AMENDMENT NO. 1

This Amendment modifies Contract No. 1953-18090 for Juvenile Detention Alternative Initiatives: Shelter Care Program by and between the County of Cook, Illinois, herein referred to as "County" and Heartland Human Care Services, Inc., 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 7, 2021, (hereinafter referred to as the "Contract"), wherein the Contractor is to provide Juvenile Detention Alternative Initiatives: Shelter Care Program (hereinafter referred to as the "Services") from December 1, 2021 through November 30, 2024, in an amount not to exceed $7,384,319.00, with two (2) one-year renewal options; and

Whereas, the Contract will expire November 30, 2024, 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 $2,966,150.00; 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 December 1, 2024 through November 30, 2025.

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 November 30, 2025.

2. The Contract is increased by $2,966,150.00 and the Total Contract Amount is revised to $10,350,469.00 as per Attachment A and made a part of the Contract.

3. Article 11 of the Contract, Notices, all notices sent to Cook County Chief Procurement Office is replaced as follows:

   Cook County Office of the Chief Procurement Officer
   161 N. Clark Street, Suite 2300
   Chicago, IL 60601
   (Include County Contract Number on all notices)

4. Exhibit 8, Section VII, is hereby revised to update the following address:

   Office of Contract Compliance
   161 N. Clark Street, Suite 2300
   Chicago, IL 60601
   (312) 603-5502

5. 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.

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

In witness whereof and pursuant to County Board approval on November 21, 2024, the County and Contractor have caused this Amendment No. 1 to be executed on the date and year last written below.

County of Cook, Illinois

By: Raffi Sarrafian Digitally signed by Raffi Sarrafian Date: 2024.12.03 11:06:51 -06'00'
Chief Procurement Officer

Date:

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

Type or print name (if applicable)
James Beligratis

Date: 11/13/24

Heartland Human Care Services, Inc.

Signed

David Sinski
Type or print name

Chief Executive and Vision Officer
Title

Date: October 21, 2024

ATTACHMENT A

HEARTLAND HUMAN CARE SERVICES (HHCS)
MANUEL SAURA CENTER JUVENILE DETENTION ALTERNATIVE INITIATIVE (JDAI)

PERSONNEL EXPENSES

a.	Salary Expenses	**1,184,762**
b.	Fringe Benefits (30%)	**355,429**

STAFF EXPENSES

a. Staff Development

	Monthly $	Months	Item Total	Subtotal	
Staff Development	1,000	12	12,000		
Subtotal				12,000	**12,000**

b. Transportation - Ground

	Monthly $	Months	Item Total	Subtotal	
Ground Transportation	150	12	1,800		
Subtotal				1,800	**1,800**

c. Transportation - Mileage Reimbursement

	Monthly $	Months	Item Total	Subtotal	
Mileage Reimbursement	300	12	3,600		
Subtotal				3,600	**3,600**

d. Office Supplies

	Monthly $	Months	Item Total	Subtotal	
Office Supplies	425	12	5,100		
Subtotal				5,100	**5,100**

e. Postage

	Monthly $	Months	Item Total	Subtotal	
Postage, Regular & Express	50	12	600		
Subtotal				600	**600**

Total Staff Expenses **23,100**

INSURANCE

a. Professional Liability Insurance

	Monthly $	Months	Item Total	Subtotal	
Professional Liability Insurance	374	12	4,486		
Subtotal				4,486	**4,486**

b. Property General Liability Insurance

	Monthly $	Months	Item Total	Subtotal	
Property General Liability Insurance	100	12	1,200		
Subtotal				1,200	**1,200**

c. Vehicle Insurance

	Monthly $	Months	Item Total	Subtotal	
Vehicle Insurance	250	12	3,000		
Subtotal				3,000	**3,000**

Total Insurance **8,686**

PROFESSIONAL FEES

a. Recruitment

	Monthly $	Months	Item Total	Subtotal	
Recruitment	100	12	1,200		
Subtotal				1,200	**1,200**

HEARTLAND HUMAN CARE SERVICES (HHCS)
MANUEL SAURA CENTER JUVENILE DETENTION ALTERNATIVE INITIATIVE (JDAI)

b. Audit Fees

	Monthly $	Months	Item Total	Subtotal	
Audit Fees	125	12	1,500		
Subtotal				1,500	**1,500**

c. Contractors

	Monthly Rate /Group	# Groups	Months	Item Total	
SkyART	310	4	12	14,880	
Subtotal					**14,880**

d. Dental Services

	Hourly Rate	Hours per month	Months	Item Total	
Dental Services	120	34	12	48,960	
Subtotal					**48,960**

