

## AMENDMENT NO. 2

This Amendment modifies Contract No. 1944-17617, for Workers' Compensation Administrative Services by and between the County of Cook, Illinois, herein referred to as "County" and Rising Medical Solutions, 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 County Board on October 24, 2019, (hereinafter referred to as the "Contract"), wherein the Contractor is to provide Workers' Compensation Administrative Services (hereinafter referred to as the "Services" from January 1, 2020 through December 31, 2022, in an amount not to exceed \$7,950,000.00, with two (2), one-year renewal options; and

Whereas, Amendment No. 1 was executed by the Chief Procurement Officer on August 10, 2021, to amend Exhibit 1 to include Fitness for Duty Evaluation services.

Whereas, the Contract will expire December 31, 2022, and the agreed upon Services are still required; and

Whereas, an increase of the Contract amount is required for the continuation of Services; and pursuant to Article 10 Section C of the Contract, the County and Contractor desire to increase the Contract in the amount of \$5,300,000.00.

Whereas, pursuant to Article 10 Section C of the Contract, the County and Contractor desire to renew the Contract for two years beginning on January 1, 2023 through December 31, 2024.

Whereas, pursuant to Article 10 Section C of the Contract, the County and the Contractor desire to revise Exhibit 2, Schedule of Compensation provided in the Contract.

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 renewed through December 31, 2024.
2. The Contract is increased by \$5,300,000.00 and the Total Contract Amount is revised to \$13,250,000.00.
3. The Contract is hereby amended to delete Exhibit 2, Schedule of Compensation in its entirety and replace it with the enclosed Attachment A.
4. The attached updated Identification of Sub-Contractors/Suppliers/Sub-Consultants Form, MBE/WBE Utilization Plan forms, Certificate of Insurance, and Economic Disclosures Statement under Attachment B are incorporated and made a part of this Contract.
5. All other terms and conditions remain as stated in the Contract.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

In witness whereof and pursuant to County Board approval on October 20, 2022 the County and Contractor have caused this Amendment No. 2 to be executed on the date and year last written below.

County of Cook, Illinois

Rising Medical Solutions

By: Raffi Sarrafian  
Chief Procurement Officer

Digitally signed by  
Raffi Sarrafian  
Date: 2023.04.14  
13:23:09 -05'00'

Signed *Jason F Beans*  
Type or print name Jason F Beans

Date: \_\_\_\_\_

By: *James Beligratis*  
State's Attorney (if applicable)  
James Beligratis  
Type or print name (if applicable)

CEO  
Title

Date: April 11, 2023

Date: 10 | 14 | 2022

**EXHIBIT 2**  
**Schedule of Compensation**

**Maximum Compensation:** Rising Medical Solutions and Rising Medical Solutions subcontracted partners shall be compensated for the actual number of services performed accordance with the following Service Pricing tables. Total Consultant compensation under this Agreement shall not exceed \$7,950,000.00 without a written amendment in accordance with Section 10 c.

**Estimated Service Fees**

Service Description	Years 1-3
<u>Medical Bill Repricing Services</u>	
Medical Bill Review Services	\$360,000.00
PPO/PPP	\$450,000.00
Selective medical bill audit for large bills	\$500,000.00
<u>Payment Processing and Check Writing</u>	
Check writing Services on behalf of Cook County	\$252,000.00
E-billing and clearinghouse services	No additional fee
<u>Medical Management Services</u>	
Case Management (CM)	\$2,108,000.00
Utilization Review (UR):	\$440,000.00
<u>Other Services</u>	
Durable Medical Equipment Services (DME)	\$500,000.00
Medical Diagnostic Imaging Services	\$150,000.00
Pharmacy Benefit Management Services (PBM)	\$1,000,000.00
Physical Therapy Services	\$500,000.00
Vocational Rehabilitation Services	\$150,000.00
Independent Medical Evaluation Services	\$630,000.00
Recorded Statement Services	\$150,000.00
Surveillance Services	\$350,000.00
CMS Section 111 Support Services	\$50,000.00
Structured Settlement Services	\$50,000.00
Transportation Services	\$100,000.00
Clerical Administrative Staffing Services	\$210,000.00
<u>Account Management</u>	
Rising Implementation Services	Included, no additional fee
Administrative Staffing Services*	Included, no additional fee
<b>Total</b>	<b>\$7,950,000.00</b>

\*Receive, review, assess, examine, investigate, manage and document claims forms relative to workers' compensation claims by Cook County employees to determine compensability. Must have knowledge of the Workers' Compensation Act of the State of Illinois and experience utilizing a claims management data system. The selection of this person is subject to the approval of both Rising and Risk Management.

revised 10/11/2022

## ATTACHMENT A

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

<b>OCPO ONLY:</b>	
<input type="checkbox"/>	Disqualification
<input checked="" type="checkbox"/>	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.: 1944-17617 A2	Date: 9/28/2022
Total Bid or Proposal Amount:	Contract Title: Workers Compensation Administrative Services
Contractor: Rising Medical Solutions	Subcontractor/Supplier/ Subconsultant to be Custom Case Management, LLC added or substitute:
Authorized Contact for Contractor: Todd Brown	Authorized Contact for Subcontractor/Supplier/ Tracey Bilut Subconsultant:
Email Address (Contractor): todd.brown@risingms.com	Email Address (Subcontractor): tbilut@customcasemanagement.com
Company Address (Contractor): 325 N LaSalle St., Suite 600	Company Address (Subcontractor): 500 N. Randall Rd., Suite 266
City, State and Zip (Contractor): Chicago, IL 60654	City, State and Zip (Subcontractor): Batavia, IL 60510
Telephone and Fax (Contractor): Tel: 312.224.1324 Fax: 877.249.451	Telephone and Fax (Subcontractor): Tel: 630.742.2151
Estimated Start and Completion Dates 01/01/2020 - 12/31/2024 (Contractor):	Estimated Start and Completion Dates 01/01/2020 - 12/31/2024 (Subcontractor):

**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>
Case Management, IME Services	4,265,000

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.**

Rising Medical Solutions

Contractor

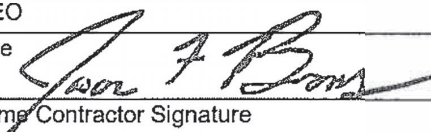
Jason Beans

Name

CEO

Title

Prime Contractor Signature



9/28/2022  
Date

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

<b>OCPO ONLY:</b>	
<input type="checkbox"/>	Disqualification
<input checked="" type="checkbox"/>	Check Complete

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Bid/RFP/RFQ No.: 1944-17617 A2	Date: 9/28/2022
Total Bid or Proposal Amount:	Contract Title: Workers Compensation Administrative Services
Contractor: Rising Medical Solutions	Subcontractor/Supplier/ Subconsultant to be PhotoFax, Inc added or substitute:
Authorized Contact for Contractor: Todd Brown	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Karen DeBoer
Email Address (Contractor): todd.brown@risingms.com	Email Address (Subcontractor): kdeboer@photofax.com
Company Address (Contractor): 325 N LaSalle Dr., Suite 600	Company Address (Subcontractor): 44W100 US Hwy 20
City, State and Zip (Contractor): Chicago, IL 60654	City, State and Zip (Subcontractor): Hampshire, IL 60140
Telephone and Fax (Contractor): Tel: 312.224.1324 Fax: 877.249.4511	Telephone and Fax (Subcontractor): Tel: 847.683.3724 Fax: 800.875.7898
Estimated Start and Completion Dates (Contractor): 01/01/2020 - 12/31/2024	Estimated Start and Completion Dates (Subcontractor): 01/01/2020 - 12/31/2024

**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>
Surveillance Services	\$791,000

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.**

Rising Medical Solutions

Contractor

Jason Beans

Name

CEO

Title

Prime Contractor Signature



Date

9/28/2022

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

<b>OCPO ONLY:</b>	
<input type="checkbox"/>	Disqualification
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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.: 1944-16717 A2	Date: 9/28/2022
Total Bid or Proposal Amount:	Contract Title: Workers Compensation Administrative Services
Contractor: Rising Medical Solutions, LLC	Subcontractor/Supplier/ Subconsultant to be One Call Care Management added or substitute:
Authorized Contact for Contractor: Todd Brown	Authorized Contact for Subcontractor/Supplier/ Shawn Spencer Subconsultant:
Email Address (Contractor): todd.brown@risingms.com	Email Address (Subcontractor): shawn_spencer@onecallcm.com
Company Address (Contractor): 325 N LaSalle St., Suite 600	Company Address (Subcontractor): 841 Prudential Dr., Suite 204
City, State and Zip (Contractor): Chicago, IL 60654	City, State and Zip (Subcontractor): Jacksonville, FL 32207
Telephone and Fax (Contractor): Tel: 312.224.1324 fax: 877.249.4511	Telephone and Fax (Subcontractor): Tel: 866.697.2680
Estimated Start and Completion Dates (Contractor):	Estimated Start and Completion Dates (Subcontractor):

**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>
Durable Medical Equipment (DME) Services, Transportation and Diagnostics	\$519,000

