

AMENDMENT NO. 1

This Amendment modifies Contract No. 2211-04083, for 2021 Bridge Repair Project by and between the County of Cook, Illinois, herein referred to as "County" and Era-Valdivia Contractors, 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 July 28, 2022, (hereinafter referred to as the "Contract"), wherein the Contractor is to provide 2021 Bridge Repair Project (hereinafter referred to as the "Services") from August 11, 2022 through January 30, 2026, in an amount not to exceed \$1,849,755.05; and

Whereas, the Contract will expire January 30, 2026, and the agreed upon Services are still required; and

Whereas, a decrease of the Contract amount is required for the completion of Services; and pursuant to Section 10 of the Contract, the County and Contractor desire to decrease the Contract in the amount of \$127,530.80.

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 decreased by \$127,530.80 and the Total Contract Amount is revised to \$1,722,224.25.
2. The Contract is hereby amended to incorporate Attachment A and made part of the Contract.
3. The attached updated Identification of Sub-Contractors/Suppliers/Sub-Consultants Form (if applicable and updated), MBE/WBE Utilization Plan forms (if applicable and updated), certificate of insurance (if updated), and Economic Disclosures Statement under Attachment B are incorporated and made a part of this Contract.
4. All other terms and conditions remain as stated in the Contract.

In witness whereof and pursuant to authority of the Chief Procurement Officer, the County and Contractor have caused this Amendment No. 1 to be executed on the date and year last written below.

Signature page follows

County of Cook, Illinois

Era Valdivia Contractors, Inc.

By: **Raffi Sarrafian** Digitally signed by Raffi Sarrafian
Date: 2025.01.24 11:01:26 -06'00'
Chief Procurement Officer

J. G. Valdivia
Signed

Date: _____

Jose G. Valdivia
Type or print name

By: _____
State's Attorney (if applicable)

President
Title

Type or print name (if applicable)

Date: _____

Date: 09/26/24

ATTACHMENT A

CONTRACT CHANGE ORDER



**COOK COUNTY DEPARTMENT OF
TRANSPORTATION AND HIGHWAYS**

Project: 2021 Bridge Repair Project
East Lake, Lake Cook, Mt Prospect
Section: 21-BRREP-00-BR
Contract: 2211-04083
GC: Era Valdivia Contractors, Inc.

Date: 7/25/2024
Chief Engr:
RE: Christopher Widlak, P.E.
SE: Aaron Lebowitz, P.E.
OSE:

