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AMENDMENT NO. 1

This Amendment modifies Contract No. 2123-18692, for Diesel Fuel by and between the County of Cook, Illinois, herein referred to as "County" and Colonial Oil Industries, 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 15, 2021, (hereinafter referred to as the "Contract"), wherein the Contractor is to provide Diesel Fuel (hereinafter referred to as the "Supplies" from May 1, 2021 through May 20, 2025, in an amount not to exceed $3,650,000.00; and

Whereas, pursuant to Section GC-10 of the Contract, the County and Contractor desire to add Cook County Health and Hospital System and supplies for Cook County Health and Hospital System to the Contract; and

Whereas, an increase of the Contract amount is required for the addition of Cook County Health and Hospital System; and pursuant to Section GC-10 of the Contract, the County and Contractor desire to increase the Contract in the amount of $600,000.00.

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

1. The Contract is increased by $600,000.00 and the Total Contract Amount is revised to $4,250,000.00.

2. The Contract is hereby amended to incorporate Attachment No. 1 for the supplies required by Cook County Health and Hospital System and made part of the Contract.

3. The attached updated Identification of Sub-Contractors/Suppliers/Sub-Consultants Form, MBE/WBE Utilization Plan forms, certificate of insurance, and Economic Disclosures Statement under Attachment No. 2 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 County Board approval on October 19, 2023 the County and Contractor have caused this Amendment No. 1 to be executed on the date and year last written below.

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County of Cook, Illinois

By: Raffi Sarrafian Digitally signed by Raffi Sarrafian Date: 2023.11.01 16:16:34 -05'00'
Chief Procurement Officer

Date: _____

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

James Beligratis
Type or print name (if applicable)

Date: 9-12-23
Type or print name (if applicable)

Colonial Oil Industries, Inc.

DocuSigned by:
James Mercer
D518D9031894440...
Signed

James Mercer
Type or print name

Vice President of Sales
Title

Date: 11/21/2022

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ATTACHMENT NO. 1

DocuSign Envelope ID: 9FD47EE7-3194-4332-9F38-12A26476578E

CONTRACT NO. 2123-18692 AMENDMENT NO. 1: SCOPE OF SERVICES AND SPECIFICATION FOR DIESEL FUEL

SC-12 INVOICING

COOK COUNTY HEALTH AND HOSPITAL SYSTEM

John H. Stroger Jr. Hospital of Cook County*
P.O. Box 12950
Chicago, IL 60612-5041
ATTN: Accounts Payable
*Note: Invoices for The Core Center should be sent to John H. Stroger Jr. Hospital of Cook County

Provident Hospital
500 E. 51st Street.
Chicago, IL 60615
ATTN: Accounts Payable

SC-14 COOK COUNTY DELIVERY SITES AND TANK CAPACITIES

IV. COOK COUNTY HEALTH AND HOSPITAL SYSTEM

A. All Cook County Health and Hospital System Sites:

B. Minimum Load Order Will Be 200 Gallons for the Core Center and 300 Gallons for John H. Stroger Jr. Hospital and Provident Hospital.

C. Normal Delivery & Filling Working Hours Shall Be Monday Thru Friday, 6:00 A.M. to 12:00 P.M., excluding County Holidays.

D. All Deliveries Shall Be Performed During Normal Working Hours.

1) John H. Stroger Jr. Hospital of Cook County
1901 W. Harrison Street
Chicago, Illinois 60612

Diesel Fuel Tank 1 Size:	15,000 Gallon	Under Ground Fuel Tank
Diesel Fuel Tank 2 Size:	15,000 Gallon	Under Ground Fuel Tank
Diesel Fuel Tank 3 Size:	15,000 Gallon	Under Ground Fuel Tank

2) The Core Center
2020 W. Harrison Street
Chicago, Illinois 60612

Diesel Fuel Tank Size:	250 Gallon	Above Ground Fuel Tank

3) Provident Hospital
500 E 51st Street
Chicago, IL 60615

Diesel Fuel Tank 1 Size:	10,000 Gallon	Under Ground Fuel Tank
Diesel Fuel Tank 2 Size:	10,000 Gallon	Under Ground Fuel Tank

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CONTRACT NO. 2123-18692 AMENDMENT NO. 1: PROPOSAL FOR DIESEL FUEL

ITEM NUMBER	UNIT OF MEASURE	QUANTITY	DESCRIPTION
1.	GALLON	33,902	ULTRA LOW-SULFUR DIESEL FUEL #2, DELIVERIES UNDER 3,000 GALLONS, AS PER SPECIFICATIONS HEREIN.
			$1.8377/GALLON #2 PLATT'S
			+ $0.5355/GALLON VENDOR MARKUP
			+ $0.462/GALLON IL MOTOR FUEL TAX
			+ $0.06/GALLON COOK COUNTY MOTOR FUEL TAX
			+ $0.008/GALLON IL ENVIRONMENTAL IMPACT FEE
			+ $0.003/GALLON IL STORAGE FEE
			+ $0.001/GALLON FEDERAL LUST TAX
			+ $0.000/GALLON FEDERAL OIL SPILL LIABILITY TRUST FUND FEE
			= **$ 2.9072** PRICE PER GALLON
			= **$ 98,560.0000** TOTAL INCREASE
2.	GALLON	200,000	ULTRA LOW-SULFUR DIESEL FUEL #2, DELIVERIES OVER 3,000 GALLONS, AS PER SPECIFICATIONS HEREIN.
			$1.8377/GALLON #2 PLATT'S
			+ $0.1355/GALLON VENDOR MARKUP
			+ $0.462/GALLON IL MOTOR FUEL TAX
			+ $0.06/GALLON COOK COUNTY MOTOR FUEL TAX
			+ $0.008/GALLON IL ENVIRONMENTAL IMPACT FEE
			+ $0.003/GALLON IL STORAGE FEE