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.**

Rising Medical Solutions, LLC

Contractor

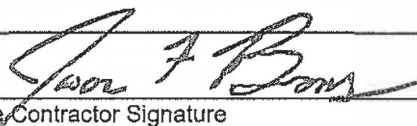
Jason Beans

Name

CEO

Title

Prime Contractor Signature



9/28/2022  
Date

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

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Bid/RFP/RFQ No.: 1944-17617 A2	Date: 09/28/2022
Total Bid or Proposal Amount:	Contract Title: Workers Compensation Administrative Services
Contractor: Rising Medical Solutions, LLC	Subcontractor/Supplier/ Subconsultant to be added or substitute: The Owens Group, Inc.
Authorized Contact for Contractor: Todd Brown	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Teresita Scott
Email Address (Contractor): todd.brown@risingms.com	Email Address (Subcontractor): tscott@toginsrisk.com
Company Address (Contractor): 325 N. LaSalle St., Suite 600	Company Address (Subcontractor): 19 S LaSalle St., Suite 500
City, State and Zip (Contractor): Chicago, IL 60654	City, State and Zip (Subcontractor): Chicago, IL 60654
Telephone and Fax (Contractor): Tel: 312.224.1324 Fax: 877.249.451	Telephone and Fax (Subcontractor): 312.780.1438
Estimated Start and Completion Dates (Contractor): 01/01/2020 - 12/31/2024	Estimated Start and Completion Dates (Subcontractor): 01/01/2020 - 12/31/2024

**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>
Workers Compensation Claims Staff	\$700,000

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.**

Rising Medical Solutions, LLC

Contractor  
 Jason Beans  
 Name  
 CEO  
 Title   
 Prime Contractor Signature Date 9/28/2022

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

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Bid/RFP/RFQ No.: 1944-17617 A2	Date: 09/28/2022
Total Bid or Proposal Amount:	Contract Title: Workers Compensation Claims Administrative Serv
Contractor: Rising Medical Solutions, LLC	Subcontractor/Supplier/ Subconsultant to be ISG added or substitute:
Authorized Contact for Contractor: Todd Brown	Authorized Contact for Subcontractor/Supplier/Paul King Subconsultant:
Email Address (Contractor): todd.brown@risingms.com	Email Address (Subcontractor): pking@isgvalue.com
Company Address (Contractor): 325 N. LaSalle St., Suite 600	Company Address (Subcontractor): 55 Ferncroft Rd
City, State and Zip (Contractor): Chicago, IL 60654	City, State and Zip (Subcontractor): Danvers, MA 01923
Telephone and Fax (Contractor): Tel: 312.224.1324 Fax: 877.249.4511	Telephone and Fax (Subcontractor): Tel: 800.278.0550
Estimated Start and Completion Dates 01/01/2020 - 12/31/2024 (Contractor):	Estimated Start and Completion Dates 01/01/2020 - 12/31/2024 (Subcontractor):

**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>
Recorded Statements	\$24,500.00

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.**

Rising Medical Solutions, LLC

Contractor

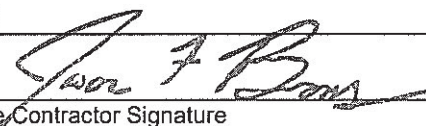
Jason Beans

Name

CEO

Title

Prime Contractor Signature



Date

9/28/2022

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

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Bid/RFP/RFQ No.: 1944-17617 A2	Date: 09/28/2022
Total Bid or Proposal Amount:	Contract Title: Workers Compensation Claims Administrative Sen
Contractor: Rising Medical Solutions, LLC	Subcontractor/Supplier/ Subconsultant to be Chronovo, Inc. added or substitute:
Authorized Contact for Contractor: Todd Brown	Authorized Contact for Subcontractor/Supplier/Kenneth Paradis Subconsultant:
Email Address (Contractor): todd.brown@risingms.com	Email Address (Subcontractor): kparadis@chronovo.com
Company Address (Contractor): 325 N LaSalle St., Suite 600	Company Address (Subcontractor): 78 Blanchard Rd., Suite 206
City, State and Zip (Contractor): Chicago, IL 60654	City, State and Zip (Subcontractor): Burlington, MA 01803
Telephone and Fax (Contractor): Tel: 312.224.1324 Fax: 877.249.4511	Telephone and Fax (Subcontractor): Tel: 844.600.6686
Estimated Start and Completion Dates (Contractor): 01/01/2020 - 12/31/2024	Estimated Start and Completion Dates (Subcontractor): 01/01/2020 - 12/31/2024

**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>
Structured Settlement Support Services	\$50,000

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.**

Rising Medical Solutions, LLC

Contractor

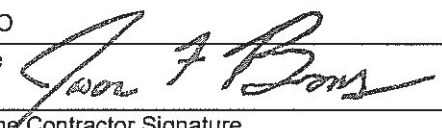
Jason Beans

Name

CEO

Title

Prime Contractor Signature



9/28/2022

Date

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

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Bid/RFP/RFQ No.: 1944-17617 A2	Date: 09/28/2022
Total Bid or Proposal Amount:	Contract Title: Workers Compensation Administrative Services
Contractor: Rising Medical Solutions, LLC	Subcontractor/Supplier/ Subconsultant to be added or substitute: MedRisk
Authorized Contact for Contractor: Todd Brown	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Katie Parker
Email Address (Contractor): todd.brown@risingms.com	Email Address (Subcontractor): kparker@medrisknet.com
Company Address (Contractor): 325 N LaSalle St., Suite 600	Company Address (Subcontractor): 2701 Renaissance Blvd, Suite 200
City, State and Zip (Contractor): Chicago, IL 60654	City, State and Zip (Subcontractor): King of Prussia, PA 19406
Telephone and Fax (Contractor): Tel: 312.225.1324 Fax: 877.249.451	Telephone and Fax (Subcontractor): Tel: 800.225.9675 Fax: 877.724.7181
Estimated Start and Completion Dates (Contractor): 01/01/2020 - 12/31/2024	Estimated Start and Completion Dates (Subcontractor): 01/01/2020 - 12/31/2024

**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>
Physical Therapy Services	\$1,479,000

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.**

Rising Medical Solutions, LLC

Contractor

Jason Beans

Name

CEO

Title

Prime Contractor Signature



9/28/2022  
Date

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

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Bid/RFP/RFQ No.: 1944-16717 A2	Date: 09/28/2022
Total Bid or Proposal Amount:	Contract Title: Workers Compensation Claims Administrative Ser
Contractor: Rising Medical Solutions, LLC	Subcontractor/Supplier/ Subconsultant to be Vocamotive added or substitute:
Authorized Contact for Contractor: Todd Brown	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Joe Belmonte
Email Address (Contractor): todd.brown@risingms.com	Email Address (Subcontractor): service@vocamotive.com
Company Address (Contractor): 325 N LaSalle St., Suite 600	Company Address (Subcontractor): 1919 S. Highland Ave, D200/D255
City, State and Zip (Contractor): Chicago, IL 60654	City, State and Zip (Subcontractor): Downers Grove, IL 60148
Telephone and Fax (Contractor): Tel: 312.224.1324 Fax: 312.559.8451	Telephone and Fax (Subcontractor): Tel: 630.581.2138
Estimated Start and Completion Dates (Contractor): 01/01/2020 - 12/31/2024	Estimated Start and Completion Dates (Subcontractor): 01/01/2020 - 12/31/2024

**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>
Vocational Rehabilitation	\$469,000

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.**

Rising Medical Solutions, LLC

Contractor

Name Jason Beans

Title CEO

Prime Contractor Signature Jason F Beans Date 9/28/2022



**Nicole Mandeville**

DIRECTOR

69 W. Washington Street, George W. Dunne Cook County Building, Suite 3000 • 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 MILLER

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

October 13, 2022

Mr. Raffi Sarrafian  
Chief Procurement Officer  
69 W. Washington Street,  
George W. Dunne Cook County Building, Suite 3000  
Chicago, IL 60602

Re: Contract No. 1944-17617 (Amendment No. 2)  
Workers' Compensation Administrative Services  
Department of Risk Management

Dear Mr. Sarrafian:

The Office of Contract Compliance is in receipt of the above-reference contract amendment and has reviewed it for compliance with the Minority- and Women- owned Business Enterprises (MBE/WBE) Ordinance. After careful review, it has been determined this amendment is responsive to the Ordinance.

Bidder: Rising Medical Solutions  
Original Contract Amount: \$7,950,000.00  
Scope Change (Amendment No. 1)  
Increased Contract Value: \$5,300,000.00 (Amendment No. 2)  
New Contract Value: \$13,250,000.00  
Extended Contract Term: 24 months  
New Contact Term: January 1, 2023 through December 31, 2023  
Contract Goal: 35% MBE/WBE

<u>MBE/WBE</u>	<u>Status</u>	<u>Certifying Agency</u>	<u>Commitment (Direct)*</u>
The Owens Group	MBE (6)	Cook County	5%
Custom Case Management, LLC	WBE (7)	City of Chicago	32%
Photofax, Inc.	WBE (7)	City of Chicago	6%
Total			43%

**\*Commitment percentages are based on the revised contract value.**

Original MBE/WBE forms were used in the determination of the responsiveness of this contract.

Sincerely,

Jeanetta Cardine  
Contract Compliance Deputy Director  
JC/ae

cc: CoMakiya Baskin-Smith, OCPO  
Andrea Flynn, RM  
Jacqueline Hrabak, RM

**MBE/WBE UTILIZATION PLAN - FORM 1**

BIDDER/PROPOSER HEREBY STATES that all MBE/WBE firms included in this Plan are certified MBEs/WBEs by at least one of the entities listed in the General Conditions – Section 19.

