AMENDMENT NO. 2

This Amendment modifies Contract No. 1944-17756, for Cost Allocation Plan and Indirect Cost Rate Proposals by and between the County of Cook, Illinois, herein referred to as "County" and MGT of America Consulting, LLC, 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 February 27, 2020, (hereinafter referred to as the "Contract"), wherein the Contractor is to provide Cost Allocation Plan and Indirect Cost Rate Proposals (hereinafter referred to as the "Services") from March 6, 2020 through March 5, 2023, in an amount not to exceed $217,500.00, with two (2) one-year renewal options; and

Whereas, Amendment No. 1 was executed by the Chief Procurement Officer on June 24, 2022, to renew the Contract for one (1) year beginning March 6, 2023 through March 5, 2024 in the amount of $74,500.00 and the Total Contract Amount was revised to $292,000.00; and

Whereas, the Contract will expire March 5, 2024, and the agreed upon Services are still required; and

Whereas, pursuant to Article 4 Section C of the Contract, the County and Contractor desire to renew the Contract for one (1) year beginning on March 6, 2024 through March 5, 2025; and

Whereas, an increase of the Contract amount is required for the continuation of, and additional Services; and pursuant to Article 10 Section C of the Contract, the County and Contractor desire to increase the Contract in the amount of $207,250.00.

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 March 5, 2025.

2. The Contract is increased by $207,250.00 and the Total Contract Amount is revised to $499,250.00.

3. The Contract is hereby amended to incorporate Attachment A and made part of the Contract.

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.

Remainder of Page Intentionally Left Blank

In witness whereof and pursuant to County Board approval on April 27, 2023 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

By: Raffi Sarrafian Digitally signed by Raffi Sarrafian Date: 2023.06.02 15:25:12 -05'00'
Chief Procurement Officer

Date: _____

By: n/a
State's Attorney (if applicable)

_____
Type or print name (if applicable)

Date: _____

MGT of America Consulting, LLC

_____
Signed

A. Trey Traviesa
Type or print name

Chairman & CEO
Title

Date: 3/28/2023

ATTACHMENT A

February 17, 2023

Ms. Annette C. M. Guzman, Director
Cook County Department of Budget & Management Services
118 North Clark Street
Chicago, Illinois 60602

Dear Ms. Guzman:

Thank you for scheduling time on November 9th to discuss your interest in extending the County's agreement with MGT Consulting to provide cost allocation plan ("CAP") services. The three-year agreement commenced in March 2020 and provided for two additional one-year options. Last year, the County executed the first option year for a County-wide cost allocation plan based on FY22 actual costs.

Last July, the County also asked us to assist in analyzing FY 2021 expenditures and developing allocation percentages to support its position in litigation surrounding a pending legal matter, Illinois Road and Transportation Builders Association et al. v. County of Cook ("Road Builders"). At the County's direction, the law firm of Goldberg Kohn engaged MGT Consulting to assist in developing this documentation ("allocation percentages").

The purpose of this letter is to propose amendments to the County's contract with MGT (194-17756) to add an additional year of County-wide cost allocation services, and to add the preparation of the Transportation Fund allocations to the scope of services. The sections below identify the proposed pricing and timelines for each of the added projects.

The table below is a summary of the projects covered by MGT's existing contract, and the newly proposed services, along with an identification of pricing and the calendar year timeframe in which the services are anticipated to be delivered. New services are indicated as "Proposed" in the Contract column.

MGT Services	Contract	Timeframe of Work	Total Fees
County-wide CAP (FY19 actual costs)	1944-17756	2020	$ 71,500
County-wide CAP (FY20 actual costs)	1944-17756	2021	$ 72,500
County-wide CAP (FY21 actual costs)	1944-17756	2022	$ 73,500
County-wide CAP (FY22 actual costs)	Amendment 1	2023	$ 74,500
Transportation Fund Allocations (FY22 actual costs)	Proposed	2023	$ 64,000
Transportation Fund Allocations (FY23 actual costs)	Proposed	2024	$ 66,250
County-wide CAP (FY23 actual costs)	Proposed	2024	$ 77,000
TOTAL			**$ 499,250**

The remainder of this document identifies the detailed timelines for the projects.

