# AMENDMENT NO. 3

This Amendment modifies Contract No. 2038-18393B, for Professional Services Agreement for Construction Management Services Various Various (Task Orders) by and between the County of Cook, Illinois, herein referred to as "County" and Michael Baker International, 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 on March 18, 2021, (hereinafter referred to as the "Contract"), wherein the Contractor is to provide Professional Services Agreement for Construction Management Services Various Various (Task Orders) (hereinafter referred to as the "Services") from April 1, 2021 through March 31, 2024, in an amount not to exceed $5,000,000.00, with two (2) one-year renewal options; and

Whereas, Amendment No. 1 was executed by the Chief Procurement Officer on March 23, 2022 to delete Exhibit 4 – Average and Maximum Hourly Rates by Classification Tables in its entirety and replaced with Amendment 1, Attachment A; and

Whereas, Amendment No. 2 was executed by the Chief Procurement Officer on April 24, 2024, to renew the contract for twelve (12) months beginning April 1, 2024 through March 31, 2025; and

Whereas, the Contract will expire March 31, 2025, and the agreed upon Services are still required; and

Whereas, pursuant to Article 4 of the Contract, the County and Contractor desire to renew the Contract for twelve (12) months beginning on April 1, 2025 through March 31, 2026;

Whereas, pursuant to Article 10, Section C of the Contract, the County and Contractor desire to revise Exhibit 4 provided in the Contract.

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

1. The Contract is renewed through March 31, 2026.

2. The Contract is hereby amended to delete Exhibit 4 – Overhead Rates in its entirety and replace it with the attached Attachment A:

3. The attached updated Identification of Sub-Contractors/Suppliers/Sub-Consultants Form (if applicable and updated), MBE/WBE Utilization Plan forms (if applicable and updated), certificate of insurance (if updated), and Economic Disclosures Statement under Attachment B are incorporated and made a part of this Contract.

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

In witness whereof and pursuant to authority of the Chief Procurement Officer the County and Contractor have caused this Amendment No. 3 to be executed on the date and year last written below.

***Signature page follows***

County of Cook, Illinois

By: Raffi Sarrafian Digitally signed by Raffi Sarrafian Date: 2025.01.30 14:35:20 -06'00'
Chief Procurement Officer

Date: _____

By: _____
State's Attorney (if applicable)

_____
Type or print name (if applicable)

Date: _____

Michael Baker International, Inc.

Joseph Catalano
Signed

Joseph Catalano
Type or print name

Vice President
Title

Date: 12/11/2024

**ATTACHMENT A**

Michael Baker
INTERNATIONAL

*We Make a Difference*

September 17, 2024

Chief Engineer, Construction
Cook County Department of Transportation and Highways
69 W. Washington Street
24th Floor
Chicago, Illinois 60602

RE: 2038-18393B – Construction Management Services Various Various (Task Orders)
Subject: Master Contract Second Extension

Dear Chief Engineer:

Michael Baker International requests the second one year contract extension per Article 4 – Section 3 of the Prime Agreement This would extend services to 03/31/2026 for Contract 2038-18393B.

Per Exhibit 4 in the contract the overhead rates are stated to be permanent for the base years with this being the second extension request we have provided the updated overhead rates and back-up for all consultants in the contract.

| Firm | Old Overhead Rate | New Overhead Rate |
|---|---|---|
| Michael Baker International | | |
| Company-Wide (Corporate) Rate | 143.70% | - |
| Field Office | 117.04% | 115.03% |
| Home Office | 148.79% | 141.96% |
| Sanchez & Associates, P.C. | 104.37% | 101.98% |
| Program Management & Control Services, LLC | 74.70% | 73.91% |
| Material Service Testing, Inc. | 148.55% | 141.62% |
| APS Consulting, Inc. | 92.75% | 91.92% |
| DB Sterlin Company | 111.31% | 124.65% |

Please do not hesitate to contact me at 815-228-6367 if you have questions or concerns regarding this request.

Sincerely,

Daniel Johnson, P.E.
Project Manager

Joseph Catalano, P.E
Vice President



200 W. Adams Street, Suite 1800| Chicago, Illinois 60606
Office: 312-707-8770 | Fax: 312-707-8804 | mbakerintl.com

Illinois Department of Transportation
2300 South Dirksen Parkway / Springfield, Illinois / 62764

October 20, 2023

Subject: PRELIMINARY ENGINEERING
Consultant Unit
Prequalification File

Joe Catalano
Michael Baker International, Inc.
200 West Adams Street
Suite 1800
Chicago, IL 60606

Dear Joe Catalano,

We have completed our review of your "Statement of Experience and Financial Condition" (SEFC) which you submitted for the fiscal year ending Dec 31, 2022. Your firm's total annual transportation fee capacity will be $57,600,000.

Your firm's Field Office rate of 115.03% and Home Office rate of 141.96% are approved on a provisional basis. The rate used in agreement negotiations may be verified by our Bureau of Investigations and Compliance in a pre-award audit. Pursuant to 23 CFR 172.11(d), we are providing notification that we will post your company's indirect cost rate to the Federal Highway Administration's Audit Exchange where it may be viewed by auditors from other State Highway Agencies.

Your firm is required to submit an amended SEFC through the Engineering Prequalification & Agreement System (EPAS) to this office to show any additions or deletions of your licensed professional staff or any other key personnel that would affect your firm's prequalification in a particular category. Changes must be submitted within 15 calendar days of the change and be submitted through the Engineering Prequalification and Agreement System (EPAS).

Your firm is prequalified until December 31, 2023. You will be given an additional six months from this date to submit the applicable portions of the "Statement of Experience and Financial Condition" (SEFC) to remain prequalified.

Sincerely,
Jack Elston, P.E.
Bureau Chief
Bureau of Design and Environment

## SEFC PREQUALIFICATIONS FOR Michael Baker International, Inc.

| CATEGORY | STATUS |
|---|---|
| Location Design Studies - New Construction/Major Reconstruction | X |
| Transportation Studies - Mass Transit | X |
| Special Studies - Safety | X |
| Special Studies - Traffic Studies | X |
| Special Plans - Traffic Signals | X |
| Transportation Studies - Railway Engineering | X |
| Special Services - Construction Inspection | X |
| Hydraulic Reports - Pump Stations | X |
| Hydraulic Reports - Waterways: Typical | X |
| Hydraulic Reports - Waterways: Complex | X |
| Highways - Roads and Streets | X |
| Special Services - Electrical Engineering | X |
| Special Services - Mechanical | X |
| Location Design Studies - Rehabilitation | X |
| Special Studies - Feasibility | X |
| Location Design Studies - Reconstruction/Major Rehabilitation | X |
| Special Plans - Pumping Stations | X |
| Structures - Moveable | X |
| Structures - Highway: Advanced Typical | X |
| Structures - Highway: Complex | X |
| Structures - Highway: Typical | X |
| Structures: Major River Bridges | X |
| Structures - Railroad | X |
| Structures - Highway: Simple | X |
| Transportation Studies - Railway Planning | X |
| Environmental Reports - Environmental Assessment | A |
| Environmental Reports - Environmental Impact Statement | A |
| Special Studies- Location Drainage | X |
| Highways - Freeways | X |
| Special Plans - Lighting: Typical | X |
| Special Plans - Lighting: Complex | A |

| | |
|---|---|
| Special Studies - Signal Coordination & Timing (SCAT) | X |
| Special Services - Public Involvement | X |

| | |
|---|---|
| X | PREQUALIFIED |
| A | NOT PREQUALIFIED, REVIEW THE COMMENTS UNDER CATEGORY VIEW FOR DETAILS IN EPAS. |
| S | PREQUALIFIED, BUT WILL NOT ACCEPT STATEMENTS OF INTEREST |