**I. BIDDER/PROPOSER MBE/WBE STATUS: (check the appropriate line)**

- Bidder/Proposer is a certified MBE or WBE firm. (If so, attach copy of current Letter of Certification)
- Bidder/Proposer is a Joint Venture and one or more Joint Venture partners are certified MBEs or WBEs. (If so, attach copies of Letter(s) of Certification, a copy of Joint Venture Agreement clearly describing the role of the MBE/WBE firm(s) and its ownership interest in the Joint Venture and a completed Joint Venture Affidavit – available online at [www.cookcountyil.gov/contractcompliance](http://www.cookcountyil.gov/contractcompliance))
- Bidder/Proposer is not a certified MBE or WBE firm, nor a Joint Venture with MBE/WBE partners, but will utilize MBE and WBE firms either directly or indirectly in the performance of the Contract. (If so, complete Sections II below and the Letter(s) of Intent – Form 2).

**II.  Direct Participation of MBE/WBE Firms                       Indirect Participation of MBE/WBE Firms**

**NOTE:** Where goals have not been achieved through direct participation, Bidder/Proposer shall include documentation outlining efforts to achieve Direct Participation at the time of Bid/Proposal submission. Indirect Participation will only be considered after all efforts to achieve Direct Participation have been exhausted. Only after written documentation of Good Faith Efforts is received will Indirect Participation be considered.

MBEs/WBEs that will perform as subcontractors/suppliers/consultants include the following:

MBE/WBE Firm: The Owens Group, Inc.  
Address: 19 S. LaSalle Street, Suite 500, Chicago, IL 60603  
E-mail: theowensgroupinc@toginsrisk.com  
Contact Person: Teresita Scott Phone: 312.780.1438  
Dollar Amount Participation: \$ 700,000  
Percent Amount of Participation: 5% %  
\*Letter of Intent attached? Yes X No \_\_\_\_\_  
\*Current Letter of Certification attached? Yes X No \_\_\_\_\_

MBE/WBE Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dollar Amount Participation: \$ \_\_\_\_\_  
Percent Amount of Participation: \_\_\_\_\_ %  
\*Letter of Intent attached? Yes \_\_\_\_\_ No \_\_\_\_\_  
\*Current Letter of Certification attached? Yes \_\_\_\_\_ No \_\_\_\_\_

*Attach additional sheets as needed.*

\* Letter(s) of Intent and current Letters of Certification must be submitted at the time of bid.

MBE/WBE LETTER OF INTENT - FORM 2

M/WBE Firm: The Owens Group, Inc.

Certifying Agency: Cook County

Contact Person: Teresita Scott

Certification Expiration Date: \_\_\_\_\_

Address: 19 S LaSalle Street

Ethnicity: African American

City/State: Chicago Zip: 60603

Bid/Proposal/Contract #: 1944-16717 A2

Phone: 312.780.1438 Fax: \_\_\_\_\_

FEIN #: 363664670

Email: tscott@toginsrisk.com

Participation:  Direct  Indirect

Will the M/WBE firm be subcontracting any of the goods or services of this contract to another firm?

No  Yes -- Please attach explanation. Proposed Subcontractor(s): \_\_\_\_\_

The undersigned M/WBE is prepared to provide the following Commodities/Services for the above named Project/ Contract: (If more space is needed to fully describe M/WBE Firm's proposed scope of work and/or payment schedule, attach additional sheets)

Claims Staff

Indicate the Dollar Amount, Percentage, and the Terms of Payment for the above-described Commodities/ Services:  
Total Contract dollar amount (includes salary and benefits): \$700,000 / 5%

THE UNDERSIGNED PARTIES AGREE that this Letter of Intent will become a binding Subcontract Agreement for the above work, conditioned upon (1) the Bidder/Proposer's receipt of a signed contract from the County of Cook; (2) Undersigned Subcontractor remaining compliant with all relevant credentials, codes, ordinances and statutes required by Contractor, Cook County, and the State to participate as a MBE/WBE firm for the above work. The Undersigned Parties do also certify that they did not affix their signatures to this document until all areas under Description of Service/ Supply and Fee/Cost were completed.

[Signature]  
Signature (M/WBE)

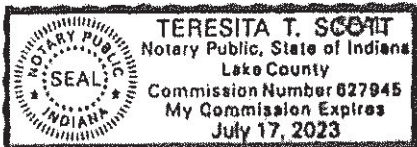
William H. Owens III  
Print Name

The Owens Group, Inc.  
Firm Name

09/28/2022  
Date

Subscribed and sworn before me

this 28 day of September, 2022  
Notary Public [Signature]



[Signature]  
Signature (Prima Bidder/Proposer)

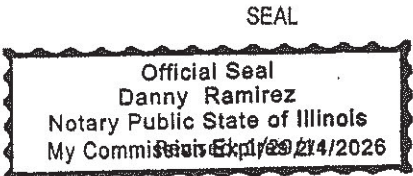
Jason Beans  
Print Name

Rising Medical Solutions, LLC  
Firm Name

9/28/2022  
Date

Subscribed and sworn before me

this 28 day of September, 2022  
Notary Public [Signature]



## GOOD FAITH EFFORT TRANSPARENCY REPORT

C. GOOD FAITH EFFORTS TO OBTAIN PARTICIPATION (attach sheets as necessary as Schedule 1)  
Bidder/Proposer shall explain and detail the following Good Faith Efforts undertaken to meet Cook County's contract specific goals.



1. Please attach to this form a detailed list of any and all PCEs, stating the PCE certification (MBE and/or WBE as defined by the Cook County Municipal Code) and with whom from the contacted PCEs the Bidder/Proposer engaged, contacted, and/or communicated with in the County's Market Place;

Timelines:

- a. When the Bidder/Proposer knew of the bid;
  - b. When the Bidder/Proposer contacted the PCE(s);
  - c. When the Bidder/Proposer formulated its bid and utilization plan;  
and
  - d. When was the bid request due date.
2. The number of timely attempts to contact PCEs providing the type of supplies, equipment, goods, and/or services required for the Procurement, including but not limited to;
  - a. Dates of each contact attempt for each contacted PCE;
  - b. Whom, if anyone, the Bidder/Proposer communicated and/or corresponded (including written, virtual, digital, electronic, and other feasible methods of communication);
  - c. The number of unsuccessful attempts to communicate or correspond with PCEs; and
  - d. Attach copies of all solicitations to contacted PCEs.
3. How the Bidder/Proposer proposed to divide the procurement requirements into small tasks and/or quantities into economically feasible units to promote PCE participation.
4. Whether and to what degree the requesting party will endeavor to maximize indirect participation.
5. Detailed explanation of use, if any, of the Office of Contract and Compliance services and staff.
6. Detailed explanation of timely notification and usage of services and assistance provided by community, minority, and/or women business organizations.
7. Attach any other documentation relative to Good Faith Efforts in complying with MBE and WBE participation.

GOOD FAITH EFFORT TRANSPARENCY REPORT

By signing below, I affirm under penalty of perjury the information provided in the Petition for Full or Partial Waiver/Good Faith Effort Transparency Report is truthful, accurate, and complete, to the best of my knowledge and capacity. I agree any finding of false, fraudulent, and/or otherwise misleading information will automatically disqualify the request for a waiver and Cook County's Office of Contract Compliance reserves the right to pursue additional actions and/or remedies against the requesting Bidder/Proposer.

		
Signature and Title of Bidder/Proposer	Title	Date



ILLINOIS

JB Pritzker, Governor

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

Janel L. Forde, Director

June 9, 2022

Mr. William Owens  
The Owens Group, Inc  
19 S. LaSalle, Ste. #500  
Chicago, IL 60603

Re: Minority Business Enterprise (MBE)  
Certification Term Expires: June 9, 2023

Dear Mr. William Owens:

Congratulations! After reviewing the information that you supplied, we are pleased to inform you that your firm has been granted certification as a Minority Business Enterprise (MBE) under the Business Enterprise Program (BEP) for Minorities, Females, and Persons with Disabilities.

This certification is in effect with the State of Illinois until the date specified above. Please note that you have been granted certification under the Fast Track Application because you are certified with one of our partner organizations and, as such, must recertify each year.

At least 60 days prior to the anniversary date of your certification, you will be notified by BEP through email to update your certification as a condition of continued certification. It is your responsibility to ensure that the contact email address listed in the system is accurate and up to date and that the email account is checked regularly so that you do not miss any important notifications. In addition, should any changes occur in ownership and/or control of the business, in the business' certification status with the partner organization, or other changes affecting the firm's operations, you are required to notify BEP within two weeks. Failure to notify our office of changes will result in decertification of your firm.

Your firm's name will appear in the State's Directory as a certified vendor with the Business Enterprise Program in the specialty area(s) of:

**NIGP 95352: INSURANCE AND INSURANCE SERVICES (NOT OTHERWISE CLASSIFIED)**

Your firm will only show up in the database of BEP-certified vendors the NIGP codes listed above, so PLEASE REVIEW THE LIST CAREFULLY TO ENSURE THAT ALL RELEVANT NIGP CODES ARE INCLUDED.