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+	$0.001/GALLON	FEDERAL LUST TAX
+	$0.000/GALLON	FEDERAL OIL SPILL LIABILITY TRUST FUND FEE
=	$ 2.5072	PRICE PER GALLON
=	$ 501,440.00	TOTAL INCREASE

GRAND TOTAL: $ 600,000.00

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ATTACHMENT NO. 2

DocuSign Envelope ID: 9FD47EE7-3194-4332-9F38-12A26476578E

Contract #: 2123-18692 A1

OCPO ONLY:	
	Disqualification
X	Check Complete

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

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

Bid/RFP/RFQ No.: 2123-18692 A1	Date: 11/21/2022
Total Bid or Proposal Amount: $4,250,000.00	Contract Title: Diesel Fuel
Contractor: Colonial Oil Industries, Inc.	Subcontractor/Supplier/ Subconsultant to be added or substitute: G. Cooper Oil Co Inc.
Authorized Contact for Contractor: James Mercer	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Kelly Cooper Suppes
Email Address (Contractor): coisales@colonialoil.com	Email Address (Subcontractor): kelly@cooperoil.net
Company Address (Contractor): 101 North Lathrop Avenue	Company Address (Subcontractor): 15 N. Main St. Unit A
City, State and Zip (Contractor): Savannah, GA 31415	City, State and Zip (Subcontractor): Manteno, IL 60950
Telephone and Fax (Contractor): 800-944-3835	Telephone and Fax (Subcontractor): 815-459-6951
Estimated Start and Completion Dates (Contractor): 5/1/2021 through 5/20/2025	Estimated Start and Completion Dates (Subcontractor): 5/1/2021 through 5/20/2025

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

Description of Services or Supplies	Total Price of Subcontract for Services or Supplies
Supply and delivery of petroleum products	TBD/10%

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.**

Colonial Oil Industries, Inc.

Contractor

James Mercer

Name

Vice President of Sales

Title

DocuSigned by:
James Mercer

Prime Contractor Signature

11/21/2022

Date

DocuSign Envelope ID: 9FD47EE7-3194-4332-9F38-12A26476578E

Contract #: 2123-18692 A1

OCPO ONLY:	
☐	Disqualification
X	Check Complete

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

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

Bid/RFP/RFQ No.: 2123-18692 A1	Date: 11/21/2022
Total Bid or Proposal Amount: $4,250,000.00	Contract Title: Diesel Fuel
Contractor: Colonial Oil Industries, Inc.	Subcontractor/Supplier/ Subconsultant to be added or substitute: JT Barrier, LLC
Authorized Contact for Contractor: James Mercer	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Javier Lazaro
Email Address (Contractor): coisales@colonialoil.com	Email Address (Subcontractor): javier@jtbarrier.com
Company Address (Contractor): 101 North Lathrop Avenue	Company Address (Subcontractor): 12305 S. New Ave., Unit E
City, State and Zip (Contractor): Savannah, GA 31415	City, State and Zip (Subcontractor): Lemont, IL 60439
Telephone and Fax (Contractor): 800-944-3835	Telephone and Fax (Subcontractor): 773-824-6829 & 708-966-0124 (F)
Estimated Start and Completion Dates (Contractor): 5/1/2021 through 5/20/2025	Estimated Start and Completion Dates (Subcontractor): 5/1/2021 through 5/20/2025

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

Description of Services or Supplies	**Total Price of Subcontract for Services or Supplies**
Supply and delivery of petroleum products	TBD/12.5%

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.**

Colonial Oil Industries, Inc.
Contractor

James Mercer
Name

Vice President of Sales
Title

DocuSigned by:
James Mercer
Prime Contractor Signature

11/21/2022
Date

TONI PRECKWINKLE
PRESIDENT
Cook County Board of Commissioners

BRANDON JOHNSON
1st District

DENNIS DEER
2nd District

BILL LOWRY
3rd District

STANLEY MOORE
4th District

MONICA GORDON
5th District

DONNA MILLER
6th District

ALMA E. ANAYA
7th District

ANTHONY J. QUEZADA
8th District

MAGGIE TREVOR
9th District

BRIDGET GAINER
10th District

JOHN P. DALEY
11th District

BRIDGET DEGNEN
12th District

JOSINA MORITA
13th District

SCOTT R. BRITTON
14th District

KEVIN B. MORRISON
15th District

FRANK J. AGUILAR
16th District

SEAN M. MORRISON
17th District

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

June 14, 2023

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

Re: Contract No. 2123-18692 (Amendment No. 1)
Diesel Fuel
Department of Transportation and Highways

Dear Mr. Sarrafian:

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

Bidder: Colonial Oil Industries, Inc.
Original Contract Value: $3,650,000
Original Contract Term: May 1, 2021 through May 25, 2025
Increased Contract Value: $600,000 (Amendment No. 1)
New Contract Value: $4,250,000
New Contract Term: No Change May 1, 2021 through May 25, 2025
Contract Goal: 12.5% MBE and 10% WBE
Goods - Piggyback Contract

MBE/ WBE	Status	Certifying Agency	Commitment
Original Base Contract Utilization Plan ($3,650,000 value)			
Black Dog Petroleum, LLC	MBE (AAPI)	City of Chicago	12.50%*
G. Cooper Oil, Inc	WBE (CF)	City of Chicago	10.00%
		Total	22.50%

*Black Dog Petroleum, LLC's MBE Certification expired 11/15/2022 and was not renewed

Revised Utilization Plan Overall (Base Contract and Amendment ($4,250,000 value)			
J.T. Barrier, LLC	MBE (HA)	City of Chicago	12.50%
G. Cooper Oil, Inc	WBE (CF)	City of Chicago	10.00%
		Total	22.50%

The Prime Contractor, Colonial Oil, LLC, originally committed 12.5% MBE participation to Black Dog Petroleum, LLC. Black Dog Petroleum, LLC allowed their City of Chicago MBE Certification to expire November 15, 2022 and it was not renewed. In Amendment 1, Colonial Oil, LLC is replacing Black Dog Petroleum, LLC with a new MBE sub-contractor, J.T. Barrier, LLC, with a 12.5% MBE commitment.

