

AMENDMENT NO. 2

This Amendment modifies Contract No. 2038-18464B, for Preliminary Engineering and Environmental (Phase I) Services for Sauk Village Multi-Use Path by and between the County of Cook, Illinois, herein referred to as "County" and BLA, Inc., authorized to do business in the State of Illinois hereinafter referred to as "Contractor":

RECITALS

Whereas, the County and Contractor have entered into a Contract approved by the County Board on April 7, 2022, (hereinafter referred to as the "Contract"), wherein the Contractor is to provide Preliminary Engineering and Environmental (Phase I) Services for Sauk Village Multi-Use Path (hereinafter referred to as the "Services" from May 15, 2022 through May 14, 2024, in an amount not to exceed \$552,718.00; and

Whereas, Amendment No. 1 was executed by the Chief Procurement Officer on June 4, 2024, to extend the contract for twelve (12) months beginning May 15, 2024 through May 14, 2025,

Whereas, the Contract will expire May 14, 2025, and the agreed upon Services are still required; and

Whereas, an increase of the Contract amount is required for the continuation of Services; and pursuant to Article 10c of the Contract, the County and Contractor desire to increase the Contract in the amount of \$29,075.00.

Whereas, pursuant to Article 4 of the Contract, the County and Contractor desire to extend the Contract for twelve (12) months beginning on May 15, 2025 through May 14, 2026.

Whereas, pursuant to Article 10 Section C of the Contract, the County and Contractor desire to include additional services to the Contract; and

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

1. The Contract is extended through May 14, 2026.
2. The Contract is increased by \$29,075.00 and the Total Contract Amount is revised to \$ 581,793.00.
3. The Contract is hereby amended to incorporate Attachment A and made part of the Contract.
3. The attached updated Identification of Sub-Contractors/Suppliers/Sub-Consultants Form (if applicable and updated), MBE/WBE Utilization Plan forms (if applicable and updated), certificate of insurance (if updated), and Economic Disclosures Statement under Attachment B are incorporated and made a part of this Contract.
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. 2 to be executed on the date and year last written below.

Signature page follows


County of Cook, Illinois

BLA, Inc.

By: Raffi Sarrafian
Chief Procurement Officer

Digitally signed by Raffi Sarrafian
Date: 2025.06.03 13:06:42 -05'00'

Date: _____


Signed
DAN BOUKMEZIAN
Type or print name

By: _____
State's Attorney (if applicable)

PRESIDENT/CEO
Title

Type or print name (if applicable)

Date: _____

Date: 4/7/25

ATTACHMENT A



Sauk Village Multi-Use Path Scope of Work

BLA, Inc.

December 16, 2021

Addendum 2 – January 13, 2025

The Cook County Department of Transportation and Highways (County) in cooperation with the Village of Sauk Village desires to provide a multi-use path connecting Bloom Trail High School, residential neighborhoods, small business, various religious institutions, Strassburg Elementary School, and Plum Creek Meadow Forest Preserve.

The project corridor traverses Cottage Grove Avenue, Sauk Trail Road, Cornell Avenue, 223rd Street, and Burnham Avenue through the Villages of Sauk Village and Steger, and Bloom Township. A variety of roadway types are encountered of which the majority are under the jurisdiction of the County or local municipality. However, the signalized intersection of IL 394 and the all-way stop of Torrence Avenue are Illinois Department of Transportation jurisdiction and thus IDOT coordination is required.

The County has selected BLA, Inc. (Consultant) to perform an engineering and environmental study to determine the most feasible and reasonable placement of the multi-use facility within the corridor. Factors that will be taken into consideration to determine the alignment include accessibility of the multi-use path, utility conflicts, drainage needs, environmental resources, and safety of the intended user. The following scope of work details the activities to be completed to evaluate alternatives, design a preferred alternative, and the evaluation and mitigation of environmental resources.

Task 1 - Data Collection/Review

The County has provided Consultant with the following base data:

- Topographic and ROW Survey
- MicroStation Base Files
- ROW Maps
- Utility Julie Locate Request and Maps
- As Built Plans

The topographic survey did not provide drainage labels, which is typical. All labels needed to be created from field notes.

Consultant will obtain from the County GIS data that includes known water bodies, forest preserves, parks, and trails. Other data that will be obtained from various sources includes local agency comprehensive plans, multi-modal plans, traffic data, functional classification, school operations including crossing guard locations and bus/parent drop off procedures, environmental resources, traffic signal plans and timings, and crash data.

Consultant will perform a Design Stage JULIE investigation and obtain utility atlases/markups from any utility owners who did not provide information as part of the County's original request. Consultant will add any new utility information to MicroStation base file.

A site visit is included in this task where the Consultant project manager and project engineer will do a plan-in-hand review of the existing conditions.



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Traffic data turning movement collection and projection coordination with CMAP is not included in this project scope of work. Only available ADT data will be obtained from the County or IDOT's Getting Around Illinois website.

Task 2 - Geotechnical Investigation

Soil borings will be obtained every 600 feet in the parkway in accordance with IDOT Geotechnical Manual on the following streets

- East side of Cottage Grove Avenue from Mary Bryne Drive to Sauk Trail
- South side of Sauk Trail from Cottage Grove Avenue to Cornell Avenue
- Both west and east sides of Cornell Avenue from Sauk Trail to 223rd Street
- Both north and south sides of 223rd Street from Cornell Avenue to Burnham Avenue
- Both east and west sides of Burnham Avenue from 223rd Street to the entrance of Plum Creek Meadow Forest Preserve

These soil borings will assist in determining suitability of parkway soils for stability of the multi-use path, drainage needs, and, if needed, retaining wall design where grade may vary considerably.

Structural borings and soils analysis in accordance with IDOT Geotechnical Manual will be obtained for consideration of extension of Structure 016-3235 or implementation of a separate multi-use structure.

Soil boring holes will be backfilled with soil auger cuttings and restored to existing conditions. Pavement cores are not included in the scope of work.

Task 2 Deliverables:

- a. Soil Boring Log*
- b. Structural Geotechnical Report*
- c. Roadway Geotechnical Report for MUP*

Task 3 - Environmental

ESR Form with Attachments

An Environmental Survey Request (ESR) form will be submitted to IDOT Bureau of Local Roads with the appropriate exhibits to obtain corridor-wide clearance for Cultural and Biological resources and for Special Waste for state owned right of way. The ESR will be prepared for the entire project limits. The ESR form and attachments will be transmitted electronically to IDOT. The resulting IDOT ESR coordination will be included in the Project Report.

In June 2024 CCDOTH determined that a separate ADA project that encompassed the intersection of Cottage Grove Road and Sauk Trail would not move forward. Therefore, the entire intersection was incorporated into the Multi-Use Path project. An Addendum 1 ESR was submitted to add the west and north legs of the Cottage Grove Road and Sauk Trail intersection.



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In October 2024 through coordination of the EDP, it was determined that additional right of way is required for compensatory storage from floodplain impacts. Upon approval of the PDP and the compensatory storage location, an Addendum 2 ESR will be submitted.

Wetlands

A Certified Wetland Specialist will perform a wetland delineation of the project site utilizing methodology outlined in the Regional Supplement of 2010 Corps of Engineers Wetland Delineation Manual. The delineation will be completed based on conditions found during the field visit, soil maps, National Wetlands Inventory, and the U.S. Army Corps of Engineers (USACE) Routine On-Site Data Forms. During the site visit, the wetlands' generalized quality ratings according to Swink and Wilhelm (1994) will be defined and the limits of the wetland will be flagged. Finally, during the site visit, wildlife and plant community qualities will be assessed.

The results of the field investigation will be summarized in a letter report. The wetlands floristic inventory, index values and quality rating will be included along with exhibits depicting wetland boundaries, project boundary, all resources utilized in the defining and quantifying of the wetlands, site photographs, and the USACE Routine On-Site Data Forms. This information will be compiled in a format which can be used as part of a USACE Joint Application package.