Illinois Department of Transportation
2300 South Dirksen Parkway / Springfield, Illinois / 62764

August 7, 2024

Subject: PRELIMINARY ENGINEERING
Consultant Unit
Prequalification File

Shakti Joshi
APS CONSULTING, INC.
5519 N. Cumberland Ave., Suite 1011
Chicago, IL 60656

Dear Shakti Joshi,

We have completed our review of your "Statement of Experience and Financial Condition" (SEFC) which you submitted for the fiscal year ending Dec 31, 2023. Your firm's total annual transportation fee capacity will be $4,800,000.

Your firm's payroll burden and fringe expense rate and general and administrative expense rate totaling 91.92% are approved on a provisional basis. The rate used in agreement negotiations may be verified by our Bureau of Investigations and Compliance in a pre-award audit. Pursuant to 23 CFR 172.11(d), we are providing notification that we will post your company's indirect cost rate to the Federal Highway Administration's Audit Exchange where it may be viewed by auditors from other State Highway Agencies.

Your firm is required to submit an amended SEFC through the Engineering Prequalification & Agreement System (EPAS) to this office to show any additions or deletions of your licensed professional staff or any other key personnel that would affect your firm's prequalification in a particular category. Changes must be submitted within 15 calendar days of the change and be submitted through the Engineering Prequalification and Agreement System (EPAS).

Your firm is prequalified until December 31, 2024. You will be given an additional six months from this date to submit the applicable portions of the "Statement of Experience and Financial Condition" (SEFC) to remain prequalified.

Sincerely,
Jack Elston, P.E.
Bureau Chief
Bureau of Design and Environment

# SEFC PREQUALIFICATIONS FOR APS CONSULTING, INC.

| CATEGORY | STATUS |
|---|---|
| Highways - Freeways | X |
| Highways - Roads and Streets | X |
| Special Services - Construction Inspection | X |
| Airports - Design | A |
| Special Studies- Location Drainage | X |
| Hydraulic Reports - Waterways: Typical | X |
| Location Design Studies - Rehabilitation | A |

| | |
|---|---|
| X | PREQUALIFIED |
| A | NOT PREQUALIFIED, REVIEW THE COMMENTS UNDER CATEGORY VIEW FOR DETAILS IN EPAS. |
| S | PREQUALIFIED, BUT WILL NOT ACCEPT STATEMENTS OF INTEREST |

Illinois Department of Transportation
2300 South Dirksen Parkway / Springfield, Illinois / 62764

February 16, 2024

Subject: PRELIMINARY ENGINEERING
Consultant Unit
Prequalification File

Regine Jeune
STERLIN, DB CONSULTANTS, INC.
123 N. Wacker Drive
Suite 2000
Chicago, IL 60606

Dear Regine Jeune,

We have completed our review of your "Statement of Experience and Financial Condition" (SEFC) which you submitted for the fiscal year ending Dec 31, 2022. Your firm's total annual transportation fee capacity will be $19,200,000.

Your firm's payroll burden and fringe expense rate and general and administrative expense rate totaling 124.65% are approved on a provisional basis. The rate used in agreement negotiations may be verified by our Bureau of Investigations and Compliance in a pre-award audit. Pursuant to 23 CFR 172.11(d), we are providing notification that we will post your company's indirect cost rate to the Federal Highway Administration's Audit Exchange where it may be viewed by auditors from other State Highway Agencies.

Your firm is required to submit an amended SEFC through the Engineering Prequalification & Agreement System (EPAS) to this office to show any additions or deletions of your licensed professional staff or any other key personnel that would affect your firm's prequalification in a particular category. Changes must be submitted within 15 calendar days of the change and be submitted through the Engineering Prequalification and Agreement System (EPAS).

Your firm is prequalified until December 31, 2023. You will be given an additional six months from this date to submit the applicable portions of the "Statement of Experience and Financial Condition" (SEFC) to remain prequalified.

Sincerely,
Jack Elston, P.E.
Bureau Chief
Bureau of Design and Environment

# SEFC PREQUALIFICATIONS FOR STERLIN, DB CONSULTANTS, INC.

| CATEGORY | STATUS |
|---|---|
| Special Plans - Traffic Signals | X |
| Special Studies - Traffic Studies | X |
| Special Services - Construction Inspection | X |
| Special Studies- Location Drainage | X |
| Special Studies - Feasibility | A |
| Special Studies - Safety | X |
| Location Design Studies - New Construction/Major Reconstruction | A |
| Location Design Studies - Reconstruction/Major Rehabilitation | A |
| Highways - Roads and Streets | X |
| Special Services - Surveying | X |
| Location Design Studies - Rehabilitation | X |
| Special Services - Subsurface Utility Engineering | X |
| Highways - Freeways | X |
| Structures - Highway: Typical | X |
| Structures - Highway: Simple | X |
| Structures - Highway: Advanced Typical | X |
| Structures - Railroad | X |
| Structures - Highway: Complex | X |
| Structures - Moveable | X |

| | |
|---|---|
| X | PREQUALIFIED |
| A | NOT PREQUALIFIED, REVIEW THE COMMENTS UNDER CATEGORY VIEW FOR DETAILS IN EPAS. |
| S | PREQUALIFIED, BUT WILL NOT ACCEPT STATEMENTS OF INTEREST |

Illinois Department of Transportation
2300 South Dirksen Parkway / Springfield, Illinois / 62764

February 8, 2024

Subject: PRELIMINARY ENGINEERING
Consultant Unit
Prequalification File

Clayton Hamano
MATERIAL SERVICE TESTING, INC.
1327 West Washington Blvd., Suite 105
Chicago, IL 60607

Dear Clayton Hamano,

We have completed our review of your "Statement of Experience and Financial Condition" (SEFC) which you submitted for the fiscal year ending Dec 31, 2022. Your firm's total annual transportation fee capacity will be $5,400,000.

Your firm's payroll burden and fringe expense rate and general and administrative expense rate totaling 141.62% are approved on a provisional basis. The rate used in agreement negotiations may be verified by our Bureau of Investigations and Compliance in a pre-award audit. Pursuant to 23 CFR 172.11(d), we are providing notification that we will post your company's indirect cost rate to the Federal Highway Administration's Audit Exchange where it may be viewed by auditors from other State Highway Agencies.