Revised MBE/WBE forms were used in the determination of the responsiveness of this amendment.

Sincerely,

Jeanetta Cardine

Jeanetta Cardine
Contract Compliance Deputy Director

DB/jc

cc: Ed Rendon

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MBE/WBE UTILIZATION PLAN - FORM 1

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

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

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

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

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

II. ☒ **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: G. Cooper Oil Company, Inc.

Address: 15 N. Main St, Unit A., Manteno, IL 60950

E-mail: kelly@cooperoil.net

Contact Person: Kelly Cooper Suppes Phone: 815-469-6951

Dollar Amount Participation: $ TBD

Percent Amount of Participation: 10%

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

MBE/WBE Firm:

Address:

E-mail:

Contact Person: Phone:

Dollar Amount Participation: $

Percent Amount of Participation: %

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

Attach additional sheets as needed.

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

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MBE/WBE LETTER OF INTENT - FORM 2

M/WBE Firm: G. Cooper Oil Company, Inc.

Certifying Agency: City of Chicago

Contact Person: Kelly Cooper Suppes

Certification Expiration Date: 03/15/2023

Address: 15 N. Main St, Unit A

Ethnicity: Caucasian

City/State: Manteno, IL Zip: 60950

Bid/Proposal/Contract #:

Phone: 815-469-6951 Fax: 815-907-7724

FEIN #: 36-3167982

Email: kelly@cooperoil.net

Participation: [X] Direct [ ] Indirect

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

[X] 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)*

Delivery/Supply of petroleum products

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

TBD Amount, 10% goal, Net 10 Day Payment Terms

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

Signature (M/WBE)

Kelly Cooper Suppes
Print Name

G Cooper Oil Co Inc
Firm Name

11/21/2022
Date

Subscribed and sworn before me

this 21 day of NOVEMBER, 2022.

Notary Public

SEAL

OFFICIAL SEAL
JEFFREY L MARIN
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 6/1/2025

DocuSigned by:
James Mercer
D518D9031894440...

Signature (Authorized Officer of Proposer)

James Mercer
Print Name

Colonial Oil Industries, Inc.
Firm Name

11/21/2022
Date

Subscribed and sworn before me

this 21st day of November, 2022.

Notary Public

SEAL

MINDI GROOMS
NOTARY PUBLIC
EFFINGHAM COUNTY, GEORGIA
My Commission Expires 06-01-2026

Revised: 1/29/14

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PETITION FOR REDUCTION/WAIVER OF MBE/WBE PARTICIPATION – FORM 3

A. BIDDER/PROPOSER HEREBY REQUESTS:

☐ FULL MBE WAIVER ☐ FULL WBE WAIVER

☐ REDUCTION (PARTIAL MBE and/or WBE PARTICIPATION)

% of Reduction for MBE Participation
% of Reduction for WBE Participation

B. REASON FOR FULL/REDUCTION WAIVER REQUEST

Bidder/Proposer shall check each item applicable to its reason for a waiver request. Additionally, supporting documentation shall be submitted with this request.

☐ (1) Lack of sufficient qualified MBEs and/or WBEs capable of providing the goods or services required by the contract. **(Please explain)**

☐ (2) The specifications and necessary requirements for performing the contract make it impossible or economically infeasible to divide the contract to enable the contractor to utilize MBEs and/or WBEs in accordance with the applicable participation. **(Please explain)**

☐ (3) Price(s) quoted by potential MBEs and/or WBEs are above competitive levels and increase cost of doing business and would make acceptance of such MBE and/or WBE bid economically impracticable, taking into consideration the percentage of total contract price represented by such MBE and/or WBE bid. **(Please explain)**

☐ (4) There are other relevant factors making it impossible or economically infeasible to utilize MBE and/or WBE firms. **(Please explain)**

C. GOOD FAITH EFFORTS TO OBTAIN MBE/WBE PARTICIPATION

☐ (1) Made timely written solicitation to identified MBEs and WBEs for utilization of goods and/or services; and provided MBEs and WBEs with a timely opportunity to review and obtain relevant specifications, terms and conditions of the proposal to enable MBEs and WBEs to prepare an informed response to solicitation. **(Attach of copy written solicitations made)**

☐ (2) Used the services and assistance of the Office of Contract Compliance staff. **(Please explain)**

☐ (3) Timely notified and used the services and assistance of community, minority and women business organizations. **(Attach of copy written solicitations made)**

☐ (4) Followed up on initial solicitation of MBEs and WBEs to determine if firms are interested in doing business. **(Attach supporting documentation)**

☐ (5) Engaged MBEs & WBEs for direct/indirect participation. **(Please explain)**

D. OTHER RELEVANT INFORMATION

Attach any other documentation relative to Good Faith Efforts in complying with MBE/WBE participation.

CITY OF CHICAGO

DEPARTMENT OF PROCUREMENT SERVICES

APR 1 8 2022

Kelly Cooper Suppes
G. Cooper Oil Company, Inc. dba Cooper Oil Company, Inc.
10295 Vans Drive
Frankfort, IL 60423

Dear Ms. Cooper Suppes:

We are pleased to inform you that **G. Cooper Oil Company, Inc. dba Cooper Oil Company, Inc.** has been recertified as a **Women-Owned Business Enterprise ("WBE")** by the City of Chicago ("City"). This certification will remain effective for as long as your firm continues to meet all certification eligibility requirements and is contingent upon the firm affirming its eligibility by filing an **annual No-Change Affidavit** each year. In the past, the City has provided you with an annual letter confirming your certification; such letters will no longer be issued. Therefore, we require you to be even more diligent in filing your **annual No-Change Affidavit 60 days** before your annual anniversary date.