Number: 1 & Final

Contract Amount: \$1,849,755.05

ITEM	DESCRIPTION	UNIT	UNIT PRICE	CONTRACT QUANTITIES	ADJUSTMENTS	AMOUNT OF THIS CHANGE	CHANGES TO DATE
1	EARTH EXCAVATION	CU.YD.	\$125.00	50.00	49.90	\$6,237.50	\$6,237.50
2	SUBBASE GRANULAR MATERIAL, TYPE B 12"	SQ.YD.	\$22.00	366.00	(60.70)	(\$1,335.40)	(\$1,335.40)
3	BITUMINOUS MATERIALS (TACK COAT)	POUND	\$6.00	418.00	27.00	\$162.00	\$162.00
4	PORTLAND CEMENT CONCRETE PAVEMENT 10"	SQ.YD.	\$162.30	366.00	(57.90)	(\$9,397.17)	(\$9,397.17)
5	CONCRETE REMOVAL	CU.YD.	\$2,400.00	13.00	(6.20)	(\$14,880.00)	(\$14,880.00)
6	CONCRETE SUPERSTRUCTURE	CU.YD.	\$2,800.00	7.00	(0.50)	(\$1,400.00)	(\$1,400.00)
7	PROTECTIVE COAT	SQ.YD.	\$9.00	140.00	171.00	\$1,539.00	\$1,539.00
8	REINFORCEMENT BARS, EPOXY COATED	POUND	\$5.50	990.00	(147.40)	(\$810.70)	(\$810.70)
9	BAR SPLICERS	EACH	\$72.00	16.00		\$0.00	\$0.00
10	PREFORMED JOINT STRIP SEAL	FOOT	\$295.00	70.00	(1.80)	(\$531.00)	(\$531.00)
11	EPOXY CRACK INJECTION	FOOT	\$65.00	700.00	(33.90)	(\$2,203.50)	(\$2,203.50)
12	CHANGEABLE MESSAGE SIGN [WBE]	CAL.DAY	\$39.00	244.00	392.00	\$15,288.00	\$15,288.00
13	NIGHTTIME WORK ZONE LIGHTING	L.SUM	\$7,500.00	1.00	(1.00)	(\$7,500.00)	(\$7,500.00)
14	SIGN PANEL - TYPE 1 [WBE]	SQ.FT.	\$50.00	20.00	(2.60)	(\$130.00)	(\$130.00)
15	SIGN PANEL - TYPE 2 [WBE]	SQ.FT.	\$55.00	12.00		\$0.00	\$0.00
16	REMOVE SIGN PANEL ASSEMBLY - TYPE A	EACH	\$220.00	3.00	1.00	\$220.00	\$220.00
17	REMOVE SIGN PANEL - TYPE 1 [WBE]	SQ.FT.	\$45.00	3.00	5.40	\$243.00	\$243.00
18	TELESCOPING STEEL SIGN SUPPORT [WBE]	FOOT	\$17.00	64.00		\$0.00	\$0.00
19	MODIFIED URETHANE PAVEMENT MARKING - LETTERS AND SYMBOLS [WBE]	SQ.FT.	\$6.60	313.00	123.80	\$817.08	\$817.08
20	MODIFIED URETHANE PAVEMENT MARKING - LINE 4" [WBE]	FOOT	\$1.10	17,035.00	3,056.50	\$3,362.15	\$3,362.15
21	MODIFIED URETHANE PAVEMENT MARKING - LINE 6" [WBE]	FOOT	\$1.65	1,509.00	569.00	\$938.85	\$938.85
22	MODIFIED URETHANE PAVEMENT MARKING - LINE 12" [WBE]	FOOT	\$3.50	619.00	1,061.20	\$3,714.20	\$3,714.20
23	MODIFIED URETHANE PAVEMENT MARKING - LINE 24" [WBE]	FOOT	\$7.00	203.00	110.00	\$770.00	\$770.00
24	RAISED REFLECTIVE PAVEMENT MARKER REMOVAL	EACH	\$22.00	192.00	(115.00)	(\$2,530.00)	(\$2,530.00)
25	PAVEMENT MARKING REMOVAL - WATER BLASTING [WBE]	SQ.FT.	\$3.30	9,572.00	(5,627.40)	(\$18,570.42)	(\$18,570.42)
26	REMOVE ELECTRIC CABLE FROM CONDUIT	FOOT	\$0.65	800.00	(800.00)	(\$520.00)	(\$520.00)
27	CORRUGATED MEDIAN REMOVAL	SQ.FT.	\$12.00	3,287.00	(124.60)	(\$1,495.20)	(\$1,495.20)
28	APPROACH SLAB REPAIR (FULL DEPTH)	SQ.YD.	\$900.00	10.00	(6.70)	(\$6,030.00)	(\$6,030.00)
29	APPROACH SLAB REPAIR (PARTIAL DEPTH)	SQ.YD.	\$700.00	20.00	(20.00)	(\$14,000.00)	(\$14,000.00)
30	CONTAINMENT AND DISPOSAL OF LEAD PAINT CLEANING RESIDUES NO. 1	L.SUM	\$82,650.00	1.00		\$0.00	\$0.00
31	CONTAINMENT AND DISPOSAL OF LEAD PAINT CLEANING RESIDUES NO. 2	L.SUM	\$134,850.00	1.00		\$0.00	\$0.00
32	CONTAINMENT AND DISPOSAL OF LEAD PAINT CLEANING RESIDUES NO. 3	L.SUM	\$113,100.00	1.00		\$0.00	\$0.00
33	CLEANING AND PAINTING STEEL BRIDGE NO. 1 [MBE, WBE-P]	L.SUM	\$190,000.00	1.00		\$0.00	\$0.00
34	CLEANING AND PAINTING STEEL BRIDGE NO. 2 [MBE, WBE-P]	L.SUM	\$310,000.00	1.00		\$0.00	\$0.00
35	CLEANING AND PAINTING STEEL BRIDGE NO. 3 [MBE, WBE-P]	L.SUM	\$260,000.00	1.00		\$0.00	\$0.00