1. COUNTY-WIDE COST ALLOCATION PLAN SERVICES

WORKPLAN – COUNTY-WIDE COST ALLOCATION PLAN

The table below identifies the workplan for the development of the County-wide CAP based on FY 2023 actual costs. This work will be performed in calendar year 2024.

Phase	Workplan	Month								
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	On Going
1	1. Initial Meeting									
1	2. Introductory Training									
1	3. Develop Data Request									
2	4. Collect Core Data									
2	5. Prepare for Interviews									
2	6. Department Interviews									
2	7. Develop Cost Plan Structure									
2	8. Distribute Costs Into Functions									
2	9. Develop Allocation Bases									
2	10. Process Draft Cost Plans									
2	11. Develop Indirect Cost Rates									
2	12. Quality Control & Internal Review									
2	13. Provide Draft Cost Plans & Rates									
3	14. Finalize Cost Plan									
3	15. Final Cost Plans, Rates & Exec Summary									
3	16. Present Results									
3	17. Identify Additional Uses									
3	18. Submit, Negotiate and Secure Approval									
3	19. Respond to Audit Inquiries									
3	20. Project Recap Memo									

2. ALLOCATIONS FOR THE TRANSPORTATION FUND

In July 2022, MGT began work under the supervision of Goldberg Kohn to develop allocation percentages in support of the Road Builders case. We presented our findings to the County in September 2022. The departments we reviewed were:

Included Allocation Percentages in Report	Did Not Include Allocation Percentages in Report
1007 - Revenue	1021 - Chief Financial Officer, Debt Service
1026 - Administrative Hearing Board	1312 - Forensic Clinical Services.
1231 - Sheriff Police Department	4890-4899 - Hospital System
1232 - Community Corrections	
1239 - Department of Corrections	
1250 - State's Attorney	
1260 - Public Defender	
1280 - Adult Probation Dept.	
1300 - Judiciary	
1310 - Office of the Chief Judge	
1313 - Social Service	
1326 - Juvenile Probation	
1335 - Clerk of the Circuit Court-Office of Clerk	
1440 - Juvenile Detention (JTDC)	
1500 - Highways and Transportation	
4240 - Cermak Health Services	
4241 - Juvenile Temp Detention Facility Medical	

For the September 2022 report, we used actual FY 2021 expenditures. We worked with County departments to develop allocation bases and statistics for the period July 1, 2021, through June 30, 2022, to apply to the FY 2021 expenses.

The additional scope that would be part of this amendment would involve MGT updating the allocation percentages using expenditures and statistics from the 12-month period aligned with the County's most recently ended fiscal year – FY 2022 ended November 31, 2022. The County would then apply the new set of percentages as part of its budgeting process for the County's FY 2024 budget. MGT would also update this calculation based on actual expenditures and statistics from fiscal year 2023 for use in the County's FY 2025 budget.

The column on the left in the above table presents the departments where we developed allocation percentages in the September 2022 report. MGT also calculated a percentage that would be applied to salaries in each department to reflect the County's pension expense. [1] We would update the data for the above departments as well as the pensions expense percentage.

As part of our analyses for the September 2022 report, we did not include information for two departments plus the Health and Hospitals Enterprise Fund (column on the right) for which data was analyzed. Based on our November 9th discussion, we would include these three items above in the next round of analysis.