Upon determination of a preferred alignment, analysis will be performed to determine if any wetlands will be disturbed. Avoidance will be the first action followed by mitigation. Upon determining wetland involvement, the delineation report, wetland impact evaluation forms, preferred geometry exhibit defining the wetland impacts, and proposed mitigation will be coordinated electronically with IDOT Bureau of Local Roads and Streets for concurrence of the findings.

Special Waste – Local

A Special Waste Assessment (SWA) will be performed for the local agency right of way to determine potential for involvement with special waste and other regulated substances. The SWA will determine whether or not further action is necessary. Should further action be necessary a Preliminary Environmental Site Assessment (PESA) will be prepared. The findings will be included in the Project Report.

Section 4(f)

The Plum Creek Meadow Forest Preserve is located south of 223rd Street and east of Burnham Avenue and a public park is south of 223rd Street west of Torrence Avenue. If any temporary easements or acquisition is needed from either land use, Section 4(f) documentation is triggered. If needed, a Section 4(f) evaluation will be prepared and such that the proposed improvement, a multi-use path, is conducive to park use and an enhancement, it is anticipated that the Section 4(f) will be a de minimis finding. The Section 4(f) de minimis will be prepared for IDOT review and approval. The Section 4(f) evaluation will document the need for right of way, the lack of impact on the functionality of the park uses, and the owner's concurrence with the findings.



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Tree Survey

For the preferred alternative only, Consultant will identify, locate, and tag all trees greater than or equal to 6" diameter at breast height (DBH) of **native species only**, that will be potentially impacted. A complete tree inventory listing tag number, station, offset, size, common name, scientific name, health, and comments regarding the quality of the identified trees will be provided. Nomenclature used for common and scientific names follows Swink and Wilhem (1994) Plants of the Chicago Region and U.S. Fish and Wildlife Service (1996) National List of Vascular Plant Species that Occur in Wetlands. The process performed, policies followed, summary of data, and exhibits prepared will be summarized in a Tree Inventory Technical Memorandum. The findings, impacts, and mitigation measures, if needed, will be summarized in the Project Report.

Task 3 Deliverables:

- a. *ESR Form w/attachments*
- b. *Wetland Delineation Report and Wetland Impact Evaluation Forms w/exhibits*
- c. *SWA and if needed, PESA*
- d. *Section 4(f) de minimis Evaluation*
- e. *Tree Survey Technical Memorandum*

Task 4 - Crash Study

Consultant will collect 5 years' worth of recent crash data from IDOT's crash database. A general summary of the types of crashes that occur will be provided. Only crashes that involve pedestrians or bicyclists will be investigated further. If a vehicular crash trend occurs at any one location that would impair safety for pedestrians or bicyclists, it will be so noted and recommendations to improve conditions provided. The data, analyses, and recommendations will be summarized in the Project Report.

Task 4 Deliverable:

- a. *Safety Technical Memorandum*

Task 5 – Alignment Development

From the existing data collected and analyses performed (geotechnical, safety, drainage, utility) Consultant will prepare plan view alignment alternatives to evaluate where the multi-use path could be located within the parkway of the project corridor.

It is noted that two signalized intersections exist within the project corridor. The first is at Sauk Trail and Cottage Grove Avenue. It is assumed that the trail would follow the alignment of the east side of Cottage Grove Avenue and the south side of Sauk Trail and that the path would not cross the intersection. As such, no traffic signal upgrade or modifications are proposed for this location.

In June 2024 CCDOTH determined that a separate ADA project that encompassed the intersection of Cottage Grove Road and Sauk Trail would not move forward. Therefore, the entire intersection was incorporated into the Multi-Use Path project. CCDOTH provided the preliminary ADA design from their



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consultant for incorporation into this Multi-Use Path project. PROWAG requires Audible Pedestrian Signals (APS) for all new installations of pedestrian signals. BLA shall locate all pedestrian signal equipment, to verify if additional right of way is needed, and updated ADA to reflect current PROWAG requirements.

The second signalized intersection is at Sauk Trail and IL 394. An existing path is located on the southwest and southeast quadrants and a crosswalk with pedestrian signals extends the south leg of the intersection. It is assumed that the proposed path would utilize the existing facilities and that the path would not cross any other approach of the intersection. As such, no traffic signal upgrade or modifications are proposed for this location. This project scope of work does not include Intersection Design Studies for Sauk Trail at Cottage Grove Avenue or Sauk Trail at IL 394.

Base plan alternatives will follow all design criteria and will not have any design deviations. Challenge areas of the base alignments will be identified. Challenge areas include steep grade, loss of natural screening to adjacent properties, environmental impacts, structural modifications/additions, or geometric modifications to existing roadway. Wherever a challenge area exists, a design solution(s) will be defined. Solutions may include retaining walls (structural or landscape brick), guardrail/railing, refuge islands, culvert extensions, traffic control modifications, pavement markings, and alternating sides of the street that the path may be located. Each solution will include pros/cons of the proposed action and a planning level cost estimate to implement the solution.

The base plan alternatives, with a written summary of the plan, challenge areas, solutions, and estimated cost will be presented to the County. The presentation will determine if there are any fatal flaw alternatives, if there is more than one viable alternative, or is there one preferred alternative. If there is more than one viable alternative, it is anticipated that a public information meeting will be held to present the alternatives for feedback. Based on feedback, a preferred alternative will be selected.

Task 5 Deliverable:

- a. Alternatives Technical Memorandum with base plan sheets for each alternative*

Task 6 - Preferred Alternative

From the feedback obtained via public and/or County coordination a preferred alternative will be designed that includes plan, profile, typical sections, cross sections, guardrail/railing warrant, ADA details for every intersection, structural work, proposed drainage, proposed right of way, and environmental resource impacts and permit needs. This task includes a constructability evaluation, maintenance of traffic, and a detailed cost estimate.

A preferred alternative was selected based on the side of street to locate the MUP. However, additional analyses and documentation were performed along Sauk Trail and 223rd Street. On Sauk Trail the analysis included the following alternative evaluation:

- 10-foot path with grading*
- 10-foot path with retaining wall*
- 8-foot path with grading*
- 8-foot path with retaining wall*



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On 223rd Street the analysis included alternative evaluation of 10-foot path with 3-foot setback or 8-foot path with 5-foot setback.

Each alternative evaluated included a tree summary, wetland and floodplain calculations, retaining wall options, and right of way summaries to aid in the decision making. The Alternatives Technical Memorandum was updated to include this preferred alignment alternatives analysis.

The 223rd Street at Torrence Avenue intersection is under the jurisdiction of IDOT. An IDS is not warranted; however, ADA details within State right of way will be coordinated with IDOT for concurrence.

Task 6 Deliverables:

- a. Plan and Profile*
- b. Typical Sections*
- c. Cross Sections*
- d. ADA Details*
- e. Design Deviation Documentation*
- f. Guardrail warrant analysis*
- g. Right of way evaluation*
- h. Maintenance of Traffic*
- i. Preliminary Construction Cost Estimate*

Task 7 - Drainage Analysis

Data Collection & Review

Consultant will collect and catalog available historic project information, some of which is already described in Task 1, and previously completed engineering studies, effective floodplain and floodway mapping, GIS topographic contour data, and known drainage issues and concerns from the jurisdictional agencies.

Floodplain / Floodway Encroachment Analysis

Consultant has researched the Flood Insurance Study (FIS) for Cook County and Incorporated Areas, Last Revised September 10, 2021, and the Flood Insurance Rate Maps (FIRMs) for the proposed improvement area to determine the need to evaluate the floodplain and floodway. Four major drainageway crossings have been identified.

1. Deer Creek Tributary B crosses Sauk Trail via a culvert located approximately 1,300 feet west of the intersection of Sauk Trail and IL 394. This crossing contains floodplain and floodway environments as depicted on FEMA FIRM Panel 0827J, Map Number 17031C0827J, last revised August 19, 2008.
2. Lansing Ditch crosses 223rd Street via a culvert located approximately 200 feet west of the intersection of 223rd Street and Clyde Avenue. This crossing contains floodplain and floodway



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environments as depicted on FEMA FIRM Panel 0827J, Map Number 17031C0827J, last revised August 19, 2008.