It is now your responsibility to check the City's certification directory and verify your certification status. As a condition of continued certification, you must **file an annual No-Change Affidavit by your anniversary date of March 15th.** Please remember, you have an affirmative duty to file your No-Change Affidavit 60 days prior to the anniversary date for timely processing. Failure to file your annual No-Change Affidavit may result in the suspension or rescission of your certification.

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

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

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

- File your recertification within the required time period.

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

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

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

NAICS Codes:
423830- Pumps and Pumping Equipment, Industrial Type, Merchant Wholesaler
423840- Barrels and Drums, New and Reconditioned, Merchant Wholesaler
424710- Bulk Gasoline Stations: Distributor of Bulk Stations, Petroleum, Fuel Stations and Terminals, Gasoline Stations and Terminals, Liquefied Petroleum Gas, Lubricating Oils and Grease Merchant Wholesalers
424720- Fuel Oil Merchant: Gasoline, Liquefied Petroleum Gas, Lubricating Oils and Grease Merchant Wholesalers
484220- Tanker Trucking

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

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

Sincerely,

Aileen Velazquez
Chief Procurement Officer

AV/fn

DocuSign Envelope ID: 9FD47EE7-3194-4332-9F38-12A26476578E

MBE/WBE UTILIZATION PLAN - FORM 1

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

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

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

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

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

II. ☑ **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: JT Barrier, LLC

Address: 12305 S. New Ave., Unit E., Lemont, IL 60439

E-mail: javier@jtbarrier.com

Contact Person: Javier Lazaro Phone: 773-824-6829

Dollar Amount Participation: $ TBD

Percent Amount of Participation: 12.5 %

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

MBE/WBE Firm: _____

Address: _____

E-mail: _____

Contact Person: _____ Phone: _____

Dollar Amount Participation: $ _____

Percent Amount of Participation: _____ %

*Letter of Intent attached? Yes _____ No _____
*Current Letter of Certification attached? Yes _____ No _____

Attach additional sheets as needed.

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

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MBE/WBE LETTER OF INTENT - FORM 2

M/WBE Firm: JT Barrier, LLC

Contact Person: Javier Lazaro

Address: 12305 S. New Ave., Unit E.

City/State: Lemont, IL Zip: 60439

Phone: 773-824-6829 Fax: 708-966-0124

Email: javier@jtbarrier.com

Participation: [✓] Direct [ ] Indirect

Certifying Agency: _____

Certification Expiration Date: _____

Ethnicity: _____

Bid/Proposal/Contract #: _____

FEIN #: _____

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

[✓] No [ ] Yes – Please attach explanation. Proposed Subcontractor(s): _____

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

Delivery of petroleum products

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

TBD Amount, 12.5% goal, Net 10 Day Payment Terms

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

Signature (*M/WBE*)

JAVIER LAZARO

Print Name

J.T. BARRIER LLC

Firm Name

11/21/22

Date

Subscribed and sworn before me

this 21 day of NOVEMBER, 2022.

Notary Public Elvira Vela

SEAL

Official Seal
Elvira Vela
Notary Public State of Illinois
My Commission Expires 04/06/2025

DocuSigned by:
James Mercer
D518D9031894440...

dder/Proposer)

James Mercer

Print Name

Colonial Oil Industries, Inc.

Firm Name

11/21/2022

Date

Subscribed and sworn before me

this 21st day of November, 2022.

Notary Public Mindi Grooms

SEAL

MINDI GROOMS
NOTARY PUBLIC
My Commission Expires
08-01-2026
EFFINGHAM COUNTY, GEORGIA

Revised: 1/29/14

DocuSign Envelope ID: 9FD47EE7-3194-4332-9F38-12A26476578E

PETITION FOR REDUCTION/WAIVER OF MBE/WBE PARTICIPATION – FORM 3

A. BIDDER/PROPOSER HEREBY REQUESTS:

☐ FULL MBE WAIVER ☐ FULL WBE WAIVER

☐ REDUCTION (PARTIAL MBE and/or WBE PARTICIPATION)

_____% of Reduction for MBE Participation
_____% of Reduction for WBE Participation

B. REASON FOR FULL/REDUCTION WAIVER REQUEST

Bidder/Proposer shall check each item applicable to its reason for a waiver request. Additionally, supporting documentation shall be submitted with this request.

☐ (1) Lack of sufficient qualified MBEs and/or WBEs capable of providing the goods or services required by the contract. **(Please explain)**

☐ (2) The specifications and necessary requirements for performing the contract make it impossible or economically infeasible to divide the contract to enable the contractor to utilize MBEs and/or WBEs in accordance with the applicable participation. **(Please explain)**

☐ (3) Price(s) quoted by potential MBEs and/or WBEs are above competitive levels and increase cost of doing business and would make acceptance of such MBE and/or WBE bid economically impracticable, taking into consideration the percentage of total contract price represented by such MBE and/or WBE bid. **(Please explain)**

☐ (4) There are other relevant factors making it impossible or economically infeasible to utilize MBE and/or WBE firms. **(Please explain)**

C. GOOD FAITH EFFORTS TO OBTAIN MBE/WBE PARTICIPATION

☐ (1) Made timely written solicitation to identified MBEs and WBEs for utilization of goods and/or services; and provided MBEs and WBEs with a timely opportunity to review and obtain relevant specifications, terms and conditions of the proposal to enable MBEs and WBEs to prepare an informed response to solicitation. **(Attach of copy written solicitations made)**

☐ (2) Used the services and assistance of the Office of Contract Compliance staff. **(Please explain)**

☐ (3) Timely notified and used the services and assistance of community, minority and women business organizations. **(Attach of copy written solicitations made)**

☐ (4) Followed up on initial solicitation of MBEs and WBEs to determine if firms are interested in doing business. **(Attach supporting documentation)**

☐ (5) Engaged MBEs & WBEs for direct/indirect participation. **(Please explain)**

D. OTHER RELEVANT INFORMATION

Attach any other documentation relative to Good Faith Efforts in complying with MBE/WBE participation.