Also, please be advised that this certification does not guarantee that you will receive a State contract. Please visit the Vendor Registration page on [www.opportunities.illinois.gov](http://www.opportunities.illinois.gov) and be sure to register with each of the Procurement Bulletins listed so that you are notified of upcoming solicitations in your NIGP codes. Certification with the Business Enterprise Program does not ensure you receive notifications; you must also register with the Procurement Bulletins.

Thank you for your participation in the Business Enterprise Program. We welcome your participation and wish you continued success.

Sincerely,

Carlos Gutiérrez  
Certification Manager



CHICAGO TRANSIT AUTHORITY

567 West Lake Street  
Chicago, Illinois 60661-1498  
TEL 312 664-7200  
www.transitchicago.com

January 27, 2022

Mr. William Owens  
The Owens Group, Inc  
19 S. LaSalle, Ste. #500  
Chicago, IL 60603

Dear Mr. Owens:

The Chicago Transit Authority has reviewed your No Change Affidavit and supporting documentation and is pleased to inform you that your firm continues to meet the Disadvantaged Business Enterprise (DBE) program certification eligibility standards set forth in 49 CFR Part 26. Your next No Change Affidavit is due January 20, 2023. A notification will be sent to you sixty (60) days prior to this date.

This certification allows your firm to participate as a DBE in the Illinois Unified Certification Program (IL UCP). The participating agencies include the Illinois Department of Transportation, the City of Chicago, the Chicago Transit Authority, Metra and Pace.

If there is any change in your certification that affects your ability to meet size standards, disadvantaged status, ownership, or control requirements or any material change in the information provided in your initial application, you must provide written notification to this agency within thirty (30) days of the occurrence of the change. Failure to provide this information is a ground for removal of certification based on failure to cooperate pursuant to 49 CFR 26.109(c).

Your firm's name will appear in the IL UCP Directory, which is used by prime contractors/consultants, as well as other agencies, to solicit participation of DBE firms. The directory can be accessed at <https://webapps.dot.illinois.gov/UCP/ExternalSearch>. Your firm's name will appear in the Directory under the commodity codes and specialties listed on the following page.

Your participation on contracts will only be credited toward DBE contract goals when your firm performs in a Commercially Useful Function (CUF) in its approved area(s) of specialty.

Please direct all inquiries and any questions to this agency at (312) 681-2601.

Sincerely,

A handwritten signature in black ink, appearing to read "Juan Pablo Prieto", is written over a faint, circular watermark or background.

JuanPablo Prieto  
Director, Diversity Programs

Chicago Transit Authority  
Phone: (312) 681.2600  
Email: [diversity@transitchicago.com](mailto:diversity@transitchicago.com)



CHICAGO TRANSIT AUTHORITY

567 West Lake Street  
Chicago, Illinois 60661-1498  
TEL 312 664-7200  
[www.transitchicago.com](http://www.transitchicago.com)

## Disadvantaged Business Enterprise (DBE) Certification

January 27, 2022  
The Owens Group, Inc  
19 S. LaSalle, Ste. #500  
Chicago, IL 60603

Your firm's name will appear in the IL UCP DBE Directory, which is used by prime contractors/consultants, as well as other agencies, to solicit participation of DBE firms. The directory can be accessed at [cta.dbesystem.com](http://cta.dbesystem.com). Your firm's name will appear in the Directory under the following commodity codes and specialties:

Commodity Codes:

NAICS 524298: ALL OTHER INSURANCE RELATED ACTIVITIES

In the following Specialties:

524298-INSURANCE AND RISK MANAGEMENT SERVICES

**MBE/WBE UTILIZATION PLAN - FORM 1**

BIDDER/PROPOSER HEREBY STATES that all MBE/WBE firms included in this Plan are certified MBEs/WBEs by at least one of the entities listed in the General Conditions – Section 19.

I. **BIDDER/PROPOSER MBE/WBE STATUS:** (check the appropriate line)

Bidder/Proposer is a certified MBE or WBE firm. (If so, attach copy of current Letter of Certification)

Bidder/Proposer is a Joint Venture and one or more Joint Venture partners are certified MBEs or WBEs. (If so, attach copies of Letter(s) of Certification, a copy of Joint Venture Agreement clearly describing the role of the MBE/WBE firm(s) and its ownership interest in the Joint Venture and a completed Joint Venture Affidavit – available online at [www.cookcountylil.gov/contractcompliance](http://www.cookcountylil.gov/contractcompliance))

Bidder/Proposer is not a certified MBE or WBE firm, nor a Joint Venture with MBE/WBE partners, but will utilize MBE and WBE firms either directly or indirectly in the performance of the Contract. (If so, complete Sections II below and the Letter(s) of Intent – Form 2).

II.  **Direct Participation of MBE/WBE Firms**

**Indirect Participation of MBE/WBE Firms**

**NOTE: Where goals have not been achieved through direct participation, Bidder/Proposer shall include documentation outlining efforts to achieve Direct Participation at the time of Bid/Proposal submission. Indirect Participation will only be considered after all efforts to achieve Direct Participation have been exhausted. Only after written documentation of Good Faith Efforts is received will Indirect Participation be considered.**

MBEs/WBEs that will perform as subcontractors/suppliers/consultants include the following:

MBE/WBE Firm: Custom Case Management, LLC

Address: 500 N Randall Road, #266, Batavia IL 60510

E-mail: tbilut@customcasemanagement.com

Contact Person: Tracey Bilut Phone: 630.742.2151

Dollar Amount Participation: \$ 4,265,000

Percent Amount of Participation: 32 %

\*Letter of Intent attached? Yes X No \_\_\_\_\_

\*Current Letter of Certification attached? Yes X No \_\_\_\_\_

MBE/WBE Firm: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Dollar Amount Participation: \$ \_\_\_\_\_

Percent Amount of Participation: \_\_\_\_\_ %

\*Letter of Intent attached? Yes \_\_\_\_\_ No \_\_\_\_\_

\*Current Letter of Certification attached? Yes \_\_\_\_\_ No \_\_\_\_\_

*Attach additional sheets as needed.*

**\* Letter(s) of Intent and current Letters of Certification must be submitted at the time of bid.**

MBE/WBE LETTER OF INTENT - FORM 2

M/WBE Firm: Custom Case Management, LLC

Certifying Agency: Wise's Business Development Consortium, County

Contact Person: Tracey Bilut

Certification Expiration Date: \_\_\_\_\_

Address: 500 N Randall Road, #266

Ethnicity: Caucasion

City/State: Batavia, IL Zip: 60510

Bid/Proposal/Contract #: 1944-16717 A2

Phone: 630.742.2151 Fax: 312.212.5892

FEIN #: 20-5062791

Email: tbilut@customcasemanagement.com

Participation:  Direct  Indirect

Will the M/WBE firm be subcontracting any of the goods or services of this contract to another firm?

No  Yes - Please attach explanation. Proposed Subcontractor(s): \_\_\_\_\_

The undersigned M/WBE is prepared to provide the following Commodities/Services for the above named Project/ Contract. (If more space is needed to fully describe M/WBE Firm's proposed scope of work and/or payment schedule, attach additional sheets)

Field Case Management, IME set-up, Telephonic Case Management  
Vocational Rehabilitation

Indicate the Dollar Amount, Percentage, and the Terms of Payment for the above-described Commodities/ Services:  
Total contract dollar amount: \$4,265,000 / 32% monthly payments

THE UNDERSIGNED PARTIES AGREE that this Letter of Intent will become a binding Subcontract Agreement for the above work, conditioned upon (1) the Bidder/Proposer's receipt of a signed contract from the County of Cook; (2) Undersigned Subcontractor remaining compliant with all relevant credentials, codes, ordinances and statutes required by Contractor. Cook County, and the State to participate as a MBE/WBE firm for the above work. The Undersigned Parties do also certify that they did not affix their signatures to this document until all areas under Description of Service/ Supply and Fee/Cost were completed.

Tracey Bilut  
Signature (M/WBE)

Jason F Beans  
Signature (Prime Bidder/Proposer)

Tracey Bilut  
Print Name

Jason F Beans  
Print Name

Custom Case Management  
Firm Name

Rising Medical Solutions LLC  
Firm Name

9/28/2022  
Date

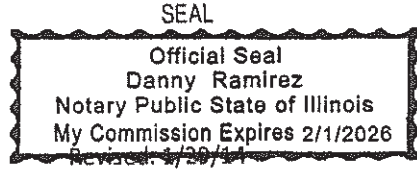
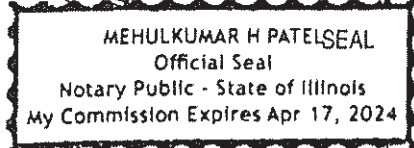
9/28/2022  
Date

Subscribed and sworn before me  
this 28<sup>th</sup> day of Sept, 2022.

Subscribed and sworn before me  
this 28 day of September, 2022.

Notary Public Mehulkumar H Patel

Notary Public Danny Ramirez



**MBE/WBE UTILIZATION PLAN - FORM 1**

BIDDER/PROPOSER HEREBY STATES that all MBE/WBE firms included in this Plan are certified MBEs/WBEs by at least one of the entities listed in the General Conditions – Section 19.