3. Lansing Ditch East Tributary crosses 223rd Street via a culvert located approximately 300 feet west of the intersection of 223rd Street and Plum Creek Drive. This crossing contains floodplain and floodway environments as depicted on FEMA FIRM Panel 0831J, Map Number 17031C0831J, last revised August 19, 2008.
4. Lansing Ditch Tributary A crosses 223rd Street via a culvert located approximately 575 feet west of the intersection of 223rd Street and Burnham Avenue. This crossing contains floodplain and floodway environments as depicted on FEMA FIRM Panel 0831J, Map Number 17031C0831J, last revised August 19, 2008.

Consultant will secure the existing effective floodplain/floodway modeling for Deer Creek Tributary B, Lansing Ditch, Lansing Ditch East Tributary, and Lansing Ditch Tributary A from the FEMA Library. The existing models will be updated in HEC-RAS with field collected survey data including culvert geometry and hydraulic stream cross sections. The modified existing models will then be developed into proposed models and used to evaluate the impacts of culvert extensions, if required, to accommodate the proposed multi use path.

The resulting floodplain elevations will be used to evaluate potential need and calculate compensatory storage. Compensatory storage shall follow the MWRD Watershed Management Ordinance, local (County and municipal) ordinances, IDNR-OWR, and FEMA regulations.

Floodplain impacts and compensatory storage needs have been calculated and areas for implementation of storage identified. However, CCDOTH requested grading plans for compensatory storage. This is typically provided in Phase II design.

Due to the presence of floodway at all culvert crossings and anticipated work at all culvert crossings, it is anticipated permits will be required. Permits will be prepared for submittal to MWRD and IDOT for any culvert or channel modification work in the floodplain/floodway required to accommodate the proposed multi use path facilities. Floodplain / floodway permitting will be completed and submitted to the respective jurisdictional agencies as part of the Phase I services. Consultant shall prepare the calculations and supporting documentation required to demonstrate compliance with applicable local, state, and federal regulations for the proposed improvements.

Delineate Existing and Proposed Drainage Areas

Consultant will use field collected topographic information supplemented with Cook County GIS topography to delineate the existing and proposed watershed divides and drainage areas. Watershed divides will be delineated, and sub drainage areas will be numbered for correlation to the drainage calculations.

Calculate Hydrologic and Hydraulic Variables

Hydrologic and hydraulic variables including soil types, runoff curve numbers, weighted runoff curve numbers, and time of concentration will be calculated for the identified drainage areas tributary to IDOT



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ROW (IL 394 and Torrence Ave). Hydrologic and hydraulic variables will be summarized in tables for existing and proposed conditions.

Hydrologic Modeling

A HEC-HMS hydrologic model will be created to perform a critical duration analysis of the existing and proposed conditions to evaluate the project impacts on the identified outlets and conveyance systems tributary to IDOT ROW. HEC-HMS models will be developed using the current Bulletin 75 rainfall data and Huff distributions. Results will be summarized for each drainage area and outlet. The results will also be utilized for structural coordination and preparation of a Preliminary Bridge Design Hydraulic Report for Structure 016-3235 and the lengthening of the Lansing Ditch Tributary A culvert west of Burnham Avenue. The two other culverts are not anticipated to need modifications and thus will not require a hydraulic report.

Stormwater Detention Evaluation

The proposed improvements will be evaluated for stormwater detention requirements based on the increased impervious area created by the proposed improvements tributary to IDOT ROW. Exhibits will be provided indicating the existing and proposed impervious areas and the total areas will be summarized in tabular format. Water Quality / BMP requirements will be evaluated based on the increase in impervious area. A right-of-way analysis will be performed to determine the need for additional right-of-way and easements for drainage purposes.

Evaluate Existing and Proposed Conveyance Systems

The existing conveyance system is comprised of both curb and gutter with a closed storm sewer drainage system and open drainage systems with shoulders and roadside swales. Consultant will develop roadside drainage calculations to confirm conveyance of swales and area drains adjacent to the existing roadway drainage system within IDOT ROW. Driveway and roadway cross culverts within IDOT ROW will be identified, cataloged, and analyzed for conveyance.

Location Drainage Technical Memorandum (LDTM)

Consultant will prepare and assemble a LDTM to evaluate the proposed improvements and demonstrate compliance with local, state, and federal regulations. The LDTM will summarize the existing drainage conditions, impact of the proposed improvements on the existing conveyance system, describe the proposed drainage system and any alternatives evaluated. The Existing Drainage Plan and Proposed Drainage Plan will be attached as exhibits. Correspondence, meeting minutes and calculations relating to the proposed improvements will be included in the appendices. The following tasks will be performed in order to prepare the LDTM:

- A narrative that provides a project overview and introduction; describes in general the existing conditions, including any drainage problems, identifies major drainage features and outlets; and describes the proposed conditions including detention. Analyses, design methodologies and design criteria utilized will be briefly discussed. It is understood that the format of the narrative will not follow the IDOT Location Drainage Study outline.



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- A project General Location Drainage Map will be developed. The map will utilize the USGS Hydrologic Atlas as a base map, display the drainage basin boundaries, and identify the major drainage features within the project limits.
- The Existing Drainage Plan will use GIS topographic contours to supplement the field surveyed topographic data; FEMA Floodplains and Floodways will be shown as well as any Flood Prone Areas; offsite and onsite drainage areas will be delineated; drainage features such as storm sewer sizes, crossroad culverts, and outlets will be shown. Delineated wetlands will be identified and numbered and will include the wetland areas. Wetland buffers will be identified for each delineated wetland based on the wetland size and quality.
- A Proposed Drainage Plan (PDP) will be prepared to fully describe the proposed drainage concept and reflect drainage calculations for the drainage system size, type, and location. Potential utility conflicts will be identified during development of the PDP.
- Permit requirements for the proposed drainage plan will be identified and discussed in the narrative. It is anticipated that IDOT will issue the floodway construction permits for culvert modifications where required during Phase I. No other permit applications will be prepared as part of this Phase I study.
- The LDTM will be transmitted electronically to the County for their review and concurrence. IDOT will receive paper copies of the LDTM.

Hydraulic Report(s)

Two hydraulic reports will be prepared. One report for SN 016-3235 due to the tributary area expected to be in excess of one (1) square mile. The tributary area will be delineated and verified. The second report for the existing Lansing Ditch Tributary A culvert on 223rd Street west of Burnham Avenue due to expected lengthening of the culvert to accommodate the multi-use path. Hydraulic reports are not anticipated for the remaining two crossroad culverts at Lansing Ditch and Lansing Ditch East Tributary.

Hydraulic reports will be based on existing effective flood insurance studies and the route survey provided by County. The Hydraulic Report(s) will be completed in accordance with IDOT guidelines and contain the following information:

- Available Flood Insurance Studies (FIS) data, Effective FIS hydraulic and hydrologic models, and other technical data. Zone AE floodplain environments will base hydraulic studies on existing effective FIS. Hydrologic modeling is not anticipated on floodplain environments classified as Zone AE, as existing effective models will be used for analysis.
- Available Waterway Information Table(s) (WIT) from County and IDOT.
- Historical flooding observations, local agency, or County drainage reports, IDOT district reports or other information provided by adjacent property owners related to flooding and sensitive flood prone areas.
- Field observations including evidence of scour.
- Any vertical datum correlation issues between survey data and effective hydraulic and topographic data collected. Current FIS is in NAVD88.



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- Hydraulic computations, based on FEMA supplied FIS modeling data, using HEC-RAS to duplicate results of the effective Flood Insurance Models. Updated Duplicate Effective Flood Insurance Models with field collected hydraulic survey data and establish Corrected Effective floodplain models. Corrected Effective Models will be used to compute water surface elevations for the various flood frequencies required to prepare Waterway Information Tables.
- Proposed condition analysis based on proposed multi-use path/culvert improvements.