CITY OF CHICAGO

DEPARTMENT OF PROCUREMENT SERVICES

FEB - 4 2022

Javier Lazaro
J T Barrier, LLC
12305 S. New Ave., Unit E
Lemont, IL 60439

Dear Mr. Lazaro:

We have received your request for an expansion of your current **Disadvantaged Business Enterprise ("DBE")** certification with the City of Chicago.

On the basis of our review and supporting documentation, an expansion of your certification has been granted to include the following specialty areas:

NAICS Code(s):
424690 – Antifreeze Merchant Wholesalers
424720 – Petroleum and Petroleum Products Merchant Wholesalers

Your DBE certification letter will be amended to incorporate your expansion.

Please note: The City may commence actions to decertify your firm if you fail to notify us of any changes of facts affecting your firm's eligibility for certification or if your firm otherwise fails to cooperate with the City in any inquiry or investigation. Decertification procedures may also be commenced if your firm is found to be involved in bidding or contractual irregularities.

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

If you have any questions, please call our office at 312-744-4900. Thank you for your continued interest in the City's Disadvantaged Business Enterprise (DBE) Program.

Sincerely,

Aileen Velazquez
Chief Procurement Officer

AV/cm

TH S CERT F ES THAT

J.T. Barrier, LLC

NMSDC
National Minority Supplier Development Council

* Nationa y certified by the: **CHICAGO MINORITY SUPPLIER DEVELOPMENT COUNCIL**

*NAICS Code(s): 484220; 424720; 324121; 324122; 484230

* Descrip ion o heir produc /services as de ined by he Nor h American ndus ry Classi ica ion Sys em (NA CS)

10/13/2022		CH16381
Issued Date		**Certificate Number**
12/16/2023	**Ying McGuire** **NMSDC CEO and President**	Debra Jennings-Johnson
Expiration Date		**Debra Jennings Johnson President / CEO**

By using your password (NMSDC issued on y) authorized users may og into NMSDC Centra to view the entire profi e: http://nmsdc org

Certify Deve op Connect Advocate

* MBEs certified by an Affi iate of the Nationa Minority Supp ier Deve opment Counci nc ®

CMS

ILLINOIS JB Pritzker, Governor

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

Janel L. Forde, Director

April 13, 2022

Mr. Javier Lazaro
J.T. Barrier, LLC
12305 S. New Ave. Unit E
Lemont, IL 60439

Re: **Minority Business Enterprise (MBE)**
Certification Term Expires: **April 13, 2023**

Dear **Mr. Javier Lazaro:**

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

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

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

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

NIGP 96286: TRANSPORTATION OF GOODS, SHIPPING AND HANDLING, AND OTHER FREIGHT SERVICES

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

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

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

Sincerely,

CITY OF CHICAGO

DEPARTMENT OF PROCUREMENT SERVICES

FEB - 4 2022

Javier Lazaro
J T Barrier, LLC
12305 S. New Ave., Unit E
Lemont, IL 60439

Dear Mr. Lazaro:

We have received your request for an expansion of your current **Minority-Owned Business Enterprise ("MBE")** certification with the City of Chicago.

On the basis of our review and supporting documentation, an expansion of your certification has been granted to include the following specialty areas:

NAICS Code(s):
424690 – Antifreeze Merchant Wholesalers
424720 – Petroleum and Petroleum Products Merchant Wholesalers

Your MBE certification letter will be amended to incorporate your expansion.

Please note: The City may commence actions to decertify your firm if you fail to notify us of any changes of facts affecting your firm's eligibility for certification or if your firm otherwise fails to cooperate with the City in any inquiry or investigation. Decertification procedures may also be commenced if your firm is found to be involved in bidding or contractual irregularities.

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

If you have any questions, please call our office at 312-744-4900. Thank you for your interest in the City's Minority, Women-Owned Business Enterprise, Veteran-Owned Business Enterprise and Business Enterprise Owned or Operated by People with Disabilities (MBE/WBE/VBE/BEPD) Program.

Sincerely,

Aileen Velazquez
Chief Procurement Officer

AV/cm

CITY OF CHICAGO

DEPARTMENT OF PROCUREMENT SERVICES

SEP 02 2020

Javier Lazaro
J.T. Barrier, LLC
12305 S. New Ave. Unit E
Lemont, IL 60439

Dear Mr. Lazaro:

We are pleased to inform you that **J.T. Barrier, LLC** is certified as a **Minority-Owned Business Enterprise ("MBE")** by the City of Chicago ("City"). This **MBE** certification is valid until **8/15/2025**; however, your firm's certification must be revalidated annually. In the past the City has provided you with an annual letter confirming your certification; such letters will no longer be issued. Therefore, we require you to be even more diligent in filing your **annual No-Change Affidavit 60 days** before your annual anniversary date.

It is now your responsibility to check the City's certification directory and verify your certification status. As a condition of continued certification during the five year period stated above, you must file an **annual No-Change Affidavit**. Your firm's annual No-Change Affidavit is due by **8/15/2021, 8/15/2022, 8/15/2023 and 8/15/2024**. Please remember, you have an affirmative duty to file your No-Change Affidavit 60 days prior to the date of expiration. Failure to file your annual No-Change Affidavit may result in the suspension or rescission of your certification.