Your firm is required to submit an amended SEFC through the Engineering Prequalification & Agreement System (EPAS) to this office to show any additions or deletions of your licensed professional staff or any other key personnel that would affect your firm's prequalification in a particular category. Changes must be submitted within 15 calendar days of the change and be submitted through the Engineering Prequalification and Agreement System (EPAS).

Your firm is prequalified until December 31, 2023. You will be given an additional six months from this date to submit the applicable portions of the "Statement of Experience and Financial Condition" (SEFC) to remain prequalified.

Sincerely,
Jack Elston, P.E.
Bureau Chief
Bureau of Design and Environment

# SEFC PREQUALIFICATIONS FOR MATERIAL SERVICE TESTING, INC.

| CATEGORY | STATUS |
|---|---|
| Geotechnical Services - General Geotechnical Services | X |
| Special Services - Quality Assurance HMA & Aggregate | X |
| Special Services - Quality Assurance PCC & Aggregate | X |
| Airports - Construction Inspection | X |

| | |
|---|---|
| X | PREQUALIFIED |
| A | NOT PREQUALIFIED, REVIEW THE COMMENTS UNDER CATEGORY VIEW FOR DETAILS IN EPAS. |
| S | PREQUALIFIED, BUT WILL NOT ACCEPT STATEMENTS OF INTEREST |

Illinois Department of Transportation
2300 South Dirksen Parkway / Springfield, Illinois / 62764

August 15, 2024

Subject: PRELIMINARY ENGINEERING
Consultant Unit
Prequalification File

Sally Orozco
Program Management & Control Services, LLC (PMCS)
102 W. Burlington Avenue
1
La Grange, IL 60525

Dear Sally Orozco,

We have completed our review of your "Statement of Experience and Financial Condition" (SEFC) which you submitted for the fiscal year ending Dec 31, 2023. Your firm's total annual transportation fee capacity will be $5,600,000.

Your firm's payroll burden and fringe expense rate and general and administrative expense rate totaling 73.91% are approved on a provisional basis. The rate used in agreement negotiations may be verified by our Bureau of Investigations and Compliance in a pre-award audit. Pursuant to 23 CFR 172.11(d), we are providing notification that we will post your company's indirect cost rate to the Federal Highway Administration's Audit Exchange where it may be viewed by auditors from other State Highway Agencies.

Your firm is required to submit an amended SEFC through the Engineering Prequalification & Agreement System (EPAS) to this office to show any additions or deletions of your licensed professional staff or any other key personnel that would affect your firm's prequalification in a particular category. Changes must be submitted within 15 calendar days of the change and be submitted through the Engineering Prequalification and Agreement System (EPAS).

Your firm is prequalified until December 31, 2024. You will be given an additional six months from this date to submit the applicable portions of the "Statement of Experience and Financial Condition" (SEFC) to remain prequalified.

Sincerely,
Jack Elston, P.E.
Bureau Chief
Bureau of Design and Environment

## SEFC PREQUALIFICATIONS FOR Program Management & Control Services, LLC (PMCS)

| CATEGORY | STATUS |
|---|---|
| Special Services - Project Controls | X |
| Special Services - Construction Inspection | X |

| | |
|---|---|
| X | PREQUALIFIED |
| A | NOT PREQUALIFIED, REVIEW THE COMMENTS UNDER CATEGORY VIEW FOR DETAILS IN EPAS. |
| S | PREQUALIFIED, BUT WILL NOT ACCEPT STATEMENTS OF INTEREST |

Illinois Department of Transportation
2300 South Dirksen Parkway / Springfield, Illinois / 62764

September 11, 2023

Subject: PRELIMINARY ENGINEERING
Consultant Unit
Prequalification File

Gerardo Sanchez
SANCHEZ & ASSOCIATES, P.C.
180 Crossen Avenue
Elk Grove Village, IL 60007

Dear Gerardo Sanchez,

We have completed our review of your "Statement of Experience and Financial Condition" (SEFC) which you submitted for the fiscal year ending Dec 31, 2022. Your firm's total annual transportation fee capacity will be $2,400,000.

Your firm's payroll burden and fringe expense rate and general and administrative expense rate totaling 101.98% are approved on a provisional basis. The rate used in agreement negotiations may be verified by our Bureau of Investigations and Compliance in a pre-award audit. Pursuant to 23 CFR 172.11(d), we are providing notification that we will post your company's indirect cost rate to the Federal Highway Administration's Audit Exchange where it may be viewed by auditors from other State Highway Agencies.

Your firm is required to submit an amended SEFC through the Engineering Prequalification & Agreement System (EPAS) to this office to show any additions or deletions of your licensed professional staff or any other key personnel that would affect your firm's prequalification in a particular category. Changes must be submitted within 15 calendar days of the change and be submitted through the Engineering Prequalification and Agreement System (EPAS).

Your firm is prequalified until December 31, 2023. You will be given an additional six months from this date to submit the applicable portions of the "Statement of Experience and Financial Condition" (SEFC) to remain prequalified.

Sincerely,
Jack Elston, P.E.
Bureau Chief
Bureau of Design and Environment

# SEFC PREQUALIFICATIONS FOR SANCHEZ & ASSOCIATES, P.C.

| CATEGORY | STATUS |
|---|---|
| Special Services - Surveying | X |
| Special Services - Subsurface Utility Engineering | X |

| | |
|---|---|
| X | PREQUALIFIED |
| A | NOT PREQUALIFIED, REVIEW THE COMMENTS UNDER CATEGORY VIEW FOR DETAILS IN EPAS. |
| S | PREQUALIFIED, BUT WILL NOT ACCEPT STATEMENTS OF INTEREST |

**ATTACHMENT B**

COOK COUNTY
OFFICE OF THE
Chief Procurement
Officer

161 N. Clark
Suite 2300
Chicago, Illinois 60601

Date: December 16, 2024

TO: Raffi Sarrafian, Chief Procurement Officer
Office of the Chief Procurement Officer

FROM: JEANETTA CARDINE
Jeanetta Cardine, Deputy Director
Compliance Center of Excellence
Center of Business Enterprise Development

RE: Contract No. 2038-18393B Amendment No. 3
Construction Management Services (Task Orders)
Department of Transportation and Highways
RFP: Professional Services
Contractor: Michael Baker International
Original Contract Value: $5,000,000.00
Original Contract Term: 4/1/2021 – 3/31/2024
Amendment 1 deletes Exhibit 4 – Average and maximum hourly rates by classification tables in its entirety. There was no change to the contract's value or duration
Amendment 2 renewed the contract for one year beginning on April 1, 2024 through March 31, 2025 with no change to the contract value
Revised Contract Term: 4/1/2021 – 3/31/2025
Amendment 3 renews the contract one year through March 31, 2026, with no change to the contract value
Revised Contract Term: 4/1/2021 – 3/31/2026
Participation Goal: 35% DBE Direct Participation

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The Center of Business Enterprise Development is in receipt of the above-referenced contract amendment and has reviewed this contract for compliance with the Minority- and Women- owned Business Enterprises (MBE/WBE) Ordinance. After careful review of our records as reported by the vendor, it has been determined the vendor is in compliance with the MBE/WBE Ordinance.