Task 7 Deliverable:

- a. Location Drainage Technical Memorandum*
- b. Hydraulic Report (2 each)*

Task 8 - Structural Analysis

Sauk Trail Road Box Culvert at Deer Creek Tributary B

A Bridge Condition Report will be prepared for the existing double 6'x10' cell box culvert (S.N. 016-3235) to evaluate its suitability for a culvert extension to carry the multi-use path over Deer Creek Tributary B, as referenced on FIRM. (IDOT incorrectly references Deer Creek Tributary B as Reichart Creek in the Structure Summary Report.) A field inspection will be conducted to inspect, evaluate, and document the condition of the culvert. Recommendations to accommodate the multi-use path and cost estimates for alternatives will be evaluated and included in the report. The report will be submitted for County and IDOT review.

If it is determined that the path should cross Deer Creek Tributary B via a new separate structure, structure alternatives and wingwall geometry will be evaluated and cost estimates prepared leading to a recommended option.

Upon approval of the preferred alternative a Type, Size and Location plan (TS&L) and a PBDHR will be prepared and submitted for County and IDOT review and approval.

223rd Street Culverts at Lansing Drainage Ditch, Lansing Ditch East Tributary, and Lansing Ditch Tributary A (3 crossings)

A Culvert Condition Report will be prepared for the metal pipe culverts under 223rd Street. It is not expected to extend the culverts, but it is expected to implement culvert end treatments and safety rails adjacent to the multi-use path. Field inspections will be conducted, and the condition of the culverts documented. Alternatives will be evaluated and recommendations for proposed modification will be included in the report.

Retaining Wall Studies

Retaining wall studies will be conducted to evaluate retaining wall alternatives that may be required as part of the Sauk Village Multi-Use Path project. It is assumed that walls will be less than 7 feet tall and therefore will not require Type, Size and Location (TS&L). Each location will be evaluated to determine the most appropriate retaining wall type to be used. Recommendations and cost estimates will be provided.



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Task 8 Deliverables:

- a. Bridge Condition Report / Culvert Condition Reports*
- b. TS&L and PBDHR*
- c. Retaining Wall Technical Memorandum*

Task 9 – Agency Coordination and Meetings

In addition to the public meetings identified in Task 10, other one-on-one coordination meetings are recommended as summarized below. For all meetings, Consultant will prepare an agenda, exhibits, and meeting minutes. Two staff from consultant will attend each meeting.

County Coordination

- An in-person project kick-off meeting will be held with the County. The meeting will set the communication parameters, review the schedule, and set milestones, share/request data, discuss areas needing special attention/avoidance, and initiate stakeholder coordination.
- After electronic submittal of the base alternatives to the County (Task 5), an in-person meeting will be held to present the base geometry and mitigation measures. The intent of the meeting is to inform the County, identify feasible and reasonable mitigation measures, define actions for further analysis, and discuss presentation to the public agency.

IDOT Meetings

- An IDOT kick-off meeting is required to present the project, collaborate with IDOT departments (specifically the Geometrics Studies Unit, Traffic Signal and Arterial Units, and Drainage Unit), discuss environmental resources and potential level of environmental processing, and project schedule.
- Upon determination of the preferred alternative, the project will be presented at an FHWA/IDOT coordination meeting. At this meeting, the intent is to obtain concurrence potential environmental impacts, the level of environmental processing, and to hold a public information meeting.

Stakeholders

Stakeholders that require coordination beyond a public information meeting include Bloom Trail High School, Strassburg Elementary School, and the Forest Preserve District of Cook County. It is assumed that four (4) virtual meetings will occur. Two staff from consultant will attend and will prepare the agenda, exhibits, and meeting minutes.

Task 9 Deliverables:

- a. Agendas*
- b. Handouts*
- c. Meeting Minutes*



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Task 10 - Public Involvement

For all meetings listed below, Consultant will coordinate meeting location, exhibits, handouts, and comment/response forms. Consultant will identify and coordinate for approval by County an appropriate boundary for stakeholder and dignitary notification that County or the consultant deem necessary, for the public information meetings. Consultant will review Cook County Assessor site to obtain mailing addresses of owner and occupant for the notification mailing list. A post card mailer will be created for each public information meeting held. In addition, letters to dignitaries will be provided. Consultant will notify stakeholders of meetings following the BLRS manual Section 19-4. All documents utilized for meetings will be presented to the County for review and approval prior to the subject meeting. A dry run meeting will be held virtually. The public information meeting is anticipated to occur in person. Should the meeting need to be virtual, Consultant and the County will review the level of effort and determine if additional effort is needed or not.

Project Website

Consultant will provide, host, and maintain a project website. The website will include the project description, the purpose and need, anticipated schedule, photos as appropriate, project exhibits, public information meeting information, and contact information. Updates to the website will occur at project on-set, at Alternative Meeting, at Preferred Alternative Meeting, and Design Approval milestones.

Alternatives Meeting (if needed)

Alternatives to be considered further will be presented to the public at an open house meeting. The meeting will define the alternatives evaluated, their challenge areas, and the proposed solutions. Feedback will be requested from the attendees in regard to preferred alignment, acceptable mitigation measures, combination of alignments, and overall acceptance of the alternatives studied.

In addition to the in-person meeting, a Question-and-Answer virtual meeting (Q&A VM), via Zoom or similar platform, will be held for those that are unable to attend the in-person meeting. This activity entails setting up video links with call-in numbers, preparation of a PowerPoint presentation about the project, and documentation of the event. The date of the Q&A VM will need to be identified in advance of the Public Meeting to ensure notification of the Q&A VM in the Public Meeting advertisement. The length of the Q&A VM will be 1.0 hour. The presentation will be prepared by Consultant and reviewed by County and a dry run held through the media platform prior to the aforementioned Alternatives Public Information Meeting.

Upon completion of the alternative's public information meeting CCDOTH requested the preparation of a newsletter for dissemination to residents of the corridor and attendees. This newsletter was not scoped. It is assumed that a newsletter will also be prepared to summarize the preferred alternative public information meeting.

Preferred Alternative Meeting

Upon concurrence of the preferred alternative, anticipated environmental impacts and mitigation measures, and concurrence of the level of environmental processing as determined by FHWA at the FHWA/IDOT coordination meeting, an open house meeting will be held. The final alignment, impacts,



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and mitigations measures will be presented. Feedback will be requested of the attendees in relation to acceptance of the improvement and that public input has been considered.

In addition to the in-person meeting, a Question-and-Answer virtual meeting (Q&A VM), via Zoom or similar platform, will be held for those that are unable to attend the in-person meeting. This activity entails setting up video links with call-in numbers, preparation of a PowerPoint presentation about the project, and documentation of the event. The date of the Q&A VM will need to be identified in advance of the Public Meeting to ensure notification of the Q&A VM in the Public Meeting advertisement. The length of the Q&A VM will be 1.0 hour. The presentation will be prepared by Consultant and reviewed by County and a dry run held through the media platform prior to the aforementioned Preferred Alternative Public Information Meeting.

Task 10 Deliverables:

- a. Project Website*
- b. Exhibits*
- c. Handouts*
- d. Meeting Documentation*
- e. Two In-Person Public Information Meetings*
- f. Two Q&A Virtual Meetings*

Task 11 - Project Report

A project report will be prepared for the County and IDOT, submitted electronically for review, comment, and approval, and that defines the:

1. Existing conditions,
2. Design criteria,
3. Crash, structural, and drainage analyses,
4. Proposed design,
5. Design deviations and approvals,
6. Record project coordination,
7. Utility coordination
8. Construction cost estimate,
9. Environmental resource evaluation, and
10. Public engagement activities

Task 11 Deliverables:

- a. draft report*
- b. prefinal report*
- c. final report*

Task 12 - Administration & Management

This item includes project setup, invoicing, in-house coordination, and Quality Control and Quality Assurance of the project. All document submittals will be transmitted electronically, unless otherwise noted in the task scope of work



**Sauk Village Multi-Use Path
Scope of Work**

December 16, 2021

Addendum 2 – January 13, 2025

Invoices and progress reports will be transmitted electronically for County processing on a four-week cycle, typically month end. The progress reports and invoicing shall be prepared utilizing the standard IDOT forms.