Your firm's five year certification will expire on **8/15/2025**. You have an affirmative duty to file for recertification **60 days** prior to the date of the five year anniversary date. Therefore, you must file for recertification by **6/15/2025.**

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

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

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

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

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

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

NAICS Code(s):
484220 – Tanker Trucking (e.g., chemical, juice, milk, petroleum), Local
484230 – Tanker Trucking (e.g., chemical, juice, milk, petroleum,) Long-Distance

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

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

Sincerely,

Shannon E. Andrews
Chief Procurement Officer

SEA/bbo

JT BARRIER LLC

ALERT! This entity is only available FOR OFFICIAL USE ONLY.

DUNS Unique Entity ID	SAM Unique Entity ID	CAGE / NCAGE
114855994	**HGRKZ135LTM5**	**8JMN9**
Purpose of Registration	Expiration Date	Registration Status
All Awards	**Jan 18, 2022**	**Active**
Physical Address	Mailing Address	
11319 S Avenue O **Chicago, Illinois 60617-7149** **United States**	**11319 S Avenue O** **Chicago, Illinois 60617-7149** **United States**	

Business Information

Doing Business as	Division Name	Division Number
(blank)	**(blank)**	**(blank)**
Congressional District	State / Country of Incorporation	URL
Illinois 02	**Illinois / United States**	**(blank)**
MPIN		
********2320**		

Registration Dates

Activation Date	Submission Date	Initial Registration Date
Jan 20, 2021	**Jan 18, 2021**	**Mar 26, 2020**

Entity Dates

Entity Start Date	Fiscal Year End Close Date
Jan 10, 2018	**Dec 31**

Immediate Owner

CAGE	Legal Business Name
(blank)	**(blank)**

Highest Level Owner

CAGE	Legal Business Name
(blank)	**(blank)**

Executive Compensation

In your business or organization's preceding completed fiscal year, did your business or organization (the legal entity to which this specific SAM record, represented by a DUNS number, belongs) receive both of the following: 1. 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements and 2. $25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

No

Does the public have access to information about the compensation of the senior executives in your business or organization (the legal entity to which this specific SAM record, represented by a DUNS number, belongs) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

Not Selected

Proceedings Questions

Is your business or organization, as represented by the DUNS Number on this entity registration, responding to a Federal procurement opportunity that contains the provision at FAR 52.209-7, subject to the clause in FAR 52.209-9 in a current Federal contract, or applying for a Federal grant opportunity which contains the award term and condition described in 2 C.F.R. 200 Appendix XII?

No

Does your business or organization, as represented by the DUNS number on this specific SAM record, have current active Federal contracts and/or grants with total value (including any exercised/unexercised options) greater than $10,000,000?

Not Selected

Within the last five years, had the business or organization (represented by the DUNS number on this specific SAM record) and/or any of its principals, in connection with the award to or performance by the business or organization of a Federal contract or grant, been the subject of a Federal or State (1) criminal proceeding resulting in a conviction or other acknowledgment of fault; (2) civil proceeding resulting in a finding of fault with a monetary fine, penalty, reimbursement, restitution, and/or damages greater than $5,000, or other acknowledgment of fault; and/or (3) administrative proceeding resulting in a

finding of fault with either a monetary fine or penalty greater than $5,000 or reimbursement, restitution, or damages greater than $100,000, or other acknowledgment of fault?

Not Selected

SAM Search Authorization

I authorize my entity's non-sensitive information to be displayed in SAM public search results:

Yes

Entity Types

Business Types

Entity Structure
Other

Entity Type
Business or Organization

Organization Factors
Limited Liability Company

Profit Structure
For Profit Organization

Socio-Economic Types

Minority Owned Business
Self Certified Small Disadvantaged Business
Veteran Owned Business
Hispanic American Owned

Entrance Date: **Currently Not Available**

Check the registrant's Reps & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

Financial Information

Accepts Credit Card Payments
Yes

Debt Subject To Offset
No

Department Code
(blank)

Agency Location Code
(blank)

Disbursing Office Symbol
(blank)

Electronic Funds Transfer

EFT Indicator
0000

CAGE Code
8JMN9

Financial Institution
FIFTH THIRD BANK

Account Type
Checking

Lock Box Number
(blank)

Routing Number
*******1737**

Account Number
*******01058**

Automated Clearing House

Financial Institution
FIFTH THIRD BANK

Phone (U.S.)
7738246829

Email
javier@jtbarrier.com

Phone (non-U.S.)
(blank)

Fax
(blank)

Remittance Information

Merchant ID1
(blank)

Merchant ID2
(blank)

Accounting Station
(blank)

Remittance Address

J.T. Barrier LLC
11319 S. AVE.O
Chicago, Illinois 60617
United States

Taxpayer Information

EIN
*******4062**

Type of Tax
Applicable Federal Tax

Taxpayer Name
JT Barrier LLC

Tax Year (Most Recent Tax Year)
2019

Name/Title of Individual Executing Consent
Owner

TIN Consent Date
Jan 18, 2021

Address
11319 S Avenue O
Chicago, Illinois 60617

Points of Contact

Accounts Receivable POC

Javier Lazaro, Owner
javier@jtbarrier.com
7738246829

Electronic Business

Javier Lazaro, Owner
javier@jtbarrier.com
7738246829

11319 S Avenue O
Chicago, Illinois 60617
United States

Government Business

Javier Lazaro, Owner
javier@jtbarrier.com
7738246829

11319 S Avenue O
Chicago, Illinois 60617
United States

Security Information

Company Security Level
(blank)

Highest Level Employee Security Level
(blank)

Service Classifications

NAICS Codes

Primary	NAICS Codes	NAICS Title
Yes	**484220**	**Specialized Freight (Except Used Goods) Trucking, Local**
	484110	**General Freight Trucking, Local**
	484121	**General Freight Trucking, Long-Distance, Truckload**
	484230	**Specialized Freight (Except Used Goods) Trucking, Long-Distance**
	488119	**Other Airport Operations**
	488190	**Other Support Activities For Air Transportation**
	493190	**Other Warehousing And Storage**

Size Metrics

IGT Size Metrics

Annual Revenue (from all IGTs)
(blank)

World Wide

Annual Receipts (3 Year Average)
$850,000.00

Number of Employees (12 Month Average)
2

Location

Annual Receipts (3 Year Average)
(blank)

Number of Employees (12 Month Average)
(blank)

Industry-Specific

Barrels Capacity
(blank)

Megawatt Hours
(blank)

Total Assets
(blank)

Electronic Data Interchange (EDI) Information

This entity did not enter the EDI information

Disaster Response

Yes, this entity appears in the disaster response registry.