**DBE Utilization Original Contract ($5,000,000.00)**

| **DBE Agency** | **Status (direct)** | **Certifying** | **Commitment** |
|---|---|---|---|
| DB Sterlin Consultants | DBE-HA-M | IDOT | 15% |
| Sanchez & Associates | DBE-HA-M | IDOT | 5% |
| Material Service Testing | DBE-AAPI-M | Metra | 5% |
| APS Consulting, Inc. | DBE-AAPI-M | CTA | 5% |
| Control Services | DBE-C-F | CTA | 15% |
| | | Total | 45% DBE |

COOK COUNTY
OFFICE OF THE
Chief Procurement
Officer

**DBE Utilization through Amendment 2 ($5,000,000.00)**

| DBE ` Agency | Status (direct) | Certifying | Commitment |
|---|---|---|---|
| DB Sterlin Consultants | DBE-HA-M | IDOT | 15% |
| Sanchez & Associates | DBE-HA-M | IDOT | 5% |
| Material Service Testing | DBE-AAPI-M | Metra | 5% |
| APS Consulting, Inc. | DBE-AAPI-M | CTA | 5% |
| Primera Engineers | DBE-C-F | City of Chicago | 1% |
| Control Services | DBE-C-F | CTA | 15% |
| | | Total | 46% DBE |

**DBE Utilization through Amendment 3 ($5,000,000.00)**

| DBE ` Agency | Status (direct) | Certifying | Commitment |
|---|---|---|---|
| DB Sterlin Consultants | DBE-HA-M | IDOT | 14% |
| Sanchez & Associates | DBE-HA-M | IDOT | 5% |
| Material Service Testing | DBE-AAPI-M | Metra | 5% |
| APS Consulting, Inc. | DBE-AAPI-M | CTA | 5% |
| Primera Engineers | DBE-C-F | City of Chicago | 2% |
| Control Services | DBE-C-F | CTA | 15% |
| | | Total | 46% DBE |

JC/db/mk

CC: Kimberlei Aaron, (OCPO)
Cho Ng (DOTH)
Nathan Roseberry (DOTH)

**DBE UTILIZATION PLAN – FORM 1**

BIDDER/PROPOSER HEREBY STATES that all DBE firms included in this Plan are certified DBEs pursuant to the requirements of the Federal regulations 49 CFR Part 26.

I. BIDDER/PROPOSER DBE STATUS: (check the appropriate line)

☑ Bidder/Proposer is a certified DBE 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 DBEs (If so, attach copies of Letter(s) of Certification, a copy of Joint Venture Agreement clearly describing the role of the DBE 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 DBE firm, nor a Joint Venture with MBE/WBE partners, but will Utilize DBE firms either directly or indirectly in the performance of the Contract. (if so, complete Sections II below and the Letter(s) of Intent – Form 2).

II. ☑ Direct Participation of DBE Firms ☐ Indirect Participation of DBE 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.**

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

DBE Firm: APS Consulting

Address: 5519 N. Cumberland Avenue, Suite 1011, Chicago Illinois 60656

E-mail: sjoshi@apsae.com

Contact Person: Shakti Joshi Phone: 312-324-0336

Dollar Amount Participation: $250,000.00

Percent Amount of Participation: 5.0%

*Letter of Intent attached? Yes X No ____
*Current Letter of Certification attached? Yes X No ____

DBE Firm: DB Sterlin

Address: 123 N. Wacker Drive, Suite 2000

E-mail: rjeune@dbsterlin.com

Contact Person: Regine Jeune Phone: 312-857-1006

Dollar Amount Participation: $692,608

Percent Amount of Participation 14%%

*Letter of Intent attached? Yes X No ____
*Current Letter of Certification attached? Yes x No ____

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

**DBE UTILIZATION PLAN – FORM 1**

BIDDER/PROPOSER HEREBY STATES that all DBE firms included in this Plan are certified DBEs pursuant to the requirements of the Federal regulations 49 CFR Part 26.

I. BIDDER/PROPOSER DBE STATUS: (check the appropriate line)

☑ Bidder/Proposer is a certified DBE 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 DBEs (If so, attach copies of Letter(s) of Certification, a copy of Joint Venture Agreement clearly describing the role of the DBE 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 DBE firm, nor a Joint Venture with MBE/WBE partners, but will Utilize DBE firms either directly or indirectly in the performance of the Contract. (if so, complete Sections II below and the Letter(s) of Intent – Form 2).

II. ☑ Direct Participation of DBE Firms ☐ Indirect Participation of DBE 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.**

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

DBE Firm: Material Service Testing

Address: 1327 W. Washington, Suite 105

E-mail: mhayes@mstli.com

Contact Person: Michael Hayes Phone: 815-846-6246

Dollar Amount Participation: $250,000.00

Percent Amount of Participation: 5.0%

*Letter of Intent attached? Yes X No ____
*Current Letter of Certification attached? Yes X No ____

DBE Firm: PMCS

Address: 45 Waiola Avenue

E-mail: tom@pmcsconsulting.com

Contact Person: Tom Nutter Phone: 773-908-6946

Dollar Amount Participation: $750,000.00

Percent Amount of Participation 15.0%%

*Letter of Intent attached? Yes X No ____
*Current Letter of Certification attached? Yes X No ____

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

**DBE UTILIZATION PLAN – FORM 1**

BIDDER/PROPOSER HEREBY STATES that all DBE firms included in this Plan are certified DBEs pursuant to the requirements of the Federal regulations 49 CFR Part 26.

I. BIDDER/PROPOSER DBE STATUS: (check the appropriate line)

☑ Bidder/Proposer is a certified DBE 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 DBEs (If so, attach copies of Letter(s) of Certification, a copy of Joint Venture Agreement clearly describing the role of the DBE 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 DBE firm, nor a Joint Venture with MBE/WBE partners, but will Utilize DBE firms either directly or indirectly in the performance of the Contract. (if so, complete Sections II below and the Letter(s) of Intent – Form 2).

II. ☑ Direct Participation of DBE Firms ☐ Indirect Participation of DBE 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.**

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

DBE Firm: Primera Engineers

Address: 550 W. Jackson Boulevard, Suite 600

E-mail: rdeming@primeraeng.com

Contact Person: Robert Deming Phone: 312-606-0910

Dollar Amount Participation: $94,970.00

Percent Amount of Participation: 2.0%

*Letter of Intent attached? Yes X No ____
*Current Letter of Certification attached? Yes X No ____

DBE Firm: Sanchez and Associates

Address: 8604 W. Catalpa Avenue, Suite 912

E-mail: pfsanchez@sanchezsurveying.com

Contact Person: Gerardo Sanchez Phone: 773-444-0144

Dollar Amount Participation: $250,000.00

Percent Amount of Participation 5.0%%

*Letter of Intent attached? Yes X No ____
*Current Letter of Certification attached? Yes X No ____

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

## MBE/WBE LETTER OF INTENT - FORM 2

M/WBE Firm: APS Consulting, Inc.