[1] MGT used reports issued by the County Employees' and Officers' Annuity and Benefit Fund of Cook County

WORKPLAN – ANNUAL ALLOCATIONS FOR THE TRANSPORTATION FUND

	Transportation Fund Cost Allocation	Month							
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
1.	Initial Kick off Meeting - Project Managers			■					
2.	Initial Kick-off Meeting - All Involved Departments			■					
3.	Develop Data Requests (MILESTONE			■					
4.	Collect Core Data				■	■	■		
5.	Prepare for Interviews				■				
6.	Department Interviews				■	■			
7.	Develop Cost Model Structure				■	■			
8.	Summarize Expenditures					■	■		
9.	Develop Allocation Methods					■	■		
10.	Prepare Allocation Summary						■		
11.	Quality Control & Internal Review						■	■	
12.	Provide Draft Cost Allocation Plan (MILESTONE)							■	
13.	Revise Draft Report Based on County Feedback							■	
14.	Finalize Report (MILESTONE)								■

PROFESSIONAL FEES DETAIL – ANNUAL ALLOCATIONS FOR THE TRANSPORTATION FUND

The table below identifies the estimated professional fees by for each of the involved departments in the Transportation Fund allocations. This breakdown is informational only and will be invoiced as a lump sum.

	Transportation Fund Cost Allocation	Fees for FY22 Actual Cost Calculations	Fees for FY23 Actual Cost Calculations
1.	1007 - Revenue	$ 2,500	$ 2,700
2.	1021 - Office of the Chief Financial Officer (Debt Service)	$ 20,000	$ 19,000
3.	1026 - Administrative Hearing Board	$ 2,500	$ 2,700
4.	1231 - Sheriff Police Department	$ 2,500	$ 2,700
5.	1232 - Community Corrections	$ -	$ -
6.	1239 - Department of Corrections	$ -	$ -
7.	1250 - State's Attorney	$ -	$ -
8.	1260 - Public Defender	$ -	$ -
9.	1280 - Adult Probation	$ -	$ -
10.	1300 - Judiciary	$ 15,000	$ 16,200
11.	1310 - Office of the Chief Judge	$ -	$ -
12.	1313 - Social Service	$ -	$ -
13.	1326 - Juvenile Probation	$ -	$ -
14.	1335 - Clerk of the Circuit Court - Office of the Clerk	$ -	$ -
15.	1440 - Juvenile Detention (JTDC)	$ -	$ -
16.	4240 - Cermak Health Services	$ 2,500	$ 2,700
17.	4142 - Juvenile Temp Detention Facility Medical	$ 2,500	$ 2,700
18.	1312 - Forensic Clinical Services	$ 2,500	$ 2,700
19.	1500 - Highways & Transportation	$ 2,500	$ 2,700
20	48XX - Hospital System	$ 2,500	$ 2,700
21	Pension Additive Calculation	$ 1,500	$ 1,620
22	Other	$ -	$ -
23	Project Management	$ 7,500	$ 8,100
	TOTAL	**$ 64,000**	**$ 66,520**

ASSUMPTIONS – ANNUAL ALLOCATIONS FOR THE TRANSPORTATION FUND

We understand the need to seek County Board approval for this extension and expansion of scope. The need to meet the County's August deadlines necessitates that we begin both the CAP and Transportation Fund

assignments as soon as possible. MGT can begin these assignments as soon as you notify us that we can proceed. Email authorization would be acceptable.

The estimates are based on the following assumptions:

- We evaluate each department to determine whether the same allocation methods for each area as we used for the September 2022 report is still appropriate, or whether better or more accurate data is available.
- The cost and allocation percentages would rely on data for the most recently completed fiscal year.
- Services related to depositions/hearings/testimony/meetings with outside legal counsel would be invoiced at our standard hourly rates in the existing agreement with Goldberg Kohn and are not included in the fees identified above.
- We have allowed for 80 hours of consulting time to review data from the CFO related to corporate funded bond or construction projects. We will advise the Budget Office if additional time is needed.
- The County would assume responsibility for applying the rates during its budgeting process.

CONCLUSION

Thank you for the opportunity to submit this proposal. If you have questions on any aspect of our proposal, please contact **Mr. Jerry Wolf in our Chicago office at 847.404.0030** (or at jwolf@mgtconsulting.com) or me at **316.214.3163** (or at bschlyer@mgtconsulting.com).