I. **BIDDER/PROPOSER MBE/WBE STATUS:** (check the appropriate line)

- Bidder/Proposer is a certified MBE or WBE firm. (If so, attach copy of current Letter of Certification)
- Bidder/Proposer is a Joint Venture and one or more Joint Venture partners are certified MBEs or WBEs. (If so, attach copies of Letter(s) of Certification, a copy of Joint Venture Agreement clearly describing the role of the MBE/WBE firm(s) and its ownership interest in the Joint Venture and a completed Joint Venture Affidavit – available online at [www.cookcountyl.gov/contractcompliance](http://www.cookcountyl.gov/contractcompliance))
- Bidder/Proposer is not a certified MBE or WBE firm, nor a Joint Venture with MBE/WBE partners, but will utilize MBE and WBE firms either directly or indirectly in the performance of the Contract. (If so, complete Sections II below and the Letter(s) of Intent – Form 2).

II.  **Direct Participation of MBE/WBE Firms**                       **Indirect Participation of MBE/WBE Firms**

**NOTE: Where goals have not been achieved through direct participation, Bidder/Proposer shall include documentation outlining efforts to achieve Direct Participation at the time of Bid/Proposal submission. Indirect Participation will only be considered after all efforts to achieve Direct Participation have been exhausted. Only after written documentation of Good Faith Efforts is received will Indirect Participation be considered.**

MBEs/WBEs that will perform as subcontractors/suppliers/consultants include the following:

MBE/WBE Firm: PhotoFax, Inc.  
Address: 44W100 US Hwy20  
E-mail: kdeboer@photofax.com  
Contact Person: Karen Deboer Phone: 847.683.3724  
Dollar Amount Participation: \$ 791,000  
Percent Amount of Participation: 6 %  
\*Letter of Intent attached? Yes X No \_\_\_\_\_  
\*Current Letter of Certification attached? Yes X No \_\_\_\_\_

MBE/WBE Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dollar Amount Participation: \$ \_\_\_\_\_  
Percent Amount of Participation: \_\_\_\_\_ %  
\*Letter of Intent attached? Yes \_\_\_\_\_ No \_\_\_\_\_  
\*Current Letter of Certification attached? Yes \_\_\_\_\_ No \_\_\_\_\_

*Attach additional sheets as needed.*

\* Letter(s) of intent and current Letters of Certification must be submitted at the time of bid.

MBE/WBE LETTER OF INTENT - FORM 2

M/WBE Firm: PhotoFax, Ins

Certifying Agency: Cook County

Contact Person: Karen Deboer

Certification Expiration Date: \_\_\_\_\_

Address: 44W100 US Hwy 20

Ethnicity: Caucasian

City/State: Hampshire, IL Zip: 60140

Bid/Proposal/Contract #: 1944-16717 A2

Phone: 847.683.3724 Fax: 800.875.7898

FEIN #: 363618907

Email: kdeboer@photofax.com

Participation:  Direct  Indirect

Will the M/WBE firm be subcontracting any of the goods or services of this contract to another firm?

No  Yes - Please attach explanation. Proposed Subcontractor(s): \_\_\_\_\_

The undersigned M/WBE is prepared to provide the following Commodities/Services for the above named Project/ Contract: (if more space is needed to fully describe M/WBE Firm's proposed scope of work and/or payment schedule, attach additional sheets)

Surveillance services, social network check, internet monitoring, activity check,  
background check, medical checks, alive & well checks, employment verifications and skip tracing

Indicate the Dollar Amount, Percentage, and the Terms of Payment for the above-described Commodities/ Services:  
Total contract dollar amount: \$791,000 / 6% / monthly payments

THE UNDERSIGNED PARTIES AGREE that this Letter of Intent will become a binding Subcontract Agreement for the above work, conditioned upon (1) the Bidder/Proposer's receipt of a signed contract from the County of Cook; (2) Undersigned Subcontractor remaining compliant with all relevant credentials, codes, ordinances and statutes required by Contractor, Cook County, and the State to participate as a MBE/WBE firm for the above work. The Undersigned Parties do also certify that they did not affix their signatures to this document until all areas under Description of Service/ Supply and Fee/Cost were completed.

Karen DeBoer  
Signature (M/WBE)

Jason F Beans  
Signature (Prime Bidder/Proposer)

Karen DeBoer  
Print Name

Jason F Beans  
Print Name

PhotoFax, Inc.  
Firm Name

Rising Medical Solutions LLC  
Firm Name

September 28, 2022  
Date

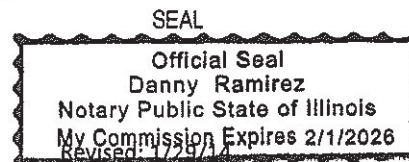
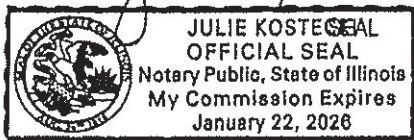
9/28/2022  
Date

Subscribed and sworn before me  
this 28 day of September, 2022.

Subscribed and sworn before me  
this 28 day of September, 2022.

Notary Public Julie Kostelka

Notary Public Danny Ramirez



## **EXHIBIT X**

### **Certificate of Insurance**

A certificate of insurance is not required to be submitted with the Bid. The apparent low Bidder shall provide a certificate of insurance that meets the required insurance and amounts of coverage, when requested by the County. Failure to provide a certificate of insurance meeting the required coverages and amounts of coverages may result in the Bidder being removed from consideration for award.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/13/2022

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).

<b>PRODUCER</b>		<b>CONTACT NAME:</b> Owen Costanza	
RMS Insurance Services, Inc. dba Flanders Insurance		<b>PHONE (A/C. No. Ext):</b> (815) 226-1444	<b>FAX (A/C. No):</b> (815) 226-4760
1947 N Lyford Rd.		<b>E-MAIL ADDRESS:</b> owen@flandersinsurance.com	
Rockford IL 61107		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> AUT001 - OWNERS INSURANCE COMPANY	<b>NAIC #</b> 32700
<b>INSURED</b>		<b>INSURER B:</b> EMPLOYERS ASSUR CO	25402
Rising Holdings LLC		<b>INSURER C:</b> Twin City Fire Ins Co	29459
325 N La Salle Dr Ste 600		<b>INSURER D:</b> HDI	41343
Chicago IL 60654		<b>INSURER E:</b> Liberty Mutual	23043
		<b>INSURER F:</b> QBE	79624414


**COVERAGES****CERTIFICATE NUMBER:****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
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	07232196	09/09/2022	09/09/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			53-233596-00	04/27/2022	04/27/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	07232196	09/09/2022	09/09/2023	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	EIG466283200	12/24/2022	12/24/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Comm Cyber Liability Claims Made			CY SU 5000 00119	01/20/2022	04/27/2023	Per claim \$5,000,000 Aggregate \$5,000,000

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

**CERTIFICATE HOLDER****CANCELLATION**

Cook County Department of Risk Management 118 N Clark Street Room 1072 Chicago IL 60602103	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  
ECONOMIC DISCLOSURE STATEMENT  
AND EXECUTION DOCUMENT  
INDEX**

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**SECTION 1**  
**INSTRUCTIONS FOR COMPLETION OF**  
**ECONOMIC DISCLOSURE STATEMENT AND EXECUTION DOCUMENT**

This Economic Disclosure Statement and Execution Document (“EDS”) is to be completed and executed by every Bidder on a County contract, every Proposer responding to a Request for Proposals, and every Respondent responding to a Request for Qualifications, and others as required by the Chief Procurement Officer. The execution of the EDS shall serve as the execution of a contract awarded by the County. The Chief Procurement Officer reserves the right to request that the Bidder or Proposer, or Respondent provide an updated EDS on an annual basis.

**Definitions.** Terms used in this EDS and not otherwise defined herein shall have the meanings given to such terms in the Instructions to Bidders, General Conditions, Request for Proposals, Request for Qualifications, as applicable.

*Affiliate* means a person that directly or indirectly through one or more intermediaries, Controls is Controlled by, or is under common Control with the Person specified.

*Applicant* means a person who executes this EDS.

*Bidder* means any person who submits a Bid.

*Code* means the Code of Ordinances, Cook County, Illinois available on municode.com.

*Contract* shall include any written document to make Procurements by or on behalf of Cook County.

*Contractor or Contracting Party* means a person that enters into a Contract with the County.

*Control* means the unfettered authority to directly or indirectly manage governance, administration, work, and all other aspects of a business.

*EDS* means this complete Economic Disclosure Statement and Execution Document, including all sections listed in the Index and any attachments.

*Joint Venture* means an association of two or more Persons proposing to perform a for-profit business enterprise. Joint Ventures must have an agreement in writing specifying the terms and conditions of the relationship between the partners and their relationship and respective responsibility for the Contract

*Lobby or lobbying* means to, for compensation, attempt to influence a County official or County employee with respect to any County matter.

*Lobbyist* means any person who lobbies.

*Person or Persons* means any individual, corporation, partnership, Joint Venture, trust, association, Limited Liability Company, sole proprietorship or other legal entity.

*Prohibited Acts* means any of the actions or occurrences which form the basis for disqualification under the Code, or under the Certifications hereinafter set forth.

*Proposal* means a response to an RFP.

*Proposer* means a person submitting a Proposal.

*Response* means response to an RFQ.

*Respondent* means a person responding to an RFQ.

*RFP* means a Request for Proposals issued pursuant to this Procurement Code.

*RFQ* means a Request for Qualifications issued to obtain the qualifications of interested parties.