Contact Person: Shakti S. Joshi

Address: 5519 N. Cumberland Avenue, Suite 1011

City/State: Chicago, Illinois Zip: 60656

Phone: 312-324-0336 Fax: 312-324-0337

Email: sjoshi@apsae.com

Participation: ☑ Direct ☐ Indirect

Certifying Agency: Chicago Transit Authority

Certification Expiration Date:

Ethnicity: Asian

Bid/Proposal/Contract #: 2038-18393B

FEIN #: 20-4223984

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): None

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)*

Construction Management Support Services

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

Dollar Amount: $250,000.00 Percentage: 5.0% Terms of Payment: As per IDOT sub-Prime Agreement

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.

Shakti S. Joshi

Signature (*M/WBE*)

Shakti S. Joshi

Print Name

APS Consulting, Inc.

Firm Name

12/12/2024

Date

Subscribed and sworn before me

this ____ day of_____, 20____.

Notary Public _____

SEAL

Joseph Catalano

Signature (*Prime Bidder/Proposer*)

Joseph Catalano

Print Name

Michael Baker International, Inc.

Firm Name

12/12/24

Date

Subscribed and sworn before me

this 12 day of December, 2024.

Notary Public Ishu Yousif

SEAL

ISHU YOUSIF
Official Seal
Notary Public - State of Illinois
My Commission Expires Mar 2, 2026

## MBE/WBE LETTER OF INTENT - FORM 2

M/WBE Firm: Program Management and Control Services, LLC

Contact Person: Thomas Nutter

Address: 46 South Waiola Avenue

City/State: La Grange, IL Zip: 60525

Phone: 773-908-6946 Fax: N/A

Email: tom@pmcsconsulting.com

Participation: [✓] Direct [ ] Indirect

Certifying Agency: City of Chicago

Certification Expiration Date: not applicable

Ethnicity: Caucasian

Bid/Proposal/Contract #: 2038-18393B

FEIN #: 20-2840292

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): None

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)*

Resident Engineer, Assistant Resident Engineer, Documentation Technician and Inspectors

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

$750,000.00, 15%

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

Signature (*M/WBE*)

Thomas Nutter

Print Name

Program Management and Control Services, LLC

Firm Name

December 12, 2024

Date

Subscribed and sworn before me

this 12th day of December, 2024.

Notary Public Sally Ann Orozco

SEAL

Official Seal
SALLY ANN OROZCO
Notary Public, State of Illinois
Commission No. 996780
My Commission Expires September 12, 2028

Signature (*Prime Bidder/Proposer*)

Joseph Catalano

Print Name

Michael Baker International

Firm Name

12/12/24

Date

Subscribed and sworn before me

this 12 day of December, 2024.

Notary Public Ishu Yousif

SEAL

ISHU YOUSIF
Official Seal
Notary Public - State of Illinois
My Commission Expires Mar 2, 2026

**MBE/WBE LETTER OF INTENT - FORM 2**

M/WBE Firm: Primera Engineers, Ltd

Certifying Agency: City of Chicago

Contact Person: Robert Deming

Certification Expiration Date: _____

Address: 550 W. Jackson Boulevard, Suite 600

Ethnicity: White

City/State: Chicago, IL Zip: 60661

Bid/Proposal/Contract #: 2038-18393B

Phone: 312-575-3923 Fax: N/A

FEIN #: 36-3520747

Email: rdeming@primeraeng.com

Participation: ☑ Direct ☐ Indirect

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

☑ No ☐ Yes – Please attach explanation. Proposed Subcontractor(s): None

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)*

Construction Support Services

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

$94,970.00, 2%

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.

Digitally signed by Stacie Dovalovsky
DN: cn=Stacie Dovalovsky, c=US, o=Primera Engineers, ou=Transportation Division - Estimators, email=sdovalovsky@primeraeng.com
Date: 2024.12.11 21:22:17 -06'00'

Signature (*M/WBE*)

Stacie Dovalovsky

Print Name

Primera Engineers, Ltd.

Firm Name

December 11, 2024

Date

Subscribed and sworn before me

this 11th day of December, 2024.

Notary Public

ROBERT J. DEMING
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires Apr 14, 2026

SEAL

Signature (*Prime Bidder/Proposer*)

Joseph Catalano

Print Name

Michael Baker International

Firm Name

12/12/24

Date

Subscribed and sworn before me

this 12 day of December, 2024.

Notary Public

ISHU YOUSIF
Official Seal
Notary Public - State of Illinois
My Commission Expires Mar 2, 2026

SEAL

**MBE/WBE LETTER OF INTENT - FORM 2**

M/WBE Firm: Sanchez & Associates, P.C.

Certifying Agency: Illinois Department of Transportation

Contact Person: Gerardo P. Sanchez

Certification Expiration Date: _____

Address: 180 Crossen Avenue

Ethnicity: Hispanic

City/State: Elk Grove Village, IL Zip: 60656

Bid/Proposal/Contract #: 2038-18393B

Phone: 773-444-0144 Fax: 847-232-3104

FEIN #: 20-2703329

Email: gpsanchez@sanchezsurveying.com

Participation: ☑ Direct ☐ Indirect

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

☑ No ☐ Yes – Please attach explanation. Proposed Subcontractor(s): None

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)*

Surveying

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

$250,000.00, 5%

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

Signature (*M/WBE*)

Gerardo P. Sanchez

Print Name

Sanchez & Associates, P.C.

Firm Name

12/12/2024

Date

Subscribed and sworn before me

this 12th day of December, 2024.

Notary Public C. Castro Ferre

C. CASTRO FERRE SEAL
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
April 19, 2026

Signature (*Prime Bidder/Proposer*)

Joseph Catalano

Print Name

Michael Baker International

Firm Name

12/12/24

Date

Subscribed and sworn before me

this 12 day of December, 2024.

Notary Public Ishu Yousif

ISHU YOUSIF
Official Seal
Notary Public - State of Illinois
My Commission Expires Mar 2, 2026

SEAL

## MBE/WBE LETTER OF INTENT - FORM 2

M/WBE Firm: DB Sterlin Consultants, Inc.

Contact Person: Regine Jeune

Address: 123 N. Wacker Drive, Suite 2000

City/State: Chicago, IL Zip: 60606

Phone: 312-857-1006 Fax: 312-857-1056

Email: rjeune@dbsterlin.com

Certifying Agency: Illinois Department of Transportation

Certification Expiration Date:

Ethnicity: African-American

Bid/Proposal/Contract #: 2038-18393B

FEIN #: 36-4149498

Participation: ☑ Direct ☐ Indirect

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

☑ No ☐ Yes – Please attach explanation. Proposed Subcontractor(s): None

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)*

Assistant Resident Engineer, Documentation and Construction Inspector

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

$692,608, 14%

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.

Regine Jeune

Signature (*M/WBE*)

Regine Jeune

Print Name

DB Sterlin Consultants, Inc.

Firm Name

12/12/2024

Date

Subscribed and sworn before me

this 12th day of December, 2024.

Notary Public

OFFICIAL SEAL
SNEZANA SCEKIC
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 7/7/26

SEAL

Joseph Catalano

Signature (*Prime Bidder/Proposer*)

Joseph Catalano

Print Name

Michael Baker International

Firm Name

12/12/24

Date

Subscribed and sworn before me

this 12 day of December, 2024.