CONTRACT CHANGE ORDER



**COOK COUNTY DEPARTMENT OF
TRANSPORTATION AND HIGHWAYS**

Project: 2021 Bridge Repair Project
East Lake, Lake Cook, Mt Prospect
Section: 21-BRREP-00-BR
Contract: 2211-04083
GC: Era Valdivia Contractors, Inc.

Date: 7/25/2024
Chief Engr:
RE: Christopher Widlak, P.E.
SE: Aaron Lebowitz, P.E.
OSE:

Number: 1 & Final

Contract Amount: \$1,849,755.05

ITEM	DESCRIPTION	UNIT	UNIT PRICE	CONTRACT QUANTITIES	ADJUSTMENTS	AMOUNT OF THIS CHANGE	CHANGES TO DATE
36	STRUCTURAL REPAIR OF CONCRETE (DEPTH EQUAL TO OR LESS THAN 5 INCHES) [MBE]	SQ.FT.	\$125.00	180.00	96.30	\$12,037.50	\$12,037.50
37	STRUCTURAL REPAIR OF CONCRETE (DEPTH GREATER THAN 5 INCHES) [MBE]	SQ.FT.	\$200.00	90.00	24.50	\$4,900.00	\$4,900.00
38	TEMPORARY INFORMATION SIGNING [WBE]	SQ.FT.	\$28.00	38.00	(0.50)	(\$14.00)	(\$14.00)
39	RAILROAD PROTECTIVE LIABILITY INSURANCE	LSUM	\$22,500.00	1.00		\$0.00	\$0.00
40	ENGINEER'S FIELD OFFICE, TYPE A	CAL.MO.	\$2,000.00	6.00		\$0.00	\$0.00
41	CUTTING PAVEMENT SURFACE	FOOT	\$7.50	1,660.00	(248.00)	(\$1,860.00)	(\$1,860.00)
42	RECESSED REFLECTIVE PAVEMENT MARKER (HMA) [WBE]	EACH	\$102.00	100.00	(12.00)	(\$1,224.00)	(\$1,224.00)
43	LIGHTWEIGHT RAISED REFLECTIVE PAVEMENT MARKER (PCC)	EACH	\$96.00	73.00	57.00	\$5,472.00	\$5,472.00
44	DETECTOR LOOP, TYPE 1	FOOT	\$20.00	700.00	(700.00)	(\$14,000.00)	(\$14,000.00)
45	ELECTRIC CABLE IN CONDUIT, LEAD-IN, NO. 14 1 PAIR	FOOT	\$1.12	800.00	(800.00)	(\$896.00)	(\$896.00)
46	MAINTENANCE OF EXISTING TRAFFIC SIGNAL INSTALLATION	EACH	\$925.00	5.00		\$0.00	\$0.00
47	MAINTENANCE OF LIGHTING SYSTEM	CAL.MO.	\$1,250.00	6.00	2.10	\$2,625.00	\$2,625.00
48	TEMPORARY TRAFFIC SIGNAL TIMING	EACH	\$1,300.00	4.00	(4.00)	(\$5,200.00)	(\$5,200.00)
49	CLEANING EXISTING DECK DRAINS	EACH	\$550.00	8.00		\$0.00	\$0.00
50	HOT-MIX ASPHALT SURFACE REMOVAL-LONGITUDINAL JOINT	SQ.YD.	\$38.00	919.00	22.10	\$839.80	\$839.80
51	LONGITUDINAL JOINT REPAIR	TON	\$385.00	103.00	2.40	\$924.00	\$924.00
52	CONTRACT EXTRA WORK	UNIT	\$1.00	100,000.00	(100,000.00)	(\$100,000.00)	(\$100,000.00)
53	TRAFFIC PROTECTION [WBE]	LSUM	\$95,000.00	1.00		\$0.00	\$0.00
*54	ADDITIONAL SPEED LIMIT SIGNAGE	LSUM	\$1,685.00		1.00	\$1,685.00	\$1,685.00
*55	PARTIAL DEPTH PAVEMENT PATCHING	SQ.YD.	\$650.00		13.60	\$8,840.00	\$8,840.00
*56	CLEAN EXISTING JOINTS AND SIDEWALK REPAIR	LSUM	\$2,378.77		1.00	\$2,378.77	\$2,378.77
*57	SIDEWALK AND CURB JOINT REPAIRS	LSUM	\$4,002.74		1.00	\$4,002.74	\$4,002.74