Sincerely,

Bret J. Schlyer
Vice President

ATTACHMENT B

OCPO ONLY:
☐ Disqualification
☐ Check Complete

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

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.: 1944-17756	Date: 3/24/2023
Total Bid or Proposal Amount: $499,250.00	Contract Title: Cost Allocation Plan and Indirect Cost RatePropos
Contractor: MGT of America Consulting, LLC	Subcontractor/Supplier/ Subconsultant to be added or substitute: Velma Butler and Company, Ltd.
Authorized Contact for Contractor: Jerry Wolf	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Velma Butler
Email Address (Contractor): jwolf@mgtconsulting.com	Email Address (Subcontractor): vbandco@aol.com
Company Address (Contractor): 790 Frontage Rd., Suite 110	Company Address (Subcontractor): 6 East Monroe #400
City, State and Zip (Contractor): Northfield, IL 60093	City, State and Zip (Subcontractor): Chicago, IL 60603
Telephone and Fax (Contractor): 847-441-4175	Telephone and Fax (Subcontractor): 312-419-1547
Estimated Start and Completion Dates (Contractor): 3/6/2024	Estimated Start and Completion Dates (Subcontractor): 3/5/2025

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

Description of Services or Supplies	**Total Price of Subcontract for Services or Supplies**
Assist with data collection, analysis and reviews of deliverables	129,150.00

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.**

MGT of America Consulting, LLC

Contractor

MGT of America Consulting

Name

Vice President

Title

3/24/2023

Prime Contractor Signature Date

OFFICE OF CONTRACT COMPLIANCE
Nicole Mandeville
DIRECTOR
69 W. Washington Street, George W. Dunne Cook County Building, Suite 3000 ● Chicago, Illinois 60602 ● (312) 603-5502

April 19, 2023

Mr. Raffi Sarrafian
Chief Procurement Officer
George W. Dunne
County Building
69 West Washington, Room 3000
Chicago, IL 60602

Re: Contract No. 1944-17756 (Amendment No. 2)
Cost Allocation Plan and Indirect Rate Proposals
Budget & Management Services

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: MGT of America Consulting, LLC
Original Contract Value: $217,500.00
Increased Contract Value: $74,500.00 (Amendment No. 1)
New Contract Value: $292,000.00
Contract Extension: 12 Months
New Contract Term: March 6, 2023 through March 5, 2024
Increased Contract Value: $207,250.00 (Amendment No. 2)
New Contract Value: $499,250.00
Contract Extension: 12 Months
New Contract Term: March 6, 2024 through March 5, 2025
Contract Goal: 35% M/WBE Overall

MBE/WBE	Status	Certifying Agency	Commitment (Direct)*
Velma Butler & Co., Ltd.	MBE – African American	City of Chicago	35%
		Total	35%

*Commitment percentages are based on the amendment amount.

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

Sincerely,

Jeanetta Cardine

Jeanetta Cardine
Contract Compliance Deputy Director

FG/jc

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)

☑ 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. [x] **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: Velma Butler and Company, Ltd.

Address: 6 East Monroe #400

E-mail: contracts@mgtconsulting.com

Contact Person: Velma Butler Phone: 312-419-1547

Dollar Amount Participation: $ $129,150.00

Percent Amount of Participation: 35% of the scope in which Sub is participating; 25.86 net %

*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.**

CITY OF CHICAGO

DEPARTMENT OF PROCUREMENT SERVICES

MAY 0 6 2021

Velma Butler
Velma Butler & Company, Ltd.
6 East Monroe Street, Suite 400
Chicago, Illinois 60603

Dear Ms. Butler:

We are pleased to inform you that **Velma Butler & Company, Ltd.** has been recertified as a **Minority-Owned Business Enterprise ("MBE")** and **Women-Owned Business Enterprise ("WBE")** by the City of Chicago ("City"). This **MBE/WBE** certification is valid until **5/1/2026**; however, your firm's certification must be revalidated annually. In the past the City has provided you with an annual letter confirming your certification; such letters will no longer be issued. Therefore, we require you to be even more diligent in filing your **annual No-Change Affidavit 60 days** before your annual anniversary date.