States	Counties	Metropolitan Statistical Areas
Any	**(blank)**	**(blank)**

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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

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

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

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

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

Applicant means a person who executes this EDS.

Bidder means any person who submits a Bid.

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

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

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

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

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

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

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

Lobbyist means any person who lobbies.

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

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

Proposal means a response to an RFP.

Proposer means a person submitting a Proposal.

Response means response to an RFQ.

Respondent means a person responding to an RFQ.

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

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

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INSTRUCTIONS FOR COMPLETION OF ECONOMIC DISCLOSURE STATEMENT AND EXECUTION DOCUMENT

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

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

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

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

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

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

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

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

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

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

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

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SECTION 2

CERTIFICATIONS

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

A. PERSONS AND ENTITIES SUBJECT TO DISQUALIFICATION

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

1) Has been convicted of an act committed, within the State of Illinois, of bribery or attempting to bribe an officer or employee of a unit of state, federal or local government or school district in the State of Illinois in that officer's or employee's official capacity;

2) Has been convicted by federal, state or local government of an act of bid-rigging or attempting to rig bids as defined in the Sherman Anti-Trust Act and Clayton Act. Act. 15 U.S.C. Section 1 *et seq.;*

3) Has been convicted of bid-rigging or attempting to rig bids under the laws of federal, state or local government;

4) Has been convicted of an act committed, within the State, of price-fixing or attempting to fix prices as defined by the Sherman Anti-Trust Act and the Clayton Act. 15 U.S.C. Section 1, *et seq.;*

5) Has been convicted of price-fixing or attempting to fix prices under the laws the State;

6) Has been convicted of defrauding or attempting to defraud any unit of state or local government or school district within the State of Illinois;

7) Has made an admission of guilt of such conduct as set forth in subsections (1) through (6) above which admission is a matter of record, whether or not such person or business entity was subject to prosecution for the offense or offenses admitted to; or

8) Has entered a plea of *nolo contendere* to charge of bribery, price-fixing, bid-rigging, or fraud, as set forth in sub-paragraphs (1) through (6) above.

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

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

B. BID-RIGGING OR BID ROTATING

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

C. DRUG FREE WORKPLACE ACT

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

D. DELINQUENCY IN PAYMENT OF TAXES

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

E. HUMAN RIGHTS ORDINANCE

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

F. ILLINOIS HUMAN RIGHTS ACT

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

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

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

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

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

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

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

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

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

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

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

1) Not-For Profit Organizations (defined as a corporation having tax exempt status under Section 501(C)(3) of the United State Internal Revenue Code and recognized under the Illinois State not-for -profit law);

2) Community Development Block Grants;

3) Cook County Works Department;

4) Sheriff's Work Alternative Program; and

5) Department of Correction inmates.

SECTION 3

REQUIRED DISCLOSURES

1. DISCLOSURE OF LOBBYIST CONTACTS

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

Name	Address
None	

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

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

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

Yes: ☐ No: ☑

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

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:

N/A

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

CONTRACT #: 2123-18692 A1

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 Colonial Oil Industries, Inc.

D/B/A: _____ FEIN # Only: 58-0524236

Street Address: 101 North Lathrop Avenue

City: Savannah State: GA Zip Code: 31415

Phone No.: 800-944-3835 Fax Number: _____ Email: coisales@colonialoil.com

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

Corporate File Number (if applicable): _____

Form of Legal Entity:

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

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

[ ] Other (describe) _____

Ownership Interest Declaration:

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

Name	Address	Percentage Interest in Applicant/Holder
Colonial Group, Inc.	101 N. Lathrop Ave., Savannah, GA 31415	100%

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

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

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

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

Name	Address	Percentage of Beneficial Interest	Relationship
N/A			

Corporate Officers, Members and Partners Information:

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

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Bob Kenyon	101 N. Lathrop Ave., Savannah GA 31415	Division President	2022 - Present
Christian Demere	101 N. Lathrop Ave., Savannah GA 31415	CEO	2021 - Present
James Mercer	101 N. Lathrop Ave., Savannah	VP Sales	1983 - Present

Declaration (check the applicable box):

☑ I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.

☐ I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

James Mercer

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

DocuSigned by:
James Mercer
D518D9031894440...

coisales@colonialoil.com

E-mail address

Vice President of Sales

Title

11/21/2022

Date

800-944-3835

Phone Number

Subscribed to and sworn before me
this 21st day of November, 2022.

My commission expires:

X Mindi Grooms

Notary Public Signature

6-01-2026

Notary Seal

MINDI GROOMS
Notary Public
Effingham County, Georgia
My Commission Expires
06-01-2026

CONTRACT #: 2123-18692 A1

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 Colonial Group, Inc.

D/B/A: _____ FEIN # Only: 58-2063421

Street Address: 101 North Lathrop Avenue

City: Savannah State: GA Zip Code: 31415

Phone No.: 800-944-3835 Fax Number: _____ Email: coisales@colonialoil.com

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

Corporate File Number (if applicable): _____

Form of Legal Entity:

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

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

[ ] Other (describe) _____

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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
Robert H. Demere, Jr.	101 North Lathrop Ave, Savannah, GA 31415	73.4 %

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
Bob Kenyon	101 N. Lathrop Ave., Savannah GA 31415	Division President	2022 - Present
Christian Demere	101 N. Lathrop Ave., Savannah GA 31415	CEO	2021 - Present
James Mercer	101 N. Lathrop Ave., Savannah	VP Sales	1983 - Present

Declaration (check the applicable box):

☐ I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.

