Economic Disclosure Statement ("EDS") recertification on behalf of the Applicant/Holder, (2) warrants that all certifications and statements contained in the Applicant/Holder's original EDS dated are true, accurate and complete as of the date furnished to the County and continue to be true, accurate and complete as of the date of this recertification, and (3) reaffirms its acknowledgments.

Recertification of:

- Certifications (SECTION 2)
- Economic and Other Disclosures (SECTION 3)
- Cook County Child Support Affidavit (Please submit any additional Child Support Obligations as an attachment to this form)
- Cook County Disclosure of Ownership Interest Statement
- Cook County Board of Ethics Familial Relationship Disclosure Form
- Cook County Affidavit for Wage Theft Ordinance (SECTION 4)

IMPORTANT: If you are unable to re-certify any section(s) of your previous EDS, please submit a truthful, fully updated version of that section(s) of the EDS including separate signatures where required.

By: BCR AUTOMOTIVE GROUP LLC DBA ROESCH FORD
(Print or type legal name of Applicant/Holder)

Date: 04/15/20

Dan Roesch
President or authorized signatory (Signature)

Print or type name of President or authorized signatory:

DAN ROESCH

Title of signatory:

PRESIDENT

Subscribed and sworn to before me on this 15 day of APRIL, 20 20

Notary Public Signature: *Kathleen C Heuer* Seal:



**COOK COUNTY BOARD OF ETHICS
FAMILIAL RELATIONSHIP DISCLOSURE FORM**

A. PERSON DOING OR SEEKING TO DO BUSINESS WITH THE COUNTY

Name of Person Doing Business with the County: BCR AUTOMOTIVE GROUP LLC DBA ROESCH FORD

Address of Person Doing Business with the County: 333 W. GRAND AVE, BENSENVILLE, IL 60106

Phone number of Person Doing Business with the County: 630-279-6000

Email address of Person Doing Business with the County: mikehilmers@roeschtrucks.com

If Person Doing Business with the County is a Business Entity, provide the name, title and contact information for the individual completing this disclosure on behalf of the Person Doing Business with the County:

MICHAEL HILMERS, GOV. SALES 630-279-6000 X2236

B. DESCRIPTION OF BUSINESS WITH THE COUNTY

Append additional pages as needed and for each County lease, contract, purchase or sale sought and/or obtained during the calendar year of this disclosure (or the preceding calendar year if disclosure is made on January 1), identify:

The lease number, contract number, purchase order number, request for proposal number and/or request for qualification number associated with the business you are doing or seeking to do with the County: _____

1845-17651

The aggregate dollar value of the business you are doing or seeking to do with the County: \$ 1,880,663.91

The name, title and contact information for the County official(s) or employee(s) involved in negotiating the business you are doing or seeking to do with the County: _____

DAN GIZZI, SPEC ENGINEER

The name, title and contact information for the County official(s) or employee(s) involved in managing the business you are doing or seeking to do with the County: _____

VARIOUS

C. DISCLOSURE OF FAMILIAL RELATIONSHIPS WITH COUNTY EMPLOYEES OR STATE, COUNTY OR MUNICIPAL ELECTED OFFICIALS

Check the box that applies and provide related information where needed

The Person Doing Business with the County is an individual and there is no familial relationship between this individual and any Cook County employee or any person holding elective office in the State of Illinois, Cook County, or any municipality within Cook County.

The Person Doing Business with the County is a business entity and there is no familial relationship between any member of this business entity's board of directors, officers, persons responsible for general administration of the business entity, agents authorized to execute documents on behalf of the business entity or employees directly engaged in contractual work with the County on behalf of the business entity, and any Cook County employee or any person holding elective office in the State of Illinois, Cook County, or any municipality within Cook County.

**COOK COUNTY BOARD OF ETHICS
FAMILIAL RELATIONSHIP DISCLOSURE FORM**

- The Person Doing Business with the County is an individual and there is a familial relationship between this individual and at least one Cook County employee and/or a person or persons holding elective office in the State of Illinois, Cook County, and/or any municipality within Cook County. **The familial relationships are as follows:**

Name of Individual Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
N/A			

If more space is needed, attach an additional sheet following the above format.

- The Person Doing Business with the County is a business entity and there is a familial relationship between at least one member of this business entity's board of directors, officers, persons responsible for general administration of the business entity, agents authorized to execute documents on behalf of the business entity and/or employees directly engaged in contractual work with the County on behalf of the business entity, on the one hand, and at least one Cook County employee and/or a person holding elective office in the State of Illinois, Cook County, and/or any municipality within Cook County, on the other. **The familial relationships are as follows:**

Name of Member of Board of Director for Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*

Name of Officer for Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
N/A			

Name of Person Responsible for the General Administration of the Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
---	--	--	----------------------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of Agent Authorized to Execute Documents for Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
--	--	--	----------------------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of Employee of Business Entity Directly Engaged in Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
--	--	--	----------------------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If more space is needed, attach an additional sheet following the above format.

VERIFICATION: To the best of my knowledge, the information I have provided on this disclosure form is accurate and complete. I acknowledge that an inaccurate or incomplete disclosure is punishable by law, including but not limited to fines and debarment.

<u>Don Reel</u>	04/15/20
Signature of Recipient	Date

SUBMIT COMPLETED FORM TO: Cook County Board of Ethics
 69 West Washington Street, Suite 3040, Chicago, Illinois 60602
 Office (312) 603-4304 -- Fax (312) 603-9988
 CookCounty.Ethics@cookcountyil.gov

* Spouse, domestic partner, civil union partner or parent, child, sibling, aunt, uncle, niece, nephew, grandparent or grandchild by blood, marriage (i.e. in laws and step relations) or adoption.