It is now your responsibility to check the City's certification directory and verify your certification status. As a condition of continued certification during the five year period stated above, you must file an **annual No-Change Affidavit**. Your firm's annual No-Change Affidavit is due by **5/1/2022, 5/1/2023, 5/1/2024 and 5/1/2025**. Please remember, you have an affirmative duty to file your No-Change Affidavit 60 days prior to the date of expiration. Failure to file your annual No-Change Affidavit may result in the suspension or rescission of your certification.

Your firm's five year certification will expire on **5/1/2026**. You have an affirmative duty to file for recertification **60 days** prior to the date of the five year anniversary date. Therefore, you must file for recertification by **3/1/2026.**

It is important to note that you also have an ongoing affirmative duty to notify the City of any changes in ownership or control of your firm, or any other fact affecting your firm's eligibility for certification **within 10 days** of such change. These changes may include but are not limited to a change of address, change of business structure, change in ownership or ownership structure, change of business operations, gross receipts and or personal net worth that exceed the program threshold. Failure to provide the City with timely notice of such changes may result in the suspension or rescission of your certification. In addition, you may be liable for civil penalties under Chapter 1-22, "False Claims", of the Municipal Code of Chicago.

Please note – you shall be deemed to have had your certification lapse and will be ineligible to participate as a **MBE/WBE** if you fail to:

- File your annual No-Change Affidavit within the required time period;
- Provide financial or other records requested pursuant to an audit within the required time period;
- Notify the City of any changes affecting your firm's certification **within 10 days** of such change; or
- File your recertification within the required time period.

Please be reminded of your contractual obligation to cooperate with the City with respect to any reviews, audits or investigation of its contracts and affirmative action programs. We strongly encourage you to assist us in maintaining the integrity of our programs by reporting instances or suspicions of fraud or abuse to the **City's Inspector General at chicagoinspectorgeneral.org, or 866-IG-TIPLINE (866-448-4754).**

Be advised that if you or your firm is found to be involved in certification, bidding and/or contractual fraud or abuse, the City will pursue decertification and debarment. In addition to any other penalty imposed by law, any person who knowingly obtains, or knowingly assists another in obtaining a contract with the City by falsely representing the individual or entity, or the individual or entity assisted is guilty of a misdemeanor, punishable by incarceration in the county jail for a period not to exceed six months, or a fine of not less than $5,000 and not more than $10,000 or both.

Your firm's name will be listed in the City's Directory of Minority and Women-Owned Business Enterprises in the specialty area(s) of:

NAICS Code(s):
541211 – Certified Public Accountants' (CPAs) Offices
541213 – Tax Preparation Services
541214 – Payroll Services
541219 – Other Accounting Services

Your firm's participation on City contracts will be credited only toward **MBE/WBE** goals in your area(s) specialty. While your participation on City contracts is not limited to your area of specialty, credit toward goals will be given only for work that is self-performed and providing a commercially useful function that is done in the approved specialty category.

Thank you for your interest in the City's Minority, Women-Owned Business Enterprise, Veteran-Owned Business Enterprise and Business Enterprise Owned or Operated by People with Disabilities (MBE/WBE/VBE/BEPD) Program.

Sincerely,

Monica Jimenez
Acting Chief Procurement Officer

MJ/cm

MBE/WBE LETTER OF INTENT - FORM 2

M/WBE Firm: Velma Butler & Company Ltd.