A project schedule will be prepared defining the tasks and milestone deliverables for Phase I. The schedule will be updated every three months.

Monthly project team meetings will occur via Teams software. This meeting will be re-occurring with the day and time selected at the first project kick-off meeting. During design of the preferred alternative, project team meetings will occur bi-weekly. Consultant will prepare all agendas, handouts, and meeting minutes.

Task 12 Deliverables:

- a. Monthly Project Progress Report and Invoices*
- b. Quarterly Project Schedule*
- c. Meeting agenda, handouts, meeting minutes*
- d. Emails of all coordination activities with County and stakeholder agencies*

Local Public Agency

Cook Cty Dept of Transportation and Hwys

County

Cook

Consultant (Firm) Name

BLA, Inc

Prepared By

J Mitchell

PAYROLL ESCALATION TABLE

CONTRACT TERM	12	MONTHS
START DATE	12/1/2024	
RAISE DATE	1/1/2025	
END DATE	11/30/2025	

OVERR
COMPLEXIT
%

ESCALATION PER YEAR

Year	First Date	Last Date	Months	% of Contract
0	12/1/2024	1/1/2025	1	8.33%
1	1/2/2025	12/1/2025	11	93.50%

The total escalation = 1.83%

Local Public Agency

County

Cook Cty Dept of Transportation and Hwys

Cook

AVERAGE HOURLY PROJECT RATES

Exhibit E Cost Estimate of Consultants Services Worksheet Fixed Raise

PAYROLL CLASSIFICATION	AVG HOURLY RATES	TOTAL PROJ. RATES			1 Data Collection / Evaluation			2 Geotechnical			3 Environmental			4 C
		Hours	% Part.	Wgtd Avg	Hours	% Part.	Wgtd Avg	Hours	% Part.	Wgtd Avg	Hours	% Part.	Wgtd Avg	Hours
Principal	78.00	0.0												
Dir of Structural Eng	76.38	0.0												
Dir of Prelim Dgn Svs	78.00	22.0	8.27%	6.45	4	9.09%	7.09				2	6.67%	5.20	
Dir of Env Svs	57.03	0.0												
Sr Project Mgr	78.00	0.0												
Sr Structural Mgr	70.59	0.0												
Project Engineer	38.83	50.0	18.80%	7.30										
Structural Engineer	33.61	0.0												
Design Engineer	31.62	108.0	40.60%	12.84	40	90.91%	28.74				28	93.33%	29.51	
Public Outreach	36.26	86.0	32.33%	11.72										
Admin Assistant	27.80	0.0												
Billing & Payroll	35.13	0.0												
		0.0												
		0.0												
		0.0												
		0.0												
		0.0												
		0.0												
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		0.0												
		0.0												
TOTALS		266.0	100%	\$38.31	44.0	100.00%	\$35.84	0.0	0%	\$0.00	30.0	100%	\$34.71	0.0

ATTACHMENT B



COOK COUNTY
OFFICE OF THE
Chief Procurement
Officer

161 N. Clark
Suite 2300
Chicago, Illinois 60601

Date: April 8, 2025

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. 2038-18464B Amendment no. 2
Sauk Village Multi-Use Path, Preliminary and Environmental (Phase 1) Services
Department of Transportation and Highways
RFQ: Professional Services
Contractor: BLA, inc.
Original Contract Value: \$552,718.00
Original Contract Term: 5/15/2022 – 5/14/2024
Amendment 1 renews the extended the contract for one year through May 14, 2025, with no change to the contract value
Revised Contract Term: 5/15/2022 – 5/14/2025
Amendment 2 extends the contract for one year through May 14, 2026, and increases the contract value by \$29,075.00 to a total contract value of \$581,793.00
Revised Contract Value: \$581,793.00
Revised Contract Term: 5/15/2022 – 5/14/2026
Participation Goal: 35% DBE participation

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.



Utilization Plan – Original Award through amendment 1 (Based on contract value of \$552,718.00)

<u>Subcontractor</u>	<u>Status</u>	<u>Certifying Agency</u>	<u>Commitment (Direct)</u>
GSG Consultants	DBE-HA-M	METRA	35%
Total:			35%

Utilization Plan – Amendment 2 (Based on contract value of \$581,793.00)

<u>Subcontractor</u>	<u>Status</u>	<u>Certifying Agency</u>	<u>Commitment (Direct)</u>
GSG Consultants	DBE-HA-M	METRA	35%
Total:			35%

Revised DBE forms were used in the determination of the responsiveness of this contract amendment.

JC/mk

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



MBE/WBE UTILIZATION PLAN - FORM 1

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

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

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

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

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

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

MBE/WBE Firm: GSG Consultants, Inc.
 Address: 735 Remington Road, Schaumburg, IL 60173
 E-mail: dedgell@gsg-consultants.com
 Contact Person: Dawn Edgell Phone: 630-994-2600
 Dollar Amount Participation: \$ 203,628.00
 Percent Amount of Participation: 35 %
 *Letter of Intent attached? Yes No
 *Current Letter of Certification attached? Yes No

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

Attach additional sheets as needed.

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



MBE/WBE LETTER OF INTENT - FORM 2

M/WBE Firm: GSG Consultants, Inc.
 Contact Person: Ala Sassila, PhD, PE
 Address: 735 Remington Road
 City/State: Schaumburg, IL Zip: 60173
 Phone: 630-994-2600 Fax: _____

Certifying Agency Metra
 Certification Expiration Date 6/1/2026
 Ethnicity Hispanic/Latino
 Bid/Proposal/Contract # 2038-18464B
 FEIN # 36-3844476

Email: asassila@gsg-consultants.com

Participation: Direct Indirect

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

No Yes – Please attach explanation. Proposed Subcontractor(s) _____

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

Geotechnical services, wetland delineation and tree survey, crash analysis, geometric design, and public engagement.

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

\$203,628, 35%, Not to Exceed. Within 15 days of payment from the County

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.

Ala Sassila
 Signature (M/WBE)

Ala Sassila, Ph.D., P.E.
 Print Name

GSG Consultants, Inc.
 Firm Name

3/26/2025
 Date

Subscribed and sworn before me

this 26th day of March, 2025.

Notary Public Anita Marie States

Dan Bauermeier
 Signature (Prime Bidder/Proposer)

Dan Bauermeier
 Print Name

BLA, INC.
 Firm Name

4/7/25
 Date

Subscribed and sworn before me

this 7th day of April, 2025.

Notary Public Kathleen Formas



SEAL



SEAL

Business & Contact Information

BUSINESS NAME	GSG Consultants, Inc.
OWNER	Mr. Guillermo Garcia
ADDRESS	735 Remington Road Schaumburg, IL 60173 [map]
PHONE	630-994-2600
FAX	630-994-2680
EMAIL	ggarcia@gsg-consultants.com
ETHNICITY	Hispanic/Latino

Certification Information

CERTIFYING AGENCY	City of Chicago
CERTIFICATION TYPE	MBE - Minority Business Enterprise
CERTIFICATION DATE	5/20/2024
RENEWAL DATE	6/1/2025
EXPIRATION DATE	6/1/2026
CERTIFIED BUSINESS DESCRIPTION	NAICS Code(s): 236220 - Construction Management, Commercial and Institutional Building 237310 - Construction Management, Highway, Road, Street, Bridge 238910 - Soil Testing Drilling 541330 - Civil Engineering Services 541380 - Geotechnical Testing Laboratories of Services 541620 - Environmental Consulting Services 541690 - Safety Consulting Services

Commodity Codes

Code	Description
NAICS 236220	Construction management, commercial and institutional building
NAICS 237310	Construction management, highway, road, street and bridge
NAICS 238910	Soil test drilling

NAICS 541330	Civil engineering services
NAICS 541380	Geotechnical testing laboratories or services
NAICS 541620	Environmental consulting services
NAICS 541620	Sanitation consulting services
NAICS 541690	Safety consulting services