**INSTRUCTIONS FOR COMPLETION OF  
ECONOMIC DISCLOSURE STATEMENT AND EXECUTION DOCUMENT**

**Section 1: Instructions.** Section 1 sets forth the instructions for completing and executing this EDS.

**Section 2: Certifications.** Section 2 sets forth certifications that are required for contracting parties under the Code and other applicable laws. Execution of this EDS constitutes a warranty that all the statements and certifications contained, and all the facts stated, in the Certifications are true, correct and complete as of the date of execution.

**Section 3: Economic and Other Disclosures Statement.** Section 3 is the County's required Economic and Other Disclosures Statement form. Execution of this EDS constitutes a warranty that all the information provided in the EDS is true, correct and complete as of the date of execution, and binds the Applicant to the warranties, representations, agreements and acknowledgements contained therein.

**Required Updates.** The Applicant is required to keep all information provided in this EDS current and accurate. In the event of any change in the information provided, including but not limited to any change which would render inaccurate or incomplete any certification or statement made in this EDS, the Applicant shall supplement this EDS up to the time the County takes action, by filing an amended EDS or such other documentation as is required.

**Additional Information.** The County's Governmental Ethics and Campaign Financing Ordinances impose certain duties and obligations on persons or entities seeking County contracts, work, business, or transactions, and the Applicant is expected to comply fully with these ordinances. For further information please contact the Director of Ethics at (312) 603-4304 (69 W. Washington St. Suite 3040, Chicago, IL 60602) or visit the web-site at [cookcountyl.gov/ethics-board-of](http://cookcountyl.gov/ethics-board-of).

**Authorized Signers of Contract and EDS Execution Page.** If the Applicant is a corporation, the President and Secretary must execute the EDS. In the event that this EDS is executed by someone other than the President, attach hereto a certified copy of that section of the Corporate By-Laws or other authorization by the Corporation, satisfactory to the County that permits the person to execute EDS for said corporation. If the corporation is not registered in the State of Illinois, a copy of the Certificate of Good Standing from the state of incorporation must be submitted with this Signature Page.

If the Applicant is a partnership or joint venture, all partners or joint venturers must execute the EDS, unless one partner or joint venture has been authorized to sign for the partnership or joint venture, in which case, the partnership agreement, resolution or evidence of such authority satisfactory to the Office of the Chief Procurement Officer must be submitted with this Signature Page.

If the Applicant is a member-managed LLC all members must execute the EDS, unless otherwise provided in the operating agreement, resolution or other corporate documents. If the Applicant is a manager-managed LLC, the manager(s) must execute the EDS. The Applicant must attach either a certified copy of the operating agreement, resolution or other authorization, satisfactory to the County, demonstrating such person has the authority to execute the EDS on behalf of the LLC. If the LLC is not registered in the State of Illinois, a copy of a current Certificate of Good Standing from the state of incorporation must be submitted with this Signature Page.

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

A "Partnership" "Joint Venture" or "Sole Proprietorship" operating under an Assumed Name must be registered with the Illinois county in which it is located, as provided in 805 ILCS 405 (2012), and documentation evidencing registration must be submitted with the EDS.

Effective October 1, 2016 all foreign corporations and LLCs must be registered with the Illinois Secretary of State's Office unless a statutory exemption applies to the applicant. Applicants who are exempt from registering must provide a written statement explaining why they are exempt from registering as a foreign entity with the Illinois Secretary of State's Office.

## SECTION 2

CERTIFICATIONS

THE FOLLOWING CERTIFICATIONS ARE MADE PURSUANT TO STATE LAW AND THE CODE. THE APPLICANT IS CAUTIONED TO CAREFULLY READ THESE CERTIFICATIONS PRIOR TO SIGNING THE SIGNATURE PAGE. SIGNING THE SIGNATURE PAGE SHALL CONSTITUTE A WARRANTY BY THE APPLICANT THAT ALL THE STATEMENTS, CERTIFICATIONS AND INFORMATION SET FORTH WITHIN THESE CERTIFICATIONS ARE TRUE, COMPLETE AND CORRECT AS OF THE DATE THE SIGNATURE PAGE IS SIGNED. THE APPLICANT IS NOTIFIED THAT IF THE COUNTY LEARNS THAT ANY OF THE FOLLOWING CERTIFICATIONS WERE FALSELY MADE, THAT ANY CONTRACT ENTERED INTO WITH THE APPLICANT SHALL BE SUBJECT TO TERMINATION.

**A. PERSONS AND ENTITIES SUBJECT TO DISQUALIFICATION**

No person or business entity shall be awarded a contract or sub-contract, for a period of five (5) years from the date of conviction or entry of a plea or admission of guilt, civil or criminal, if that person or business entity:

- 1) Has been convicted of an act committed, within the State of Illinois, of bribery or attempting to bribe an officer or employee of a unit of state, federal or local government or school district in the State of Illinois in that officer's or employee's official capacity;
- 2) Has been convicted by federal, state or local government of an act of bid-rigging or attempting to rig bids as defined in the Sherman Anti-Trust Act and Clayton Act. Act. 15 U.S.C. Section 1 *et seq.*;
- 3) Has been convicted of bid-rigging or attempting to rig bids under the laws of federal, state or local government;
- 4) Has been convicted of an act committed, within the State, of price-fixing or attempting to fix prices as defined by the Sherman Anti-Trust Act and the Clayton Act. 15 U.S.C. Section 1, *et seq.*;
- 5) Has been convicted of price-fixing or attempting to fix prices under the laws the State;
- 6) Has been convicted of defrauding or attempting to defraud any unit of state or local government or school district within the State of Illinois;
- 7) Has made an admission of guilt of such conduct as set forth in subsections (1) through (6) above which admission is a matter of record, whether or not such person or business entity was subject to prosecution for the offense or offenses admitted to; or
- 8) Has entered a plea of *nolo contendere* to charge of bribery, price-fixing, bid-rigging, or fraud, as set forth in subparagraphs (1) through (6) above.

In the case of bribery or attempting to bribe, a business entity may not be awarded a contract if an official, agent or employee of such business entity committed the Prohibited Act on behalf of the business entity and pursuant to the direction or authorization of an officer, director or other responsible official of the business entity, and such Prohibited Act occurred within three years prior to the award of the contract. In addition, a business entity shall be disqualified if an owner, partner or shareholder controlling, directly or indirectly, 20% or more of the business entity, or an officer of the business entity has performed any Prohibited Act within five years prior to the award of the Contract.

**THE APPLICANT HEREBY CERTIFIES THAT:** The Applicant has read the provisions of Section A, Persons and Entities Subject to Disqualification, that the Applicant has not committed any Prohibited Act set forth in Section A, and that award of the Contract to the Applicant would not violate the provisions of such Section or of the Code.

**B. BID-RIGGING OR BID ROTATING**

**THE APPLICANT HEREBY CERTIFIES THAT:** In accordance with 720 ILCS 5/33 E-11, neither the Applicant nor any Affiliated Entity is barred from award of this Contract as a result of a conviction for the violation of State laws prohibiting bid-rigging or bid rotating.

**C. DRUG FREE WORKPLACE ACT**

**THE APPLICANT HEREBY CERTIFIES THAT:** The Applicant will provide a drug free workplace, as required by (30 ILCS 580/3).

**D. DELINQUENCY IN PAYMENT OF TAXES**

*THE APPLICANT HEREBY CERTIFIES THAT: The Applicant is not an owner or a party responsible for the payment of any tax or fee administered by Cook County, such as bar award of a contract or subcontract pursuant to the Code, Chapter 34, Section 34-171.*

**E. HUMAN RIGHTS ORDINANCE**

No person who is a party to a contract with Cook County ("County") shall engage in unlawful discrimination or sexual harassment against any individual in the terms or conditions of employment, credit, public accommodations, housing, or provision of County facilities, services or programs (Code Chapter 42, Section 42-30 *et seq.*).

**F. ILLINOIS HUMAN RIGHTS ACT**

*THE APPLICANT HEREBY CERTIFIES THAT: It is in compliance with the Illinois Human Rights Act (775 ILCS 5/2-105), and agrees to abide by the requirements of the Act as part of its contractual obligations.*

**G. INSPECTOR GENERAL (COOK COUNTY CODE, CHAPTER 34, SECTION 34-174 and Section 34-250)**

The Applicant has not willfully failed to cooperate in an investigation by the Cook County Independent Inspector General or to report to the Independent Inspector General any and all information concerning conduct which they know to involve corruption, or other criminal activity, by another county employee or official, which concerns his or her office of employment or County related transaction.

The Applicant has reported directly and without any undue delay any suspected or known fraudulent activity in the County's Procurement process to the Office of the Cook County Inspector General.

**H. CAMPAIGN CONTRIBUTIONS (COOK COUNTY CODE, CHAPTER 2, SECTION 2-585)**

**THE APPLICANT CERTIFIES THAT:** It has read and shall comply with the Cook County's Ordinance concerning campaign contributions, which is codified at Chapter 2, Division 2, Subdivision II, Section 585, and can be read in its entirety at [www.municode.com](http://www.municode.com).

**I. GIFT BAN, (COOK COUNTY CODE, CHAPTER 2, SECTION 2-574)**

**THE APPLICANT CERTIFIES THAT:** It has read and shall comply with the Cook County's Ordinance concerning receiving and soliciting gifts and favors, which is codified at Chapter 2, Division 2, Subdivision II, Section 574, and can be read in its entirety at [www.municode.com](http://www.municode.com).