Contact Person: Velma Butler

Address: 6 E. Monroe #400

City/State: Chicago, IL Zip: 60603

Phone: 312-419-1547 Fax: _____

Email: vbandc@aol.com

Participation: ☑ Direct ☐ Indirect

Certifying Agency: _____

Certification Expiration Date: _____

Ethnicity: _____

Bid/Proposal/Contract #: _____

FEIN #: _____

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)*

Continuing CAP consulting

Indicate the **Dollar Amount**, **Percentage**, and the **Terms of Payment** for the above-described Commodities/ Services:

35% of County-wide CAP project in Amendment 2. Total subcontract value, including proposed Amendment 2: $129,150.

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.

Velma Butler
Signature (M/WBE)

Velma Butler
Print Name

Velma Butler & Company, Ltd.
Firm Name

3/27/23
Date

Subscribed and sworn before me

this 27 day of March, 2023.

Notary Public Jessica N. Butler

JESSICA N BUTLER
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
February 26, 2025

SEAL

_____
Signature (Prime Bidder/Proposer)

A. Trey Traviesa
Print Name

MGT of America Consulting, LLC
Firm Name

March 28, 2023
Date

Subscribed and sworn before me

this 28th day of March, 2023.

Notary Public Sandra L. Coonan

SANDRA L. COONAN
Notary Public
State of Florida
Comm# HH233050
Expires 2/23/2026

SEAL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 5/4/2023

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

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

PRODUCER	CONTACT NAME: Meagan Rago
Alliant Insurance Services, Inc. 32 Old Slip New York NY 10005	PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: Meagan.Rago@alliant.com
License#: 812008	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Hartford Fire Insurance Compan	19682
INSURER B : Trumbull Insurance Company	27120
INSURER C : Hartford Casualty Insurance Co	29424
INSURER D : Lloyd's of London	0
INSURER E : Continental Casualty Company	20443
INSURER F : Hartford Insurance Group	914

INSURED
MGTCONS-01
TVG MGT Holdings, LP
MGT of America Consulting, LLC
4320 West Kennedy Blvd
Tampa FL 33609

COVERAGES **CERTIFICATE NUMBER:** 1638184688 **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	X COMMERCIAL GENERAL LIABILITY	Y	Y	10UUNCG6832	5/12/2023	5/12/2024	EACH OCCURRENCE	$ 1,000,000
	[ ] CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	[ ] OTHER:							$
B	AUTOMOBILE LIABILITY	Y	Y	10UENCG6748	5/12/2023	5/12/2024	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	$
	[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
							Com/Coll Ded	$ 1,000
C	X UMBRELLA LIAB X OCCUR	Y	Y	10XHUDL6029	5/12/2023	5/12/2024	EACH OCCURRENCE	$ 10,000,000
	[ ] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$ 10,000,000
	[ ] DED X RETENTION $ 10,000							$
F	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N	N / A	Y	10WBAR7J14	5/12/2023	5/12/2024	X PER STATUTE [ ] OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**						E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
E	Professional Liability			652348448	7/1/2022	7/1/2023	Limit of Liability	$6,000,000
D	Cyber Liability			ACS1038522	7/1/2022	7/1/2023	Limit of Liability	$5,000,000
E	Crime/Fidelity Bond			652444788	7/1/2022	7/1/2023	Limit of Liability	$3,000,000

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

Above Crime/Fidelity Bond includes Employee Theft, ERISA and Client's Property

RE: Cost Allocation Plan and Indirect Cost Rate study / Contract # 1944-17756
Cook County, its officials, employees and agents are included as Additional Insureds with regards to the General Liability, Auto Liability and Umbrella Liability as required by written contract subject to the policy terms and conditions. Coverage is Primary and Non-Contributory as required by written contract subject to the policy terms and conditions. Waiver of Subrogation applies with regards to the General Liability, Auto Liability, Workers' Compensation and Umbrella Liability as required by written contract subject to the policy terms and conditions.

CERTIFICATE HOLDER

Cook County
Contract # 1944-17756
Chief Procurement Officer
Chicago IL 60602

CANCELLATION

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

COOK COUNTY
ECONOMIC DISCLOSURE STATEMENT
AND EXECUTION DOCUMENT
INDEX

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 cookcountyil.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 sub-paragraphs (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.