AMOUNT: (\$127,530.80) (\$127,530.80)

ADJUSTED CONTRACT AMOUNT: \$1,722,224.25

% CHANGE: -6.9%

CONTRACT CHANGE ORDER



COOK COUNTY DEPARTMENT OF
TRANSPORTATION AND HIGHWAYS
BUREAU OF CONSTRUCTION

Project: 2021 Bridge Repair Project
East Lake, Lake Cook, Mt Prospect
Section: 21-BRREP-00-BR

Date: 7/25/2024
Chief Engr:
RE: Christopher Widlak,
P.E.
SE: Aaron Lebowitz, P.E.
OSE:

Contract: 2211-04083
GC: Era Valdivia Contractors, Inc.

Number: 1 & Final

Contract Amount: \$1,849,755.05

To: Chief Procurement Officer
Please be advised of a proposed contract change order on the above captioned project, as follows:

LINE ITEM CHANGES

Item #1:

Additional quantity for Earth Excavation is needed to construct this project. This change represents the actual quantity required to install new concrete sidewalk throughout the project.

Item #4, #5, & #28:

Quantity adjustments for PCC Pavement, 10", Concrete Removal and Approach Slab Repair (Full Depth) are based on field condition and actual quantities required to repair the bridges.

Item #12:

Additional quantity for Changeable Message Sign reflect the actual quantities required to provide notification to the motoring public and a safe work zone throughout the duration of the work.

Items #13, #29, #44, and #48:

Nighttime Work zone Lighting, Approach Slab Repair (Partial Depth), Detector Loop, Type, and Temporary Traffic Signal Timing were not required to properly construct the project.

Item #25:

Field conditions did not require the use of Pavement Marking Removal - Water Blasting for the Lake Cook Road limits as shown in the plans. This change represents actual quantities used to completed this project.

Item #36:

Additional quantity for Structural Repair of Concrete (Depth Equal to or Less Than 5 Inches) is needed to construct this project. The contract documents included quantity at three bridge locations for repairs to the piers and abutment walls. Upon assessing the current condition of the fourth bridge location, it was determined structural repairs were needed on both abutment walls.

Item #43:

Additional quantity of Lightweight Raised Reflective Pavement Marker (PCC) were required to replace pavement markers removed during the project. Field conditions.

Item #52:

Since additional work is paid for under the particular items of work performed the CONTRACT EXTRA WORK ITEM is eliminated in its entirety.

Other Items:

The quantities of various other items were adjusted to reflect the actual quantities required and completed in the field.