Notary Public

ISHU YOUSIF
Official Seal
Notary Public - State of Illinois
My Commission Expires Mar 2, 2026

SEAL

## MBE/WBE LETTER OF INTENT - FORM 2

M/WBE Firm: Material Service Testing, Inc.

Certifying Agency: Metra

Contact Person: Jeffrey Krozel

Certification Expiration Date:

Address: 1327 W. Washington Boulevard, Suite 105

Ethnicity:

City/State: Chicago, IL Zip: 60607

Bid/Proposal/Contract #: 2038-18393B

Phone: 312-846-6246 Fax: 847-787-0321

FEIN #: 27-1261603

Email: jkrozel@mstli.com

Participation: ☑ Direct ☐ Indirect

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

☑ No ☐ Yes – Please attach explanation. Proposed Subcontractor(s): None

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)*

Materials Engineering and Inspection

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

$250,000.00, 5%

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

Signature (M/WBE)

Jeffrey Krozel

Print Name

Materials Service Testing, Inc.

Firm Name

12/11/2024

Date

Subscribed and sworn before me

this 11 day of December, 2024.

Notary Public Elisa Estrada

OFFICIAL SEAL
ELISA ESTRADA
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 08/25/2026

SEAL

Signature (Prime Bidder/Proposer)

Joseph Catalano

Print Name

Michael Baker International

Firm Name

12/12/24

Date

Subscribed and sworn before me

this 12 day of December, 2024.

Notary Public

ISHU YOUSIF
Official Seal
Notary Public - State of Illinois
My Commission Expires Mar 2, 2026

SEAL

Contract #: 2038-18393B

| 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.: 2038-18393B | Date: 12/11/2024 |
| Total Bid or Proposal Amount: $250,000.00 | Contract Title: Construction Management Various/Various |
| Contractor: Michael Baker International, Inc. | Subcontractor/Supplier/ Subconsultant to be added or substitute: APS Consulting |
| Authorized Contact for Contractor: Joseph Catalano | Authorized Contact for Subcontractor/Supplier/ Subconsultant: Shakti Joshi |
| Email Address (Contractor): joseph.catalano@mbakerintl.com | Email Address (Subcontractor): sjoshi@apsae.com |
| Company Address (Contractor): 200W Adams Street, Suite 1800 | Company Address (Subcontractor): 5519 N Cumberland Ave., Suite 1011 |
| City, State and Zip (Contractor): Chicago, IL 60606 | City, State and Zip (Subcontractor): Chicago, IL 60656 |
| Telephone and Fax (Contractor): 312-575-3923 | Telephone and Fax (Subcontractor): 312-324-0336 |
| Estimated Start and Completion Dates (Contractor): 04/01/2021 - 03/31/2026 | Estimated Start and Completion Dates (Subcontractor): 04/01/2021 - 03/31/2026 |

**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** |
|---|---|
| Construction Inspection | 5.0% |

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.**

Michael Baker International, Inc.
Contractor

Joseph Catalano
Name

Office Executive / Vice President
Title

Prime Contractor Signature

12/11/2024
Date

Contract #: 2038-18393B

| 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.: 2038-18393B | Date: 12/11/2024 |
| Total Bid or Proposal Amount: $692,608.00 | Contract Title: Construction Management Various/Various |
| Contractor: Michael Baker International, Inc. | Subcontractor/Supplier/ Subconsultant to be added or substitute: DB Sterlin |
| Authorized Contact for Contractor: Joseph Catalano | Authorized Contact for Subcontractor/Supplier/ Subconsultant: Regine Jeune |
| Email Address (Contractor): joseph.catalano@mbakerintl.com | Email Address (Subcontractor): rjeune@dbsterlin.com |
| Company Address (Contractor): 200W Adams Street, Suite 1800 | Company Address (Subcontractor): 123 N. Wacker Drive, Suite 2000 |
| City, State and Zip (Contractor): Chicago, IL 60606 | City, State and Zip (Subcontractor): Chicago, IL 60606 |
| Telephone and Fax (Contractor): 312-575-3923 | Telephone and Fax (Subcontractor): 312-857-1006 |
| Estimated Start and Completion Dates (Contractor): 04/01/2021 - 03/31/2026 | Estimated Start and Completion Dates (Subcontractor): 04/01/2021 - 03/31/2026 |

**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** |
|---|---|
| Construction Inspection, Assistant Resident Engineer, Documentation | 14.0% |

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.**

Michael Baker International, Inc.
Contractor

Joseph Catalano
Name

Office Executive / Vice President
Title

Joseph Catalano
Prime Contractor Signature

12/11/2024
Date

Contract #: 2038-18393B

| 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.: 2038-18393B | Date: 12/11/2024 |
| Total Bid or Proposal Amount: $250,000.00 | Contract Title: Construction Management Various/Various |
| Contractor: Michael Baker International, Inc. | Subcontractor/Supplier/ Subconsultant to be added or substitute: Material Service Testing |
| Authorized Contact for Contractor: Joseph Catalano | Authorized Contact for Subcontractor/Supplier/ Subconsultant: Jeffery Krozel |
| Email Address (Contractor): joseph.catalano@mbakerintl.com | Email Address (Subcontractor): jkrozel@mstli.com |
| Company Address (Contractor): 200W Adams Street, Suite 1800 | Company Address (Subcontractor): 1327 W. Washington, Suite 105 |
| City, State and Zip (Contractor): Chicago, IL 60606 | City, State and Zip (Subcontractor): Chicago, IL 60607 |
| Telephone and Fax (Contractor): 312-575-3923 | Telephone and Fax (Subcontractor): 812-816-6246 |
| Estimated Start and Completion Dates (Contractor): 04/01/2021 - 03/31/2026 | Estimated Start and Completion Dates (Subcontractor): 04/01/2021 - 03/31/2026 |

**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** |
|---|---|
| Material Testing | 5.0% |

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.**

Michael Baker International, Inc.
Contractor

Joseph Catalano
Name

Office Executive / Vice President
Title

Prime Contractor Signature

12/11/2024
Date

Contract #: 2038-18393B

**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.: 2038-18393B | Date: 12/11/2024 |
| Total Bid or Proposal Amount: $750,000.00 | Contract Title: Construction Management Various/Various |
| Contractor: Michael Baker International, Inc. | Subcontractor/Supplier/ Subconsultant to be added or substitute: Program Management and Control Servic |
| Authorized Contact for Contractor: Joseph Catalano | Authorized Contact for Subcontractor/Supplier/ Subconsultant: Tom Nutter |
| Email Address (Contractor): joseph.catalano@mbakerintl.com | Email Address (Subcontractor): tom@pmcsconsulting.com |
| Company Address (Contractor): 200W Adams Street, Suite 1800 | Company Address (Subcontractor): 45 Waiola Avenue |
| City, State and Zip (Contractor): Chicago, IL 60606 | City, State and Zip (Subcontractor): LaGrange, IL 60525 |
| Telephone and Fax (Contractor): 312-575-3923 | Telephone and Fax (Subcontractor): 773-908-6946 |
| Estimated Start and Completion Dates (Contractor): 04/01/2021 - 03/31/2026 | Estimated Start and Completion Dates (Subcontractor): 04/01/2021 - 03/31/2026 |