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.

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:

790 W Frontage Rd., Suite 110, Northfield, IL 60093

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): _____

_____

_____

(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:

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 MGT of America Consulting

D/B/A: _____ FEIN # Only: 81-0890071

Street Address: 4320 West Kennedy Blvd

City: Tampa State: FL Zip Code: 33609

Phone No.: 888-302-0899 Fax Number: _____ Email: contracts@mgtconsulting.com

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

Corporate File Number (if applicable): _____

Form of Legal Entity:

[ ] Sole Proprietor [ ] Partnership [ ] Corporation [ ] Trustee of Land Trust

[ ] Business Trust [ ] Estate [ ] Association [ ] Joint Venture

[✔] Other (describe) Limited Liability Company

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
MGT Impact Holdings	4320 West Kennedy Blvd., Tampa FL 33609	100%

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

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

3. Is the Applicant constructively controlled by another person or Legal Entity? [☐] Yes [☑] No

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

Name	Address	Percentage of Beneficial Interest	Relationship

Corporate Officers, Members and Partners Information:

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

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
A. Trey Traviesa	Tampa, FL	Chairman & CEO	
Carla Luke	Tampa, FL	CFO	

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

A. Trey Traviesa
Name of Authorized Applicant/Holder Representative (please print or type)

Chairman & CEO
Title

Signature

March 28, 2023
Date

contracts@mgtconsulting.com
E-mail address

888-302-0899
Phone Number

Subscribed to and sworn before me
this 28th day of March, 2023

My commission expires:

SANDRA L. COONAN
Notary Public
State of Florida
Comm# HH233050
Expires 2/23/2026

X Sandra L Coonan
Notary Public Signature

Notary Seal

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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

D/B/A: _____ FEIN # Only: 92-2889211

Street Address: 4320 West Kennedy Blvd. Ste 200

City: Tampa State: FL Zip Code: 33609

Phone No.: 888-302-0899 Fax Number: _____ Email: contracts@mgtconsulting.com

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

Corporate File Number (if applicable): _____

Form of Legal Entity:

[ ] Sole Proprietor [ ] Partnership [ ] Corporation [ ] Trustee of Land Trust

[ ] Business Trust [ ] Estate [ ] Association [ ] Joint Venture

[✓] Other (describe) Limited Liability Company

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
MGT Intermediate, LLC	4320 West Kennedy Blvd. Ste 200, Tampa, FL 33609	100%

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

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

3. Is the Applicant constructively controlled by another person or Legal Entity? [☐] Yes [☑] No

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

Name	Address	Percentage of Beneficial Interest	Relationship

Corporate Officers, Members and Partners Information:

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

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
A. Trey Traviesa	4320 West Kennedy Blvd. Ste 200 , Tampa, FL 33609	CEO	Indefinite
Carla Luke	4320 West Kennedy Blvd. Ste 200 , Tampa, FL 33609	CFO	Indefinite
Philip Alphonse	4320 West Kennedy Blvd. Ste 200 , Tampa, FL 33609	VP&Secretary	Indefinite

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

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

CFO
Title

Signature

5/19/2023
Date

contracts@mgtconsulting.com
E-mail address

888-302-0899
Phone Number

Subscribed to and sworn before me
this 19th day of May, 2023

My commission expires:

X
Notary Public Signature

Notary Seal

TAMMIE L ROBERSON
Notary Public - State of Florida
Commission # HH273793
My Comm. Expires June 6, 2026

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:

☐ Parent	☐ Grandparent	☐ Stepfather
☐ Child	☐ Grandchild	☐ Stepmother
☑ Brother	☐ Father-in-law	☐ Stepson
☐ Sister	☐ Mother-in-law	☐ Stepdaughter
☐ Aunt	☐ Son-in-law	☐ Stepbrother
☐ Uncle	☐ Daughter-in-law	☐ Stepsister
☐ Niece	☐ Brother-in-law	☐ Half-brother
☐ Nephew	☐ Sister-in-law	☐ Half-sister