Total Professional Fees **66,540**

5. COMMUNICATIONS

a. Communications

	Monthly $	Months	Item Total	Subtotal	
Local/Long Distance/Internet/Web Maintenance/Cable	1,068	12	12,816		
Subtotal				12,816	**12,816**

b. Mobile Communications

	Monthly $	Months	Item Total	Subtotal	
Mobile Communications	400	12	4,800		
Subtotal				4,800	**4,800**

Total Communications **17,616**

6. OCCUPANCY

a. Rent

	Monthly $	Months	Item Total	Subtotal	
Rent	10,751	12	129,012		
			-		
Subtotal				129,012	**129,012**

b. Utilities

	Monthly $	Months	Item Total	Subtotal	
Electric	740	12	8,880		
Gas (Cooking & Heating)	1,120	12	13,440		
Water & Sewage	540	12	6,480		
Subtotal				28,800	**28,800**

c. Building Maintenance

	Monthly $	Months	Item Total	Subtotal
Building Maintenance	3,000	12	36,000	
Kitchen exhaust fan/window replacement			12,000	
Door and frame replacement			192,353	
New key schedule			3,500	
Camera and alarm upgrade			23,000	
Painting (entire facility)			26,700	

HEARTLAND HUMAN CARE SERVICES (HHCS)
MANUEL SAURA CENTER JUVENILE DETENTION ALTERNATIVE INITIATIVE (JDAI)

Window replacement		61,000		
Outdoor fence		31,000		
Wood Flooring repairs		17,800		
Epoxy basement floors		6,500		
Reglaze tubs, replace toilet seats and vanities		12,885		
Exterior updates		152,031		
Subtotal			574,769	**574,769**

d. Furniture (Replacement)

	Average $	Units	Item Total	Subtotal	
Office furniture, medical room, classroom furniture, lounge furniture					
Small Office Desk	250	14	3,500		
Office Task Chair	295	14	4,130		
Medical Room Furniture	759	1	759		
Clinical Lounge Chairs	499	2	998		
Walking Machine and Yoga Mat	1,560	1	1,560		
Cafeteria Dining Table	350	1	350		
Cafeteria Dining Chairs	125	6	750		
Coffee Table	250	4	1,000		
Staff Breakout Oval Dining Table	350	1	350		
Staff Breakout Chairs	125	2	250		
Conference Table	1,500	1	1,500		
Conference Chairs	125	8	1,000		
Classroom Desks	415	12	4,980		
Classroom Chairs	125	12	1,500		
Sofas	759	14	10,626		
Freight, Delivery, Installation	16,793	1	16,793		
			0		
Subtotal				50,046	**50,046**

Total Occupancy **782,627**

7. EQUIPMENT

a. Vehicle Leases (2)

	Monthly $	Months	Item Total	Subtotal	
Vehicle Leases	495	12	11,880		
Subtotal				11,880	**11,880**

b. Office Equipment Purchase & Maintenance

	Monthly $	Months	Item Total	Subtotal	
Office Equipment Purchase & Mai	350	12	4,200		
Subtotal				4,200	**4,200**

c. Copier Maintenance

	Monthly $	Months	Item Total	Subtotal	
Copier/Fax/Printer Lease & Maintenance	300	12	3,600		
Subtotal				3,600	**3,600**

d. Tablets

	Unit Cost	# of Units	Item Total	Subtotal	
Tablets (12)	250	12	3,000		
Subtotal				3,000	**3,000**

e. Computer Software

	Monthly $	Months	Item Total	Subtotal

HEARTLAND HUMAN CARE SERVICES (HHCS)
MANUEL SAURA CENTER JUVENILE DETENTION ALTERNATIVE INITIATIVE (JDAI)