**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** |
|---|---|
| Construction Inspection, Assistant Resident Engineer, Documentation | 15.0% |

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.**

Michael Baker International, Inc.
Contractor

Joseph Catalano
Name

Office Executive / Vice President
Title

Joseph Catalano
Prime Contractor Signature

12/11/2024
Date

Contract #: 2038-18393B

| 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.: 2038-18393B | Date: 12/11/2024 |
| Total Bid or Proposal Amount: $94,970.00 | Contract Title: Construction Management Various/Various |
| Contractor: Michael Baker International, Inc. | Subcontractor/Supplier/ Subconsultant to be added or substitute: Primera Engineers |
| Authorized Contact for Contractor: Joseph Catalano | Authorized Contact for Subcontractor/Supplier/ Subconsultant: Robert Deming |
| Email Address (Contractor): joseph.catalano@mbakerintl.com | Email Address (Subcontractor): rdeming@primeraeng.com |
| Company Address (Contractor): 200W Adams Street, Suite 1800 | Company Address (Subcontractor): 550 W. Jackson Boulevard, Suite 600 |
| City, State and Zip (Contractor): Chicago, IL 60606 | City, State and Zip (Subcontractor): Chicago, IL 60661 |
| Telephone and Fax (Contractor): 312-575-3923 | Telephone and Fax (Subcontractor): 312-606-0910 |
| Estimated Start and Completion Dates (Contractor): 04/01/2021 - 03/31/2026 | Estimated Start and Completion Dates (Subcontractor): 04/01/2021 - 03/31/2026 |

**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** |
|---|---|
| Construction Support Services | 2.0% |

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.**

Michael Baker International, Inc.
Contractor

Joseph Catalano
Name

Office Executive / Vice President
Title

Prime Contractor Signature

12/11/2024
Date

Contract #: 2038-18393B

| 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.: 2038-18393B | Date: 12/11/2024 |
| Total Bid or Proposal Amount: $250,000.00 | Contract Title: Construction Management Various/Various |
| Contractor: Michael Baker International, Inc. | Subcontractor/Supplier/ Subconsultant to be added or substitute: Sanchez and Associates |
| Authorized Contact for Contractor: Joseph Catalano | Authorized Contact for Subcontractor/Supplier/ Subconsultant: Gerardo Sanchez |
| Email Address (Contractor): joseph.catalano@mbakerintl.com | Email Address (Subcontractor): pfsanchez@sanchezsurveying.com |
| Company Address (Contractor): 200W Adams Street, Suite 1800 | Company Address (Subcontractor): 8604 W. Catalpa Ave., Suite 912 |
| City, State and Zip (Contractor): Chicago, IL 60606 | City, State and Zip (Subcontractor): Chicago, IL 60656 |
| Telephone and Fax (Contractor): 312-575-3923 | Telephone and Fax (Subcontractor): 773-444-0144 |
| Estimated Start and Completion Dates (Contractor): 04/01/2021 - 03/31/2026 | Estimated Start and Completion Dates (Subcontractor): 04/01/2021 - 03/31/2026 |

**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 |
|---|---|
| Surveying | 5.0% |

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.**

Michael Baker International, Inc.
Contractor

Joseph Catalano
Name

Office Executive / Vice President
Title

Prime Contractor Signature — Date: 12/11/2024

**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

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:

200 West Adams Street, Suite 1800, Chicago, IL 60606

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 Michael Baker International, Inc.

D/B/A: Michael Baker International, Inc. FEIN # Only: 25-1228638

Street Address: 200 West Adams Street, Suite 1800

City: Chicago State: Illinois Zip Code: 60606

Phone No.: 312-707-8770 Fax Number: 312-707-8804 Email: joseph.catalano@mbakerintl.com

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

Corporate File Number (if applicable): _____

**Form of Legal Entity:**

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

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

[ ] Other (describe) _____

**Ownership Interest Declaration:**

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

| Name | Address | Percentage Interest in Applicant/Holder |
|---|---|---|
| Michael Baker International Holdco Corporation | 500 Grant Street, Suite 5400, Pittsburgh, PA 15219 | 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 |
|---|---|---|
| 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 |
|---|---|---|---|
| N/A | | | |

**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 |
|---|---|---|---|
| | | | |

**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**

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

Vice President
Title

Signature

12/12/2024
Date

Joseph.Catalano@mbakerintl.com
E-mail address

312-707-8770
Phone Number

Subscribed to and sworn before me
this 12 day of December, 2024.

My commission expires: Mar 2, 2026

x
Notary Public Signature

Notary Seal

ISHU YOUSIF
Official Seal
Notary Public - State of Illinois
My Commission Expires Mar 2, 2026

ISHU YOUSIF
Official Seal
Notary Public - State of Illinois
My Commission Expires Mar 2, 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: Michael Baker International, Inc.

Address of Person Doing Business with the County: 200 West Adams Street, Suite 1800

Phone number of Person Doing Business with the County: Joseph Catalano, VP - (312) 707-8770

Email address of Person Doing Business with the County: joseph.catalano@mbakerintl.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:

Joseph Catalano, Vice President, Michael Baker International, Inc.m 312.707.8770, joseph.catalano@mbakerintl.com

## 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: 2038-18393B

The aggregate dollar value of the business you are doing or seeking to do with the County: $ 5,000,000.00

The name, title and contact information for the County official(s) or employee(s) involved in negotiating the business you are doing or seeking to do with the County: Cho Ng / Administrative Analyst / cho.ng@cookcountyil.gov

William Kelly / Contract Negotiator / william.kelly@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: Bureau Chief of Construction

## 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.

Joseph Catalano

Signature of Recipient

January 9, 2025

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: RFQ #2038-18393B

County Using Agency (requesting Procurement): Department of Transportation

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

Person (Corporate Entity Name): Michael Baker International, Inc.

Substantial Owner Complete Name: _____

FEIN# 25-1228636

[redacted] E-mail address: Joseph.Catalano@mbakerintl.com

Street Address: 200 West Adams Street, Suite 1800

City: Chicago State: Illinois Zip: 60606

[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: Joseph Catalano Date: 12/12/2024

Name of Person signing (Print): Joseph Catalano Title: Vice President

Subscribed and sworn to before me this 12 day of December, 20 24

X _____ _____

**Notary Public Signature** **Notary Seal**

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

ISHU YOUSIF
Official Seal
Notary Public - State of Illinois
My Commission Expires Mar 2, 2026

**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**

Michael Baker International, Inc.
Corporation's Name

Joseph Catalano JOSEPH CATALANO
President's Printed Name and Signature

312-707-8770
Telephone

Joseph.Catalano@mbakerintl.com
Email

Secretary Signature

12/12/24
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**
12 day of December, 2024.

My commission expires: Mar 2, 2024

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.