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: MGT of America Consulting, LLC

Address of Person Doing Business with the County: 4320 West Kennedy Blvd., Tampa, FL 33609

Phone number of Person Doing Business with the County: 888-302-0899

Email address of Person Doing Business with the County: contracts@mgtconsulting.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: 1944-17756

The aggregate dollar value of the business you are doing or seeking to do with the County: $499,250.00

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: Jovan Johnson; jovan.johnson@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: Annette Guzman; annette.guzman@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*

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

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

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

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

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

Signature of Recipient

March 28, 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: 1944-17756 A2

County Using Agency (requesting Procurement): Cook

II. Person/Substantial Owner Information:

Person (Corporate Entity Name): MGT of America Consulting, LLC

Substantial Owner Complete Name: MGT Impact Holdings, LLC

FEIN# 92-2889211

[redacted]

E-mail address: contracts@mgtconsulting.com

Street Address: 4320 West Kennedy Blvd. Ste 200

City: Tampa State: FL Zip: 33609

[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: _____ Date: June 2, 2023

Name of Person signing (Print): Trey Traviesa Title: CEO

Subscribed and sworn to before me this 2nd day of June, 20 23

X _____ _____

Notary Public Signature **Notary Seal**

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

NOTARY PUBLIC STATE OF FLORIDA

TAMMIE L ROBERSON
Notary Public - State of Florida
Commission # HH273793
My Comm. Expires June 8, 2026

ACTION OF THE MANAGER OF
MGT OF AMERICA CONSULTING, LLC
TAKEN BY UNANIMOUS WRITTEN CONSENT
IN LIEU OF A SPECIAL MEETING

THE UNDERSIGNED, being the sole Manager of **MGT OF AMERICA CONSULTING, LLC**, a Florida limited liability company (the "Company"), hereby consents to and approves the following resolutions, which action shall have the same force and effect as if taken at a special meeting of the Manager of said Company duly called and held:

WHEREAS, as part of the Company's ongoing business, the Company regularly enters into binding contracts to provide various services to governmental agencies and other general businesses (collectively, the "Contracts").

NOW THEREFORE, BE IT RESOLVED, that the following officers and/or employees of the Company are each hereby appointed as the Company's "Designee" to review, negotiate and sign all documentation on behalf of the Company in connection with the Contracts:

A. Trey Traviesa	-	Chief Executive Officer and President
Fred Seamon	-	Executive Vice President
Carla Luke	-	Chief Financial Officer
Robert Holloway	-	Senior Vice President
Patrick Dyer	-	Vice President
Chase DuBois	-	Vice President

FURTHER RESOLVED, that each Designee is hereby authorized and directed to execute and deliver any and all documents related to the Contracts with such changes as the parties may approve, such approval to be conclusively evidenced by their execution and delivery of same on behalf of the Company.

FURTHER RESOLVED, that each Designee is hereby empowered and directed to do or cause to be done any and all such acts and things and has full power and authority to perform all acts and to make disbursements, and to sign, seal, execute, deliver, acknowledge, file, record and perform any and all agreements, contracts, papers, affidavits, applications, documents, certificates and all other documents in connection with the Contracts as with the advice of counsel may be necessary, appropriate, or desirable in order to carry out and to effect the full intent and purpose of the foregoing resolutions.

FURTHER RESOLVED, that this written consent may be executed in counterparts, each of which shall be deemed an original all of which, taken together, shall constitute one and the same instrument; and

FURTHER RESOLVED, that this written consent to such action be filed with the minutes of the proceedings of the Company.

[Signature Page Follows]

IN WITNESS WHEREOF, the consent of the sole Manager of **MGT OF AMERICA CONSULTING, LLC**, effective this 17th day of January, 2022.

MANAGER:

A. TREY TRAVIESA