Case Management System Licenses (25)	684	12	8,211		
Zoom Health (2)	44	12	528		
Subtotal				8,739	**8,739**

f. Equipment

	Unit Cost	# of Units	Item Total	Subtotal	
			0		
Subtotal				0	**0**

Total Equipment **31,419**

8. CLIENT COSTS

a. Food Costs

	Cost Per Day	# Days Meals Served	# of Minors in the Program	Subtotal	
Food Costs	12	365	12	52,560	
Food Costs - Assessment Center	12	365	2	8,760	
Subtotal				61,320	**61,320**

b. Clothing

	Avg Cost Clothing Packet	# Minors	Turnover	Subtotal	
Clothing Costs Per Minor	300	12	6	21,600	
Clothing Costs - Assessment Center	100	30	12	36,000	
Subtotal				57,600	**57,600**

c. Personal and Hygiene Items

	Monthly $	Months	Item Total	Subtotal	
Personal and Hygiene Items	500	12	6,000		
Subtotal				6,000	**6,000**

d. Medical Supplies

	Monthly $	Months	Item Total	Subtotal	
Medical Supplies	250	12	3,000		
Subtotal				3,000	**3,000**

e. Educational Supplies

	Monthly $	Months	Item Total	Subtotal	
Educational Supplies	330	12	3,960		
Subtotal				3,960	**3,960**

f. Recreation

	Monthly $	Months	Item Total	Subtotal	
Recreational Supplies	250	12	3,000		
Basketball Hoop			1,782		
Recreational Activities	2,000	12	24,000		
Subtotal				28,782	**28,782**

g. Client Transportation

	Monthly $	Months	Item Total	Subtotal	
Client Transportation	165	12	1,980		
Subtotal				1,980	**1,980**

Total Client Costs **162,642**

I. TOTAL DIRECT CHARGES **2,632,821**

Excluded from Indirect cost calculation:

Building Maintence 574,769

HEARTLAND HUMAN CARE SERVICES (HHCS)
MANUEL SAURA CENTER JUVENILE DETENTION ALTERNATIVE INITIATIVE (JDAI)

Furniture replacement		50,046
		2,008,006
J. INDIRECT CHARGES / MG&A	0.1660	**333,329**
K. TOTAL BUDGET		**2,966,150**

ATTACHMENT B

Contract #: 1953-18090

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.: 1953-18090	Date: October 18, 2024
Total Bid or Proposal Amount: $10,350,469.00	Contract Title: Juvenile Detention Alternative Initiatives: Shelter C
Contractor: Heartland Human Care Services, Inc.	Subcontractor/Supplier/ Subconsultant to be added or substitute: N/A
Authorized Contact for Contractor: David Sinski	Authorized Contact for Subcontractor/Supplier/ Subconsultant: N/A
Email Address (Contractor): dsinski@heartlandhumancareservices.org	Email Address (Subcontractor): N/A
Company Address (Contractor): 4822 N. Broadway, 2nd Floor	Company Address (Subcontractor): N/A
City, State and Zip (Contractor): Chicago, IL 60640	City, State and Zip (Subcontractor): N/A
Telephone and Fax (Contractor): 312.881.0299	Telephone and Fax (Subcontractor): N/A
Estimated Start and Completion Dates (Contractor): TBD	Estimated Start and Completion Dates (Subcontractor): N/A

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

Description of Services or Supplies of Subcontractor	**Total Price of Subcontractor for Services or Supplies**
N/A	N/A

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

Heartland Human Care Services, Inc.
Contractor

David Sinski
Name

Chief Executive and Vision Officer
Title



Prime Contractor Signature

10/18/2024
Date

TONI PRECKWINKLE
PRESIDENT
Cook County Board of Commissioners

TARA STAMPS
1st District

VACANT
2nd District

BILL LOWRY
3rd District

STANLEY MOORE
4th District

MONICA GORDON
5th District

DONNA MILLER
6th District

ALMA E. ANAYA
7th District

ANTHONY QUEZADA
8th District

MAGGIE TREVOR
9th District

BRIDGET GAINER
10th District

JOHN P. DALEY
11th District

BRIDGET DEGNEN
12th District

JOSINA MORITA
13th District

SCOTT R. BRITTON
14th District

KEVIN B. MORRISON
15th District

FRANK AGUILAR
16th District

SEAN M. MORRISON
17th District

OFFICE OF CONTRACT COMPLIANCE
NICOLE N. MANDEVILLE
DIRECTOR, CONTRACT COMPLIANCE
161 N. Clark – 23rd Floor ● Chicago, Illinois 60601 ● (312) 603-5502

November 12, 2024

Mr. Raffi Sarrafian
Chief Procurement Officer
161 N. Clark Suite 2300
Chicago, IL 60601