Additional Information

WARD	N/A
COMMUNITY AREA	N/A
QUALIFIED INVESTMENT AREA	N/A

This profile was generated on 6/6/2024

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

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

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

Bid/RFP/RFQ No.: 2038-18464B	Date: 3/24/2025
Total Bid or Proposal Amount: 581,793.00	Contract Title: Sauk Village Multi-Use Path
Contractor: BLA, Inc.	Subcontractor/Supplier/ Subconsultant to be added or substitute: GSG Consultants
Authorized Contact for Contractor: Dan Bruckelmeyer	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Dawn Edgell
Email Address (Contractor): dbruckelmeyer@bla-inc.com	Email Address (Subcontractor): dedgell@gsg-consultants.com
Company Address (Contractor): 333 Pierce Road, Suite 200	Company Address (Subcontractor): 735 Remington Road
City, State and Zip (Contractor): Itasca, IL 60143	City, State and Zip (Subcontractor): Schaumburg, IL 60173
Telephone and Fax (Contractor): 630-438-6400	Telephone and Fax (Subcontractor): 630-994-2600
Estimated Start and Completion Dates (Contractor): 5/15/2022 - 5/15/2026	Estimated Start and Completion Dates (Subcontractor): 5/15/2022 - 5/15/2026

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

<u>Description of Services or Supplies</u>	<u>Total Price of Subcontract for Services or Supplies</u>
Geotechnical, wetland and tree survey, crash analysis, geometric design, and PI	\$203,628.00

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

BLA, Inc.

Contractor

Dan Bruckelmeyer

Name

President/CEO

Title

Prime Contractor Signature



4/7/25
Date



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

Economic Disclosure Statement Recertification Affidavit

Applicant/Holder Name: BLA, Inc.

Contract #: 2038-18429A

Address: 333 Pierce Road

City: Itasca

County: DuPage

State: IL

Zip: 60143

Phone: 630-438-6400

Email: dbruckelmeyer@bla-inc.com

Instructions

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

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

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

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

This recertification is being submitted in connection with

Contract Name: 2038-18429A Amendment 2

Under penalty of perjury, the person signing below: (1) warrants that he/she is authorized to execute this Economic Disclosure Statement ("EDS") recertification on behalf of the Applicant/Holder, (2) warrants that all certifications and statements contained in the Applicant/Holder's last submitted EDS dated July 20, 2023 are true, accurate and complete as of the date furnished to the County and continue to be true, accurate and complete as of the date of this recertification, and (3) reaffirms its acknowledgments.

Recertification of:

- Certifications (SECTION 2), if applicable, as updated on:
- Economic and Other Disclosures (SECTION 3), if applicable, as updated on:
- Cook County Child Support Affidavit (Please submit any additional Child Support Obligations as an attachment to this form), if applicable, as updated on:
- Cook County Disclosure of Ownership Interest Statement, if applicable, as updated on:
- Cook County Board of Ethics Familial Relationship Disclosure Form, if applicable, as updated on: 3/24/2025
- Cook County Affidavit for Wage Theft Ordinance (SECTION 4), if applicable, as updated on:

If your recertification of any of the above is related to information contained in an updated form submitted after the last submitted full EDS, please indicate the date such information was updated.

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

By: Daniel Bruckelmeyer
(Print or type legal name of Applicant/Holder)

Date: 4/7/25

[Signature]
President or authorized signatory (Signature)

Print or type name of President or authorized signatory:

Daniel Bruckelmeyer

Title of signatory:

President/CEO

Subscribed and sworn to before me on this 7th day of April, 20 25

Notary Public Signature: [Signature] Seal:



COOK COUNTY BOARD OF ETHICS
FAMILIAL RELATIONSHIP DISCLOSURE FORM

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

Name of Person Doing Business with the County: BLA Inc.

Address of Person Doing Business with the County: 333 Pierce Road, Suite 200, Itasca, IL 60143

Phone number of Person Doing Business with the County: 630-438-6400

Email address of Person Doing Business with the County: dbruckelmeyer@bla-inc.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:

Daniel Bruckelmeyer, President/CEO, dbruckelmeyer@bla-inc.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: 2038-18464B

The aggregate dollar value of the business you are doing or seeking to do with the County: \$ 581,793.00

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: Tara Fifer, Project Manager, tara.fifer@cookcountyil.gov

Kimberlei Aaron, Contract Negotiator, kimberlei.aaron@cookcountyil.com

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: Cho Ng, Contracts Manager, cho.ng@cookcountyil.gov

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

Check the box that applies and provide related information where needed

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Signature of Recipient

4/7/25

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.

**COOK COUNTY
ECONOMIC DISCLOSURE STATEMENT
AND EXECUTION DOCUMENT
INDEX**

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

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

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

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

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

Applicant means a person who executes this EDS.

Bidder means any person who submits a Bid.

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

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

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

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

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

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

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

Lobbyist means any person who lobbies.

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

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

Proposal means a response to an RFP.

Proposer means a person submitting a Proposal.

Response means response to an RFQ.

Respondent means a person responding to an RFQ.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SECTION 2

CERTIFICATIONS

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

A. PERSONS AND ENTITIES SUBJECT TO DISQUALIFICATION

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

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

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

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

B. BID-RIGGING OR BID ROTATING

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

C. DRUG FREE WORKPLACE ACT

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

D. DELINQUENCY IN PAYMENT OF TAXES

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

E. HUMAN RIGHTS ORDINANCE

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

F. ILLINOIS HUMAN RIGHTS ACT

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

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

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

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

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

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

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

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

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

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

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

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

SECTION 3

REQUIRED DISCLOSURES

1. DISCLOSURE OF LOBBYIST CONTACTS

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

Name	Address
None	
_____	_____
_____	_____
_____	_____

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

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

a) Is Applicant a "Local Business" as defined above?

Yes: No:

b) If yes, list business addresses within Cook County:

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:

None

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

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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

If you are asked to list names, but there are no applicable names to list, you must state NONE. An incomplete Statement will be returned and any action regarding this contract will be delayed. A failure to fully comply with the ordinance may result in the action taken by the County Board or County Agency being voided.

"Applicant" means any Entity or person making an application to the County for any County Action.

"County Action" means any action by a County Agency, a County Department, or the County Board regarding an ordinance or ordinance amendment, a County Board approval, or other County agency approval, with respect to contracts, leases, or sale or purchase of real estate.

"Person" "Entity" or "Legal Entity" means a sole proprietorship, corporation, partnership, association, business trust, estate, two or more persons having a joint or common interest, trustee of a land trust, other commercial or legal entity or any beneficiary or beneficiaries thereof.

This Disclosure of Ownership Interest Statement must be submitted by :

1. An Applicant for County Action and
2. A Person that holds stock or a beneficial interest in the Applicant and is listed on the Applicant's Statement (a "Holder") must file a Statement and complete #1 only under **Ownership Interest Declaration**.

Please print or type responses clearly and legibly. Add additional pages if needed, being careful to identify each portion of the form to which each additional page refers.

This Statement is being made by the Applicant or Stock/Beneficial Interest Holder

This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name BLA, Inc.
 D/B/A: Bollinger, Lach & Associates FEIN # Only: 36-4263432
 Street Address: 333 Pierce Road, Suite 200
 City: Itasca State: IL Zip Code: 60143
 Phone No.: 630-438-6400 Fax Number: 630-438-6444 Email: dbruckelmeyer@bla-inc.com

Cook County Business Registration Number: n/a
 (Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): D 602 5386-2

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
Daniel Bruckelmeyer	333 Pierce Road, Suite 200 Itasca, IL 60143	64.43%
Joel Ihde	333 Pierce Road, Suite 200 Itasca, IL 60143	11.41%
Matthew Cesario	333 Pierce Road, Suite 200 Itasca, IL 60143	8.05%
James Combs	8720 Castle Creek Pwky, Suite 329 Indianapolis, IN 46250	6.71%
Frederick Page	333 Pierce Road, Suite 200 Itasca, IL 60143	6.08%

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
Daniel Bruckelmeyer	333 Pierce Road, Suite 200	President/CEO	1 Yr/Renewed Annually
Joel Ihde	333 Pierce Road, Suite 200	Vice President	1 Yr/Renewed Annually
John P. O'Neill	333 Pierce Road, Suite 200	Vice President	1 Yr/Renewed Annually

(see additional Corporate Officers below)

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.