☑ I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

CONTRACT #: 2123-18692 A1

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Robert H. Demere, Jr.

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

Chairman

Title

DocuSigned by:
Robert H. Demere, Jr.
858F91A865A34DD...

11/21/2022

Date

coisales@colonialoil.com

E-mail address

800-944-3835

Phone Number

Subscribed to and sworn before me
this 21st day of November, 2022.

My commission expires:

X Mindi Grooms
Notary Public Signature

6-01-2026

Notary Seal



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

FAMILIAL RELATIONSHIP DISCLOSURE PROVISION

Nepotism Disclosure Requirement:

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

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

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

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

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

Additional Definitions:

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

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

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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: Colonial Oil Industries, Inc.

Address of Person Doing Business with the County: 101 North Lathrop Ave., Savannah, GA 31415

Phone number of Person Doing Business with the County: 800-944-3835

Email address of Person Doing Business with the County: coisales@colonialoil.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:
James Mercer, 800-944-3835, coisales@colonialoil.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: 2123-18692 A1

Supply and delivery of petroleum products

The aggregate dollar value of the business you are doing or seeking to do with the County: $ 4,250,000.00

The name, title and contact information for the County official(s) or employee(s) involved in negotiating the business you are doing or seeking to do with the County:

Ed Rendon, Sr. Contract Negotiator, Office of the Chief Procurement Officer, (312) 603-6824

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:

Randy Piscitelli, Road Equipment Supervisor II, Dept. of Transportation & Highways (708) 388-2134

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.

DocuSign Envelope ID: 9FD47EE7-3194-4332-9F38-12A26476578E

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*

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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*

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

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

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

DocuSigned by:
James Mercer
SD518D993189464D
Signature of Recipient

11/21/2022
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.

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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: 2123-18692 A1

County Using Agency (requesting Procurement): Cook County

II. Person/Substantial Owner Information:

Person (Corporate Entity Name): Colonial Oil Industries, Inc.

Substantial Owner Complete Name: Colonial Group, Inc.

FEIN# 58-0524236

Date of Birth: _____ E-mail address: coisales@colonialoil.com

Street Address: 101 N. Lathrop Ave

City: Savannah State: GA Zip: 31415

Home Phone: [redacted]

III. Compliance with Wage Laws:

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

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

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

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

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

Fair Labor Standards Act of 1938, 29 U.S.C. 201, et seq., ***YES or 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:

There has been a bona fide change in ownership or Control of the ineligible Person or Substantial Owner
YES or NO

Disciplinary action has been taken against the individual(s) responsible for the acts giving rise to the violation
YES or NO

Remedial action has been taken to prevent a recurrence of the acts giving rise to the disqualification or default
YES or 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: DocuSigned by: James Mercer D518D9031894440... Date: 11/21/2022

Name of Person signing (Print): James Mercer Title: Vice President of Sales

Subscribed and sworn to before me this 21st day of November, 2022

X Mindi Grooms 6-01-2026

Notary Public Signature **Notary Seal**

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

MINDI GROOMS NOTARY PUBLIC EFFINGHAM COUNTY, GEORGIA My Commission Expires 06-01-2026

DocuSign Envelope ID: 277FAB05-0C2E-490A-9631-B6B20619D5DA

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"*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: 2123-18692 A1

County Using Agency (requesting Procurement): Cook County

II. Person/Substantial Owner Information:

Person (Corporate Entity Name): Colonial Group, Inc.

Substantial Owner Complete Name: Robert H. Demere, Jr.

FEIN# 58-2063421

Date of Birth: [redacted] E-mail address: coisales@colonialoil.com

Street Address: 101 North Lathrop Avenue

City: Savannah State: GA Zip: 31415

Home Phone: [redacted]

III. Compliance with Wage Laws:

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

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

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

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

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

Fair Labor Standards Act of 1938, 29 U.S.C. 201, et seq., ***YES or 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:

There has been a bona fide change in ownership or Control of the ineligible Person or Substantial Owner
YES or NO

Disciplinary action has been taken against the individual(s) responsible for the acts giving rise to the violation
YES or NO

Remedial action has been taken to prevent a recurrence of the acts giving rise to the disqualification or default
YES or 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/S[illegible] affirms that all statements contained in the Affidavit are true, accurate and complete.

Signature: DocuSigned by: Robert H. Demere, Jr. 856F91A865A34DD... Date: 11/21/2022

Name of Person signing (Print): Robert H. Demere, Jr. Title: Chairman

Subscribed and sworn to before me this 21st day of November, 2022

X Mindi Grooms
Notary Public Signature

6-01-2026
Notary Seal

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



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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

Colonial Oil Industries, Inc.
Corporation's Name

DocuSigned by: James Mercer — D518D9031894440...
James Mercer
Name and Signature

800-944-3835
Telephone

coisales@colonialoil.com
Email

DocuSigned by: — A12FE6C98BCB4A9...
Secretary Signature

11/21/2022
Date

Execution by LLC

LLC Name

*Member/Manager Printed Name and Signature

Date

Telephone and Email

Execution by Partnership/Joint Venture

Partnership/Joint Venture Name

*Partner/Joint Venturer Printed Name and Signature

Date

Telephone and Email

Execution by Sole Proprietorship

Printed Name Signature

Assumed Name (if applicable)

Date

Telephone and Email

Subscribed and sworn to before me this
21st day of November, 2022.

Notary Public Signature

My commission expires:
6-01-2026
Notary Seal

MINDI GROOMS NOTARY PUBLIC EFFINGHAM COUNTY, GEORGIA My Commission Expires 06-01-2026

*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.