**J. LIVING WAGE ORDINANCE PREFERENCE (COOK COUNTY CODE, CHAPTER 34, SECTION 34-160;**

Unless expressly waived by the Cook County Board of Commissioners, the Code requires that a living wage must be paid to individuals employed by a Contractor which has a County Contract and by all subcontractors of such Contractor under a County Contract, throughout the duration of such County Contract. The amount of such living wage is annually by the Chief Financial Officer of the County, and shall be posted on the Chief Procurement Officer's website.

The term "Contract" as used in Section 4, I, of this EDS, specifically excludes contracts with the following:

- 1) Not-For Profit Organizations (defined as a corporation having tax exempt status under Section 501(C)(3) of the United State Internal Revenue Code and recognized under the Illinois State not-for -profit law);
- 2) Community Development Block Grants;
- 3) Cook County Works Department;
- 4) Sheriff's Work Alternative Program; and
- 5) Department of Correction inmates.

SECTION 3

REQUIRED DISCLOSURES

1. DISCLOSURE OF LOBBYIST CONTACTS

List all persons that have made lobbying contacts on your behalf with respect to this contract:

Name	Address
None	

2. LOCAL BUSINESS PREFERENCE STATEMENT (CODE, CHAPTER 34, SECTION 34-230)

*Local business* means a Person, including a foreign corporation authorized to transact business in Illinois, having a bona fide establishment located within the County at which it is transacting business on the date when a Bid is submitted to the County, and which employs the majority of its regular, full-time work force within the County. A Joint Venture shall constitute a Local Business if one or more Persons that qualify as a "Local Business" hold interests totaling over 50 percent in the Joint Venture, even if the Joint Venture does not, at the time of the Bid submittal, have such a bona fide establishment within the County.

a) Is Applicant a "Local Business" as defined above?  
Yes:  No:

b) If yes, list business addresses within Cook County:  
325 North LaSalle St., Suite 610  
Chicago, IL 60654

c) Does Applicant employ the majority of its regular full-time workforce within Cook County?  
Yes:  No:

3. THE CHILD SUPPORT ENFORCEMENT ORDINANCE (CODE, CHAPTER 34, SECTION 34-172)

Every Applicant for a County Privilege shall be in full compliance with any child support order before such Applicant is entitled to receive or renew a County Privilege. When delinquent child support exists, the County shall not issue or renew any County Privilege, and may revoke any County Privilege.

All Applicants are required to review the Cook County Affidavit of Child Support Obligations attached to this EDS (EDS-5) and complete the Affidavit, based on the instructions in the Affidavit.

**4. REAL ESTATE OWNERSHIP DISCLOSURES.**

The Applicant must indicate by checking the appropriate provision below and providing all required information that either:

- a) The following is a complete list of all real estate owned by the Applicant in Cook County:

PERMANENT INDEX NUMBER(S): 17-09-259-022-1039

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**(ATTACH SHEET IF NECESSARY TO LIST ADDITIONAL INDEX NUMBERS)**

**OR:**

- b)  The Applicant owns no real estate in Cook County.

**5. EXCEPTIONS TO CERTIFICATIONS OR DISCLOSURES.**

If the Applicant is unable to certify to any of the Certifications or any other statements contained in this EDS and not explained elsewhere in this EDS, the Applicant must explain below:

None

If the letters, "NA", the word "None" or "No Response" appears above, or if the space is left blank, it will be conclusively presumed that the Applicant certified to all Certifications and other statements contained in this EDS.

**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. **County reserves the right to request additional information to verify veracity of information contained in this statement.**

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.

"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 Rising Medical Solutions, LLC

D/B/A: Rising Medical Solutions, LLC FEIN # Only: 30-0752433

Street Address: 325 North LaSalle St., Suite 610

City: Chicago State: IL Zip Code: 60654

Phone No.: 312-559-8445 Fax Number: 312-559-8450 Email: theowensgroupinc@toginsrisk.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   
  LLC

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	Email Address
Jason Beans	400 N LaSalle St. Unit 1109 Chicago, IL 60654	63.2%	jason.beans@risingms.com
Kimberly Moreland	718 Mountain Rd, Lake Bluff, IL 60044	31.4%	kimberly.moreland@risingms.com
Minh Pham	10826 Slater Ave NE, Kirkland, WA 98033	5.26%	

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
Not Applicable		

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
Jason Beans	400 N LaSalle St, Chicago, IL 60654	CEO	Since 2/28/99
Kimberly Moreland	718 Mountain Rd, Lake Bluff IL 60044	Chief Customer Officer	Since 2/28/99
Minh Pham	10826 Slater Ave NE, Kirkland WA 98033	Principal	Since 01/14/02

**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 SIGNATURE PAGE

Erik Brandon

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

Erik Brandon  
Signature

erik.brandon@risingms.com

E-mail address

VP of Finance, Administration, & Talent

Title  
9/28/2022  
Date

312-224-5914

Phone Number

Subscribed to and sworn before me  
this 28 day of Sept, 2022

My commission expires:



X Danny Ramirez  
Notary Public Signature

Notary Seal



**COOK COUNTY BOARD OF ETHICS**  
 69 W. WASHINGTON STREET, SUITE 3040  
 CHICAGO, ILLINOIS 60602  
 312/603-4304 Office 312/603-9988 Fax

**FAMILIAL RELATIONSHIP DISCLOSURE PROVISION**

**Nepotism Disclosure Requirement:**

Doing a significant amount of business with the County requires that you disclose to the Board of Ethics the existence of any familial relationships with any County employee or any person holding elective office in the State of Illinois, the County, or in any municipality within the County. The Ethics Ordinance defines a significant amount of business for the purpose of this disclosure requirement as more than \$25,000 in aggregate County leases, contracts, purchases or sales in any calendar year.

If you are unsure of whether the business you do with the County or a County agency will cross this threshold, err on the side of caution by completing the attached familial disclosure form because, among other potential penalties, any person found guilty of failing to make a required disclosure or knowingly filing a false, misleading, or incomplete disclosure will be prohibited from doing any business with the County for a period of three years. The required disclosure should be filed with the Board of Ethics by January 1 of each calendar year in which you are doing business with the County and again with each bid/proposal/quotation to do business with Cook County. The Board of Ethics may assess a late filing fee of \$100 per day after an initial 30-day grace period.

The person that is doing business with the County must disclose his or her familial relationships. If the person on the County lease or contract or purchasing from or selling to the County is a business entity, then the business entity must disclose the familial relationships of the individuals who are and, during the year prior to doing business with the County, were:

- its board of directors,
- its officers,
- its employees or independent contractors responsible for the general administration of the entity,
- its agents authorized to execute documents on behalf of the entity, and
- its employees who directly engage or engaged in doing work with the County on behalf of the entity.

Do not hesitate to contact the Board of Ethics at (312) 603-4304 for assistance in determining the scope of any required familial relationship disclosure.

**Additional Definitions:**

“*Familial relationship*” means a person who is a spouse, domestic partner or civil union partner of a County employee or State, County or municipal official, or any person who is related to such an employee or official, whether by blood, marriage or adoption, as a:

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Parent            | <input type="checkbox"/> Grandparent     | <input type="checkbox"/> Stepfather   |
| <input type="checkbox"/> Child             | <input type="checkbox"/> Grandchild      | <input type="checkbox"/> Stepmother   |
| <input type="checkbox"/> Brother           | <input type="checkbox"/> Father-in-law   | <input type="checkbox"/> Stepson      |
| <input checked="" type="checkbox"/> Sister | <input type="checkbox"/> Mother-in-law   | <input type="checkbox"/> Stepdaughter |
| <input type="checkbox"/> Aunt              | <input type="checkbox"/> Son-in-law      | <input type="checkbox"/> Stepbrother  |
| <input type="checkbox"/> Uncle             | <input type="checkbox"/> Daughter-in-law | <input type="checkbox"/> Stepsister   |
| <input type="checkbox"/> Niece             | <input type="checkbox"/> Brother-in-law  | <input type="checkbox"/> Halfbrother  |
| <input type="checkbox"/> Nephew            | <input type="checkbox"/> Sister-in-law   | <input type="checkbox"/> Halfsister   |

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: Kimberly R Moreland

Address of Person Doing Business with the County: 325 N LaSalle Street Suite 600 Chicago, IL 60654

Phone number of Person Doing Business with the County: 312-933-1643

Email address of Person Doing Business with the County: kimberly.moreland@risingms.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:

\_\_\_\_\_  
\_\_\_\_\_

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 proceeding 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: 1944-1617 A2

\_\_\_\_\_

The aggregate dollar value of the business you are doing or seeking to do with the County: \$13,250,000.00

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: \_\_\_\_\_

CoMakiya Baskin-Smith, Sr. Contract Negotiator - OCPO; 312-603-670; comakiya.baskin@cookcountyil.gov

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: \_\_\_\_\_

Jacqueline Hrabak, Administrative Coordinator - Dept of Risk Management; 312-603-6332; jacqueline.hrabak@cookcountyil.gov

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

*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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

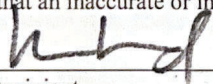
Name of Officer for Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship
_____	_____	_____	_____
_____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

CONTRACT #:

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*
Kimberly Moreland	Caroline K. Moreland	Judge - State of Illinois Circuit Court Cook County	Sister
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.