Frederick Page	333 Pierce Road, Suite 200 Itasca, IL 60143	Vice President	1 Yr/Renewed Annually
James Combs	8270 Castle Creek Pkwy, Suite 329 Indianapolis, IN 46250	Vice President	1 Yr/Renewed Annually
Kerry Field	333 Pierce Road, Suite 200 Itasca, IL 60143	Vice President	1 Yr/Renewed Annually

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Daniel Bruckelmeyer

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

President/CEO

Title

Signature

dbruckelmeyer@bla-inc.com

E-mail address

02/22/2022

Date

630-438-6400

Phone Number

Subscribed to and sworn before me
this 22 day of 2, 2022

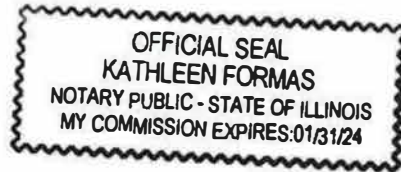
My commission expires:

01/31/24

x *Kathleen Formas*

Notary Public Signature

Notary Seal





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

FAMILIAL RELATIONSHIP DISCLOSURE PROVISION

Nepotism Disclosure Requirement:

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

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

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

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

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

Additional Definitions:

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

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

COOK COUNTY BOARD OF ETHICS
FAMILIAL RELATIONSHIP DISCLOSURE FORM

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

Name of Person Doing Business with the County: Daniel Bruckelmeyer

Address of Person Doing Business with the County: 333 Pierce Road, Suite 200 Itasca, IL 60143

Phone number of Person Doing Business with the County: 630-438-6400

Email address of Person Doing Business with the County: dbruckelmeyer@bla-inc.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:
BLA, Inc. Daniel Bruckelmeyer President/CEO 333 Pierce Road, Suite 200 Itasca, IL 60143

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: 2038-18464 B

The aggregate dollar value of the business you are doing or seeking to do with the County: \$ 552,718

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: Michael Schieve, Michael.Schieve@cookcountyil.gov - 312-603-5380

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: Katie Bell - Katie.Bell@cookcountyil.gov

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

Check the box that applies and provide related information where needed

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

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

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

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

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

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

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

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

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

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

n/a

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

n/a

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

n/a

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

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


Signature of Recipient

2/22/22
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: 2038-18464B

County Using Agency (requesting Procurement): Cook County Division of Transportation and Highways

II. Person/Substantial Owner Information:

Person (Corporate Entity Name): BLA, Inc.

Substantial Owner Complete Name: Daniel Bruce Bruckelmeyer

FEIN# 36-4263432

Date of Birth: [REDACTED] E-mail address: dbruckelmeyer@bla-inc.com

Street Address: 333 Pierce Road, Suite 200

City: Itasca State: IL Zip: 60143

Home Phone: (630) 438 - 6400

III. Compliance with Wage Laws:

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

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

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

IV. Request for Waiver or Reduction

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

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

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

V. Affirmation

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

Signature: [Handwritten Signature] Date: 2/22/22

Name of Person signing (Print): Daniel Bruckelmeyer Title: President/CEO

Subscribed and sworn to before me this 22 day of February, 2022

X [Handwritten Signature]
Notary Public Signature

Notary Seal

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



SECTION 5

CONTRACT AND EDS EXECUTION PAGE

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

Execution by Corporation

BLA, Inc.

Corporation's Name

630-438-6400

Telephone

Secretary Signature

[Handwritten Signature] 2/22/22

President's Printed Name and Signature

Daniel Bruckelmeyer

Email

dbruckelmeyer@bla-inc.com

Date

2/22/22

Execution by LLC

LLC Name

Date

*Member/Manager Printed Name and Signature

Telephone and Email

Execution by Partnership/Joint Venture

Partnership/Joint Venture Name

Date

*Partner/Joint Venturer Printed Name and Signature

Telephone and Email

Execution by Sole Proprietorship

Printed Name Signature

Date

Assumed Name (if applicable)

Telephone and Email

Subscribed and sworn to before me this

22 day of 2, 2022

[Handwritten Signature]

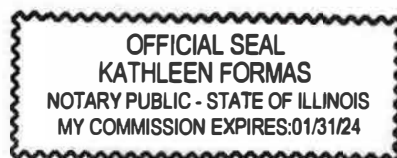
Notary Public Signature

My commission expires:

01/31/24

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.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/3/2024

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

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


PRODUCER Greyling Ins Brokerage/EPIC 3780 Mansell Road, Suite 370 Alpharetta GA 30022	CONTACT NAME: Cherie Crumley	
	PHONE (A/C, No, Ext): 678.824.8554	FAX (A/C, No): 678.824.8554
E-MAIL ADDRESS: ACECCertificates@greyling.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Hartford Accident and Indemnity Company		22357
INSURER B : Hartford Underwriters Insurance Company		30104
INSURER C : Hartford Fire Insurance Company		19682
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** 2069087212 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			20SBWBV0316	5/1/2024	5/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			20UEGRY9514	5/1/2024	5/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			20SBWBV0316	5/1/2024	5/1/2025	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000 \$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	20WBGJ8884	5/1/2024	5/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Re: RFQ 2038-18464 B - Sauk Village Multi-Use Path Phase 1 Engineering.
 Cook County Department of Transportation and Highway, its officials, employees and agents are named as Additional Insureds on the above referenced liability policies with the exception of workers compensation where required by written contract. Waiver of Subrogation is applicable where required by written contract & allowed by law. The above referenced liability policies with the exception of workers compensation are primary & non-contributory where required by written contract. Umbrella Follows Form with respects to General, Automobile & Employers Liability Policies. Should any of the above described policies be cancelled by the issuing insurer before the expiration date thereof, we will endeavor to provide 30 days' written notice (except 10 days for nonpayment of premium) to the Certificate Holder.

CERTIFICATE HOLDER Cook County Department of Transportation and Highway 118 N Clark Street, Room 1018 Chicago, IL 60602	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE OF CANCELLATION TO CERTIFICATE HOLDER(S)

This policy is subject to the following additional Conditions:

- A.** If this policy is cancelled by the Company, other than for nonpayment of premium, notice of such cancellation will be provided at least thirty (30) days in advance of the cancellation effective date to the certificate holder(s) with mailing addresses on file with the agent of record or the Company.
- B.** If this policy is cancelled by the Company for nonpayment of premium, or by the insured, notice of such cancellation will be provided within (10) days of the cancellation effective date to the certificate holder(s) with mailing addresses on file with the agent of record or the Company.

If notice is mailed, proof of mailing to the last known mailing address of the certificate holder(s) on file with the agent of record or the Company will be sufficient proof of notice.

Any notification rights provided by this endorsement apply only to active certificate holder(s) who were issued a certificate of insurance applicable to this policy's term.

Failure to provide such notice to the certificate holder(s) will not amend or extend the date the cancellation becomes effective, nor will it negate cancellation of the policy. Failure to send notice shall impose no liability of any kind upon the Company or its agents or representatives.

ADDITIONAL COVERAGES WHEN REQUIRED BY WRITTEN CONTRACT

This is a summary of the coverage provided under the following form (complete form available):

COMMERCIAL AUTOMOBILE COVERAGE FORM HA 99 16 03 12

Additional Insured if Required by Contract

Paragraph A.1. - WHO IS AN INSURED - of Section II - Liability Coverage is amended to add:

When you have agreed, in a written contract or written agreement, that a person or organization be added as an additional insured on your business auto policy, such person or organization is an "insured", but only to the extent such person or organization is liable for "bodily injury" or "property damage" caused by the conduct of an "insured" under paragraphs a. or b. of Who is and Insured with regard to the ownership, maintenance or use of a covered "auto."