ISHU YOUSIF
Official Seal
Notary Public - State of Illinois
My Commission Expires Mar 2, 2026

# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
12/19/2024

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).

Holder Identifier :

**PRODUCER**
Aon Risk Services Central, Inc.
Pittsburgh PA Office
EQT Plaza ~ Suite 2700
625 Liberty Avenue
Pittsburgh PA 15222-3110 USA

**CONTACT NAME:**
**PHONE (A/C. No. Ext):** (866) 283-7122 **FAX (A/C. No.):** (800) 363-0105
**E-MAIL ADDRESS:**

| INSURER(S) AFFORDING COVERAGE | | NAIC # |
|---|---|---|
| INSURER A: | Allied World Surplus Lines Insurance Co | 24319 |
| INSURER B: | Zurich American Ins Co | 16535 |
| INSURER C: | American Guarantee & Liability Ins Co | 26247 |
| INSURER D: | | |
| INSURER E: | | |
| INSURER F: | | |

**INSURED**
Michael Baker International, Inc
200 West Adams Street, Suite 2800
Chicago IL 60606 USA

**COVERAGES** **CERTIFICATE NUMBER:** 570109943806 **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,

Limits shown are as requested

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| B | X COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE X OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>POLICY X PRO-JECT X LOC<br>OTHER: | | | GLO419728103 | 08/30/2024 | 08/30/2025 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG | $1,000,000<br>$1,000,000<br>$10,000<br>$1,000,000<br>$2,000,000<br>$4,000,000 |
| B | AUTOMOBILE LIABILITY<br>X ANY AUTO<br>OWNED AUTOS ONLY / SCHEDULED AUTOS<br>X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY | | | BAP 4197284 03 | 08/30/2024 | 08/30/2025 | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY ( Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) | $1,000,000 |
| C | X UMBRELLA LIAB X OCCUR<br>EXCESS LIAB CLAIMS-MADE<br>DED X RETENTION $10,000 | | | AUC053258206 | 08/30/2024 | 08/30/2025 | EACH OCCURRENCE<br>AGGREGATE | $10,000,000<br>$10,000,000 |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER (Mandatory in NH) Y/N: N<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N / A | | WC419728203<br>AOS | 08/30/2024 | 08/30/2025 | X PER STATUTE OTH-ER | |
| B | | | | WC419728503<br>WI | 08/30/2024 | 08/30/2025 | E.L. EACH ACCIDENT<br>E.L. DISEASE-EA EMPLOYEE<br>E.L. DISEASE-POLICY LIMIT | $1,000,000<br>$1,000,000<br>$1,000,000 |
| A | E&O - Professional Liability - Primary | | | 03124806<br>Claims Made<br>SIR applies per policy terms & conditions | 08/30/2024 | 08/30/2025 | Per Claim<br>Aggregate | $1,000,000<br>$1,000,000 |

Certificate No : 570109943806

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

Contractual Liability coverage is included on the General Liability policy. Coverage to include claims for Products/Completed Operations. The Umbrella Liability policy follows the terms/conditions of the underlying General Liability policy. RE: MB Project Name: Cook County Various RFQ No. 2038-18393, MB Project No. TBD. Cook County, its officials, employees and agents are included as Additional Insured in accordance with the policy provisions of the General Liability and Automobile Liability policies. General Liability and Automobile Liability policies evidenced herein are Primary and Non-Contributory to other insurance available to Additional Insured, but only in accordance with the policy's provisions. A Waiver of Subrogation is granted in favor of Certificate Holder in accordance with the policy provisions of the General Liability, Automobile Liability,

**CERTIFICATE HOLDER**

Cook County
118 North Clark Street
Chicago IL 60602 USA

**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**

Aon Risk Services Central, Inc.

# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
12/18/2024

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).

Holder Identifier :

**PRODUCER**
Aon Risk Services Central, Inc.
Pittsburgh PA Office
EQT Plaza ~ Suite 2700
625 Liberty Avenue
Pittsburgh PA 15222-3110 USA

**CONTACT NAME:**
**PHONE (A/C. No. Ext):** (866) 283-7122 **FAX (A/C. No.):** (800) 363-0105
**E-MAIL ADDRESS:**

| INSURER(S) AFFORDING COVERAGE | | NAIC # |
|---|---|---|
| INSURER A: | Columbia Casualty Company | 31127 |
| INSURER B: | | |
| INSURER C: | | |
| INSURER D: | | |
| INSURER E: | | |
| INSURER F: | | |

**INSURED**
Michael Baker International, Inc
200 West Adams Street, Suite 2800
Chicago IL 60606 USA

**COVERAGES** **CERTIFICATE NUMBER:** 570109834211 **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,

Limits shown are as requested

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| | COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE | |
| | ☐ CLAIMS-MADE ☐ OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | |
| | | | | | | | MED EXP (Any one person) | |
| | | | | | | | PERSONAL & ADV INJURY | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | |
| | ☐ POLICY ☐ PRO-JECT ☐ LOC | | | | | | PRODUCTS - COMP/OP AGG | |
| | OTHER: | | | | | | | |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | |
| | ☐ ANY AUTO | | | | | | BODILY INJURY ( Per person) | |
| | ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | |
| | ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | |
| | | | | | | | | |
| | ☐ UMBRELLA LIAB ☐ OCCUR | | | | | | EACH OCCURRENCE | |
| | ☐ EXCESS LIAB ☐ CLAIMS-MADE | | | | | | AGGREGATE | |
| | ☐ DED ☐ RETENTION | | | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N | | | | | | ☐ PER STATUTE ☐ OTH-ER | |
| | ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER (Mandatory in NH) ☐ N / A | | | | | | E.L. EACH ACCIDENT | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE-EA EMPLOYEE | |
| | | | | | | | E.L. DISEASE-POLICY LIMIT | |
| A | E&O - Technology | | | 652433323 SIR applies per policy terms & conditions | 08/30/2024 | 08/30/2025 | Cyber | $1,000,000 |

Certificate No : 570109834211

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

RE: MB Project Name: Cook County Various RFQ No. 2038-18393, MB Project No. TBD.

**CERTIFICATE HOLDER**

Cook County
118 North Clark Street
Chicago IL 60602 USA

**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**

Aon Risk Services Central, Inc.

AGENCY CUSTOMER ID: 570000027699

LOC #:

# ADDITIONAL REMARKS SCHEDULE



| AGENCY | NAMED INSURED |
|---|---|
| Aon Risk Services Central, Inc. | Michael Baker International, Inc |
| POLICY NUMBER: See Certificate Number: 570109943806 | |
| CARRIER: See Certificate Number: 570109943806 / NAIC CODE | EFFECTIVE DATE: |

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Additional Description of Operations / Locations / Vehicles:

Umbrella Liability, Professional Liability and Workers' Compensation policies. Should General Liability, Automobile Liability and Workers' Compensation policies be cancelled before the expiration date thereof, the policy provisions of each policy will govern how notice of cancellation may be delivered to certificate holders in accordance with the policy provisions of each policy. Retroactive Date: May 1, 1940 for Professional services - June 30th, 2002 for Contracting Services.