Re: Contract No. 1953-18090 Amendment 1
Alternative Initiatives Shelter Care Program
Juvenile Probation Department
RFP – Professional Services
Participation Goal: 0% MBE/WBE
Contractor: Heartland Human Care Services, Inc.
Original Award Amount: $7,384,319.00
Original Term: December 1, 2021 through November 30, 2024
Amendment 1 increases the contract value by $2,966,150.00 from $7,384,319.00 to a revised contract value of $10,350,469.00 and renews contract term for 1 year from December 1, 2024 through November 30, 2025.
Revised Contract Value: $10,350,469.00
Revised Term: December 1, 2021 through November 30, 2025

Dear Mr. Sarrafian:

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

Sincerely,

JEANETTA CARDINE

Jeanetta Cardine
Contract Compliance Deputy Director

JC/dbmm

CC: Halyna Shuruk (Procurement)
Allyson Loftus (Juvenile Probation)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/7/2024

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 Marsh & McLennan Agency LLC 20 North Martingale Road Suite 100 Schaumburg IL 60173	**CONTACT NAME:** Veronica Stachura **PHONE (A/C, No, Ext):** (847) 463-7841 **FAX (A/C, No):** (847) 440-9116 **E-MAIL ADDRESS:** Veronica.Stachura@MarshMMA.com
INSURED HEARHUM-01 Heartland Human Care Services 4822 N. Broadway, 2nd Floor Chicago IL 60640	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** Berkley Human Services **INSURER B :** PinnaclePoint Insurance Compan — 15137 **INSURER C :** Philadelphia Indemnity Insuran — 18058 **INSURER D :** CFC Underwriting at Lloyds **INSURER E :** Ironshore Specialty Insurance — 25445 **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 1591333402 **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** [ ] CLAIMS-MADE [X] OCCUR [ ] ABUSE [ ] GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	Y	Y	HHN851241710	6/1/2024	6/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 500,000 $ 20,000 $ 1,000,000 $ 3,000,000 $ 3,000,000 $
A	**AUTOMOBILE LIABILITY** X ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS X HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY [ ]	Y	Y	HHN851241710	6/1/2024	6/1/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
A	X **UMBRELLA LIAB** [X] OCCUR **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			HHN851241710	6/1/2024	6/1/2025	EACH OCCURRENCE AGGREGATE $	$ 5,000,000 $ 5,000,000 $
B	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N: N **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		WCP7007844	1/1/2024	1/1/2025	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 500,000 $ 500,000 $ 500,000
C D E	Employee Theft Cyber Professional Liability			PHSD1873105000 ACS1268024 HC7SAC46PC001	6/1/2024 6/1/2024 10/10/2024	6/1/2025 6/1/2025 10/10/2025	Limit: Limit: General Aggregate:	$2,000,000 $4,000,000 $3,000,000

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

It is agreed that the Certificate Holder is Additional Insured on a primary non-contributory basis, when required by written contract, on the General and Auto Liability with respect to operations performed by the Named Insured in connection with this contract. A Waiver of Subrogation in favor of the Additional Insured applies to the General and Auto Liability policies, when required by written contract. Umbrella follows form.

CERTIFICATE HOLDER

Cook County
161 N Clark St Ste 2300
Chicago IL 60601

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



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CONTRACT #: 1953-18090

COOK COUNTY
ECONOMIC DISCLOSURE STATEMENT
AND EXECUTION DOCUMENT
INDEX

Section	Description	Pages
1	Instructions for Completion of EDS	EDS i - ii
2	Certifications	EDS 1– 2
3	Economic and Other Disclosures, Affidavit of Child Support Obligations, Disclosure of Ownership Interest and Familial Relationship Disclosure Form	EDS 3 – 12
4	Cook County Affidavit for Wage Theft Ordinance	EDS 13-14
5	Contract and EDS Execution Page	EDS 15
6	Cook County Signature Page	EDS 16

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

N/A

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:

4822 N Broadway St
Chicago, IL 60640

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): See attached

(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:

N/A

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.

HEARTLAND HUMAN CARE SERVICES

Heartland Human Care Services, Inc.