Primary and Non-Contributory

Only with respect to insurance provided to an additional insured in 1.D. – Additional Insured If Required by contract, the following provisions apply:

- 1) **Primary Insurance When Required By Contract:** This insurance is primary if you have agreed in a written contract or written agreement that this insurance be primary. If other insurance is also primary, we will share with all that other insurance by the method described in Other Insurance Clause.
- 2) **Primary and Non-Contributory To Other Insurance When Required By Contract:** If you have agreed in a written contract or written agreement that this insurance is primary and non-contributory with the additional insured's own insurance, this insurance is primary and we will not seek contribution from that other insurance.

Paragraphs (1) and (2) do not apply to other insurance to which the additional insured has been added as an additional insured.

When this insurance is excess, we will have no duty to defend the insured against any "suit" if any other insurer has a duty to defend the insured against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.

When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:

- (1) The total amount that all such other that this insurance would pay for the loss in the absence of this insurance; and
- (2) The total of all deductible and self-insured amounts under all that other insurance.

We will share the remaining loss, if any, by method described in Other Insurance 5.d.

Waiver of Subrogation

We waive any right of recovery we may have against any person or organization with whom you have a written contract that requires such waiver because of payment we make for damages under the Coverage Form.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE OF CANCELLATION TO CERTIFICATE HOLDER(S)

This policy is subject to the following additional Conditions:

- A. If this policy is cancelled by the Company, other than for non-payment of premium, notice of such cancellation will be provided at least thirty (30) days in advance of the cancellation effective date to the certificate holder(s) with mailing addresses on file with the agent of record or the Company.
- B. If this policy is cancelled by the company for non-payment of premium, or by the insured, notice of such cancellation will be provided within ten (10) days of the cancellation effective date to the certificate holder(s) with mailing addresses on file with the agent of record or the Company.
- Any notification rights provided by this endorsement apply only to active certificate holder(s) who were issued a certificate of insurance applicable to this policy's term.
- If notice is mailed, proof of mailing to the last known mailing address of the certificate holder(s) on file with the agent of record or the Company will be sufficient proof of notice.

ADDITIONAL COVERAGES BY WRITTEN CONTRACT, AGREEMENT OR PERMIT

This is a summary of the coverage provided under the following form (complete form available):

BUSINESS LIABILITY COVERAGE FORM SS 00 08 04 05**Additional Insured When Required by Written Contract, Written Agreement or Permit**

WHO IS AN INSURED under Section C. is amended to include as an additional insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- (a) In the performance of your ongoing operations;
- (b) In connection with your premises owned by or rented to you; or
- (c) In connection with "your work" and included within the "products completed operations hazard", but only if
 - (i) The written contract or written agreement requires you to provide such coverage to such additional insured; and
 - (ii) This Coverage Part provides coverage for "bodily injury" or "property damage" included within the "products completed operations hazard".

The person(s) or organization(s) are additional insureds when you have agreed, in a written contract, written agreement or because of a permit issued by a state or political subdivision, that such person or organization be added as an additional insured on your policy, provided the injury or damage occurs subsequent to the execution of the contract or agreement, or the issuance of the permit.

A person or organization is an additional insured under the provision only for that period of time required by the contract, agreement or permit.

With respect to the insurance afforded to the additional insured, this insurance does not apply to: "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or failure to render, any professional architectural, engineering or surveying services, including:

- (a) The preparing, approving, or failure to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders, designs or drawings and specification; or
- (b) Supervisory, inspection, architectural or engineering activities.

The limits of insurance that apply to additional insureds are described in Section D. Limits Of Insurance.

How this insurance applies when other insurance is available to an additional insured is described in the Other Insurance Condition in Section E. Liability And Medical Expenses General Conditions.

No person or organization is an insured with respect to the conduct of any current or past partnership, joint venture or limited liability company that is not shown as a Named Insured in the Declarations.

Other Insurance

If other valid and collectible insurance is available for a loss we cover under this Coverage Part, our obligations are limited as follows:

When You Add Others As An Additional Insured To This Insurance: That is other insurance available to an additional insured. However, the following provisions apply to other insurance available to any person or organization who is an additional insured under this Coverage Part:

- (a) **Primary Insurance When Required By Contract:** This insurance is primary if you have agreed in a written contract, written agreement or permit that this insurance be primary. If other insurance is also primary, we will share with all that other insurance by the method described in c. below.
- (b) **Primary And Non-Contributory To Other Insurance When Required By Contract:** If you have agreed in a written contract, written agreement or permit that this insurance is primary and non-contributory with the additional insured's own insurance, this insurance is primary and we will not seek contribution from that other insurance.

Paragraphs **(a)** and **(b)** do not apply to other insurance to which the additional insured has been added as an additional insured.

c. Method Of Sharing

If all the other insurance permits contribution by equal shares, we will follow this method also. Under this approach, each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

Waiver of Subrogation

If you have waived any rights of recovery against any person or organization for all or part of any payment, including Supplementary Payments, we have made under this Coverage Part, we also waive that right, provided you waived your rights of recovery against such person or organization in a contract, agreement or permit that was executed prior to the injury or damage



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE OF CANCELLATION TO CERTIFICATE HOLDER(S)

Policy Number: 20WBGBJ8884

Effective Date: 05/01/2024

Named Insured and Address: BLA, Inc.
333 Pierce Road, Suite 200
Itasca, IL 60143

Endorsement Number:

Effective hour is the same as stated on the Information Page of the policy.

This policy is subject to the following additional Conditions:

- A. If this policy is cancelled by the Company, other than for non-payment of premium, notice of such cancellation will be provided at least thirty (30) days in advance of the cancellation effective date to the certificate holder(s) with mailing addresses on file with the agent of record or the Company.
- B. If this policy is cancelled by the Company for non-payment of premium, or by the insured, notice of such cancellation will be provided within ten (10) days of the cancellation effective date to the certificate holder(s) with mailing addresses on file with the agent of record or the Company.

If notice is mailed, proof of mailing to the last known mailing address of the certificate holder(s) on file with the agent of record or the Company will be sufficient proof of notice.

Any notification rights provided by this endorsement apply only to active certificate holder(s) who were issued a certificate of insurance applicable to this policy's term.

Failure to provide such notice to the certificate holder(s) will not amend or extend the date the cancellation becomes effective, nor will it negate cancellation of the policy. Failure to send notice shall impose no liability of any kind upon the Company or its agents or representatives.

Form WC 99 03 94 Printed in U.S.A.
Process Date:

Policy Expiration Date:



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF OUR RIGHT TO RECOVER
FROM OTHERS ENDORSEMENT**

Policy Number: 20WBGBJ8884

Endorsement Number:

Effective Date: 05/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: BLA, Inc.
333 Pierce Road, Suite 200
Itasca, IL 60143

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule.

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

SCHEDULE

NA

333 Pierce Road, Suite 200
Itasca, IL 60143

ANY PERSON OR ORGANIZATION
FROM WHOM YOU ARE REQUIRED BY
WRITTEN CONTRACT OR AGREEMENT
TO OBTAIN THIS WAIVER OF
RIGHTS FROM US.

Countersigned by

Authorized Representative

Form WC 00 03 13 Printed in U.S.A.

Process Date: Enter Date

Policy Expiration Date:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/2/2024

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 be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Risk Strategies Company 650 Dundee Road Suite 170 Northbrook IL 60062		CONTACT NAME: Lizzy Ringness PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: eringness@risk-strategies.com	
INSURED BLA, Inc. 333 Pierce Road, #200 Itasca IL 60143		INSURER(S) AFFORDING COVERAGE INSURER A: Continental Casualty Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL237763554

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Professional Liability			AEH004313026	7/16/2023	7/16/2024	Per Claim	3,000,000
							Aggregate	3,000,000

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

Re: Project: RFQ 2038-18464 B - Sauk Village Multi-Use Path Phase I Engineering.

CERTIFICATE HOLDER**CANCELLATION**

Cook County Department of Transportation And Highways 118 N Clark Street Room 1018 Chicago, IL 60602-0000	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 Michael Christian/ELR <i>M C Christian</i>
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ACORD 25 (2014/01)

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INS025 (201401)