  
\_\_\_\_\_  
Signature of Recipient

03/01/2023  
\_\_\_\_\_  
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.

SECTION 4

COOK COUNTY AFFIDAVIT FOR WAGE THEFT ORDINANCE

Effective May 1, 2015, every Person, including Substantial Owners, seeking a Contract with Cook County must comply with the Cook County Wage Theft Ordinance set forth in Chapter 34, Article IV, Section 179. Any Person/Substantial Owner, who fails to comply with Cook County Wage Theft Ordinance, may request that the Chief Procurement Officer grant a reduction or waiver in accordance with Section 34-179(d).

"Contract" means any written document to make Procurements by or on behalf of Cook County.

"Person" means any individual, corporation, partnership, Joint Venture, trust, association, limited liability company, sole proprietorship or other legal entity.

"Procurement" means obtaining supplies, equipment, goods, or services of any kind.

"Substantial Owner" means any person or persons who own or hold a twenty-five percent (25%) or more percentage of interest in any business entity seeking a County Privilege, including those shareholders, general or limited partners, beneficiaries and principals; except where a business entity is an individual or sole proprietorship, Substantial Owner means that individual or sole proprietor.

All Persons/Substantial Owners are required to complete this affidavit and comply with the Cook County Wage Theft Ordinance before any Contract is awarded. Signature of this form constitutes a certification the information provided below is correct and complete, and that the individual(s) signing this form has/have personal knowledge of such information. County reserves the right to request additional information to verify veracity of information contained in this Affidavit.

**I. Contract Information:**

Contract Number: 1944-17617 A2  
County Using Agency (requesting Procurement): Risk Management

**II. Person/Substantial Owner Information:**

Person (Corporate Entity Name): Rising Medical Solutions, LLC  
Substantial Owner Complete Name: Jason Beans  
FEIN# 36-3664670  
Date of Birth: [REDACTED] E-mail address: jason.beans@risingms.com  
Street Address: 400 N LaSalle St, Unit 1109  
City: Chicago State: IL Zip: 60654  
Home Phone: [REDACTED]

**III. Compliance with Wage Laws:**

Within the past five years has the Person/Substantial Owner, in any judicial or administrative proceeding, been convicted of, entered a plea, made an admission of guilt or liability, or had an administrative finding made for committing a repeated or willful violation of any of the following laws:

- No *Illinois Wage Payment and Collection Act, 820 ILCS 115/1 et seq., YES or NO*
- No *Illinois Minimum Wage Act, 820 ILCS 105/1 et seq., YES or NO*
- No *Illinois Worker Adjustment and Retraining Notification Act, 820 ILCS 65/1 et seq., YES or NO*
- No *Employee Classification Act, 820 ILCS 185/1 et seq., YES or NO*
- No *Fair Labor Standards Act of 1938, 29 U.S.C. 201, et seq., YES or NO*
- No *Any comparable state statute or regulation of any state, which governs the payment of wages YES or NO*

If the Person/Substantial Owner answered "Yes" to any of the questions above, it is ineligible to enter into a Contract with Cook County, but can request a reduction or waiver under Section IV.



SECTION 4

COOK COUNTY AFFIDAVIT FOR WAGE THEFT ORDINANCE

Effective May 1, 2015, every Person, including Substantial Owners, seeking a Contract with Cook County must comply with the Cook County Wage Theft Ordinance set forth in Chapter 34, Article IV, Section 179. Any Person/Substantial Owner, who fails to comply with Cook County Wage Theft Ordinance, may request that the Chief Procurement Officer grant a reduction or waiver in accordance with Section 34-179(d).

"Contract" means any written document to make Procurements by or on behalf of Cook County.

"Person" means any individual, corporation, partnership, Joint Venture, trust, association, limited liability company, sole proprietorship or other legal entity.

"Procurement" means obtaining supplies, equipment, goods, or services of any kind.

"Substantial Owner" means any person or persons who own or hold a twenty-five percent (25%) or more percentage of interest in any business entity seeking a County Privilege, including those shareholders, general or limited partners, beneficiaries and principals; except where a business entity is an individual or sole proprietorship, Substantial Owner means that individual or sole proprietor.

All Persons/Substantial Owners are required to complete this affidavit and comply with the Cook County Wage Theft Ordinance before any Contract is awarded. Signature of this form constitutes a certification the information provided below is correct and complete, and that the individual(s) signing this form has/have personal knowledge of such information. County reserves the right to request additional information to verify veracity of information contained in this Affidavit.

I. Contract Information:

Contract Number: 1944-17617 A2

County Using Agency (requesting Procurement): Risk Management

II. Person/Substantial Owner Information:

Person (Corporate Entity Name): Rising Medical Solutions, LLC

Substantial Owner Complete Name: Kimberly R. Moreland

FEIN# 36-3664670

Date of Birth: [Redacted]

E-mail address: kimberly.moreland@risingms.com

Street Address: 325 N LaSalle Street Suite 600

City: Chicago

State: Illinois

Zip: 60654

Home Phone: [Redacted]

III. Compliance with Wage Laws:

Within the past five years has the Person/Substantial Owner, in any judicial or administrative proceeding, been convicted of, entered a plea, made an admission of guilt or liability, or had an administrative finding made for committing a repeated or willful violation of any of the following laws:

No Illinois Wage Payment and Collection Act, 820 ILCS 115/1 et seq., YES or NO

No Illinois Minimum Wage Act, 820 ILCS 105/1 et seq., YES or NO

No Illinois Worker Adjustment and Retraining Notification Act, 820 ILCS 65/1 et seq., YES or NO

No Employee Classification Act, 820 ILCS 185/1 et seq., YES or NO

No Fair Labor Standards Act of 1938, 29 U.S.C. 201, et seq., YES or NO

No Any comparable state statute or regulation of any state, which governs the payment of wages YES or NO

If the Person/Substantial Owner answered "Yes" to any of the questions above, it is ineligible to enter into a Contract with Cook County, but can request a reduction or waiver under Section IV.

IV. Request for Waiver or Reduction

If Person/Substantial Owner answered "Yes" to any of the questions above, it may request a reduction or waiver in accordance with Section 34-179(d), provided that the request for reduction of waiver is made on the basis of one or more of the following actions that have taken place:

- No There has been a bona fide change in ownership or Control of the ineligible Person or Substantial Owner. YES or NO
- No Disciplinary action has been taken against the individual(s) responsible for the acts giving rise to the violation. YES or NO
- No Remedial action has been taken to prevent a recurrence of the acts giving rise to the disqualification or default. YES or NO
- No Other factors that the Person or Substantial Owner believe are relevant. YES or NO

The Person/Substantial Owner must submit documentation to support the basis of its request for a reduction or waiver. The Chief Procurement Officer reserves the right to make additional inquiries and request additional documentation.

V. Affirmation

The Person/Substantial Owner affirms that all statements contained in the Affidavit are true, accurate and complete.

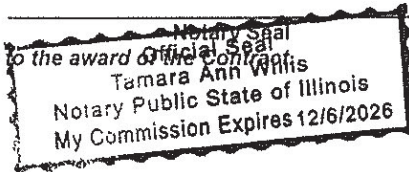
Signature: [Handwritten Signature] Date: 03/01/2023

Name of Person signing (Print): KIMBERLY MORELAND Title: Chief Customer Officer

Subscribed and sworn to before me this 1 day of MARCH, 2023

x [Handwritten Signature]  
Notary Public Signature

Note: The above information is subject to verification prior to the award of the contract.



SECTION 5

CONTRACT AND EDS EXECUTION PAGE

The Applicant hereby certifies and warrants that all of the statements, certifications and representations set forth in this EDS are true, complete and correct; that the Applicant is in full compliance and will continue to be in compliance throughout the term of the Contract or County Privilege issued to the Applicant with all the policies and requirements set forth in this EDS; and that all facts and information provided by the Applicant in this EDS are true, complete and correct. The Applicant agrees to inform the Chief Procurement Officer in writing if any of such statements, certifications, representations, facts or information becomes or is found to be untrue, incomplete or incorrect during the term of the Contract or County Privilege.

Execution by Corporation

Corporation's Name

President's Printed Name and Signature

Telephone

Email

Secretary Signature

Date

Execution by LLC

Rising Medical Soutions LLC

*[Handwritten Signature]*

LLC Name

\*Member/Manager Printed Name and Signature

10/17/2022

312-559-8445

Date

Telephone and Email

Execution by Partnership/Joint Venture

Partnership/Joint Venture Name

\*Partner/Joint Venturer Printed Name and Signature

Date

Telephone and Email

Execution by Sole Proprietorship

Printed Name Signature

Assumed Name (if applicable)

Date

Telephone and Email

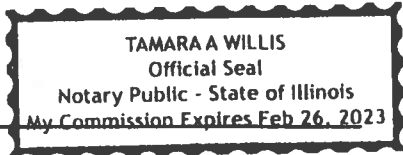
Subscribed and sworn to before me this 18<sup>th</sup> day of October, 2022

*Tamara A. Willis*

Notary Public Signature

My commission expires:

Notary Seal



\*If the operating agreement, partnership agreement or governing documents requiring execution by multiple members, managers, partners, or joint venturers, please complete and execute additional Contract and EDS Execution Pages.