Real Estate Permanent Index Numbers

PIN# 17-34-310-055-0000	3500 South Giles, Chicago, IL 60653
PIN# 20-28-218-014-0000	7351 South Princeton Ave., Chicago, IL 60621
PIN# 20-28-218-015-0000	7351 South Princeton Ave., Chicago, IL 60621
PIN# 11-30-422-029-0000	1620 West Chase Ave., Chicago, IL 60626
PIN# 11-31-218-011-0000	1628 West Morse Ave., Chicago, IL 60626

CONTRACT #: 1953-18090

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 Heartland Human Care Services

D/B/A: same as above FEIN # Only: 36-4053244

Street Address: 4822 N. Broadway, 2nd Floor

City: Chicago State: IL Zip Code: 60640

Phone No.: 773.433.1200 Fax Number: Email: dsinski@heartlandhumancareservices.og

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

Corporate File Number (if applicable): 58844 5479

Form of Legal Entity:

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

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

[✔] Other (describe) Not-For-Profit

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
N/A		

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

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

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

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

Name	Address	Percentage of Beneficial Interest	Relationship

Corporate Officers, Members and Partners Information:

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

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
David Sinski	4822 N. Broadway, Chicago IL 60640	Chief Executive	Indefinite
Melissa Ells	4822 N. Broadway, Chicago IL 60640	Controller	Indefinite
Nicole Curtis	4822 N. Broadway, Chicago IL 60640	COO	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.

CONTRACT #: 1953-18090

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

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

Chief Executive and Vision Officer
Title

Signature

10/18/2024
Date

dsinski@heartlandhumancareservices.org
E-mail address

312.881.0299
Phone Number

Subscribed to and sworn before me
this 18th day of October, 2024.

My commission expires:

X
Notary Public Signature

Notary Seal

LAVONNE MORRIS
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 25, 2027

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

CONTRACT #: 1953-18090

COOK COUNTY BOARD OF ETHICS
FAMILIAL RELATIONSHIP DISCLOSURE FORM

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

Name of Person/Business Doing Business with the County: Heartland Human Care Services, Inc.

Address of Person Doing Business with the County: 4822 N. Braodway, 2nd Floor, Chicago, IL 60640

Phone number of Person Doing Business with the County: 7 7. 3433. 1020

Email address of Person Doing Business with the County: dsinski@heartlandhumancareservices.org

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:
David Sinski, Chief Executve and Vision Officer, P: 312.881.0299 4822 N. Broadway, 2nd floor, Chicago, IL 60640

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: 1953-18090

The aggregate dollar value of the business you are doing or seeking to do with the County: $ 10,350,469.00

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: Halyna Shuruk, Contract Negotiator, halyna.shuruk@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: Allyson Loftus Juvenile Probation

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.

CONTRACT #: 1953-18090

COOK COUNTY BOARD OF ETHICS
FAMILIAL RELATIONSHIP DISCLOSURE FORM

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

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

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

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

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

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

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

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*
N/A			

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*
N/A			

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

10/18/2024
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: 1953-18090

County Using Agency (requesting Procurement): Juvenile Probation

II. Person/Substantial Owner Information:

Person (Corporate Entity Name): Heartland Human Care Services, Inc.

Substantial Owner Complete Name: _____

FEIN# 36-4053-244

Date of Birth: _____ E-mail address: dsinski@heartlandhumancareservices.org

Street Address: 4822 N. Broadway, 2nd floor

City: Chicago State: IL Zip: 60640

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: _____ Date: 10/18/2024

Name of Person signing (Print): David Sinski Title: Chief Executive and Vision Officer

Subscribed and sworn to before me this 21st day of October, 2024

X _____ _____

Notary Public Signature **Notary Seal**

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

"OFFICIAL SEAL"
ISAIAS GONZALEZ DIAZ
Notary Public, State Of Illinois
My Commission Expires April 11, 2027
Commission No. 969998

CONTRACT #: 1953-18090

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

Heartland Human Care Services, Inc.
Corporation's Name

David Sinski
President's Printed Name and Signature

773.433.1200
Telephone

dsinski@heartlandhumancareservices.org
Email

Secretary Signature

10/18/2024
Date

Execution by LLC

LLC Name

*Member/Manager Printed Name and Signature

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
21st day of October, 2024

My commission expires:
04/11/2027

Notary Public Signature

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.

"OFFICIAL SEAL"
ISAIAS GONZALEZ DIAZ
Notary Public, State Of Illinois
My Commission Expires April 11, 2027
Commission No. 969998