NEW ITEMS

CONTRACT CHANGE ORDER



COOK COUNTY DEPARTMENT OF
TRANSPORTATION AND HIGHWAYS
BUREAU OF CONSTRUCTION

Project: 2021 Bridge Repair Project
East Lake, Lake Cook, Mt Prospect
Section: 21-BRREP-00-BR
Contract: 2211-04083
GC: Era Valdivia Contractors, Inc.

Date: 7/25/2024
Chief Engr:
RE: Christopher Widlak,
P.E.
SE: Aaron Lebowitz, P.E.
OSE:

Number: 1 & Final

Contract Amount: \$1,849,755.05

Item #54*:

Additional Speed Limit Signage was required to provide additional notification of the reduced speed limit on Mt. Prospect Road. It was determined that additional signage was required to insure a safe work zone. Field conditions.

Item #55*:

Partial Depth Pavement Patching was required to repair pavements in poor condition adjacent to the new concrete pavement replacing the corrugated median on Mt. Prospect Road. This was an unforeseen field condition.

Item #56* and #57:**

Clean Existing Joints and Sidewalk Repair and Sidewalk and Curb Joint Repairs were required to fix the deteriorated condition of the joints at both the north and south ends of the Mt. Prospect Road bridge, replacement of a settled sidewalk panel to bring the sidewalk back to grade with adjacent sidewalk, to fix a piece of curb head at the transition to the approach slab sidewalk that was broken, and for saw cutting and sealing the sidewalk/curb joint at the approach slab. These repairs were necessary due to existing field conditions at the request of the owner.

CONTRACT CHANGE ORDER



COOK COUNTY DEPARTMENT OF
TRANSPORTATION AND HIGHWAYS
BUREAU OF CONSTRUCTION

Project: 2021 Bridge Repair Project
East Lake, Lake Cook, Mt Prospect

Date: 7/25/2024

Section: 21-BRREP-00-BR

Chief Engr:

RE: Christopher Widlak,
P.E.

Contract: 2211-04083

SE: Aaron Lebowitz, P.E.

GC: Era Valdivia Contractors, Inc.


OSE:

Number: 1 & Final

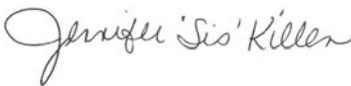
Contract Amount: \$1,849,755.05

Note:
The undersigned has determined that the circumstances that necessitate this change are germane to the original contract, were not reasonably foreseeable at the time the contract was signed and is in the best interest of the local agency.

Amount of this change order:	DECREASE	(\$127,530.80)
Total amount of change orders to date:	DECREASE	(\$127,530.80)

 Jul 26, 2024

 Chief Engineer of Construction Date

 Jul 26, 2024

 Jennifer "Sis" Killen, P.E., PTOE, Superintendent Date

Digitally signed by Robert J. Stuart
Robert J. Stuart Stuart
 Date: 2024.11.01 10:35:56 -05'00'

 Robert J. Stuart, Deputy Chief Procurement Officer – Design & Construction Date

Digitally signed by Raffi Sarrafian
Raffi Sarrafian Sarrafian
 Date: 2024.11.01 10:42:15 -05'00'

 Raffi Sarrafian, Chief Procurement Officer Date

**2021 Bridge Repair Project
East Lake, Lake Cook, Mt Prospect
Section: 21-BRREP-00-BR
Contract No. 2211-04083**

Contract Amount \$1,849,755.05

AMENDMENT No. 1 and Final: (\$127,530.80)
Change Order #1 and Final (\$127,530.80)
(Pending Approval)

Adjusted Contract Total \$1,722,224.25

ATTACHMENT B



COOK COUNTY
OFFICE OF THE
**Chief Procurement
Officer**

161 N. Clark
Suite 2300
Chicago, Illinois 60601



COOK COUNTY
OFFICE OF THE
**Chief Procurement
Officer**

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: AB Petroleum Services Inc.

Address: 7115 S Virginia Rd Suite 103, IL 60014

E-mail: amber@abpetroservice.com

Contact Person: Amber Luchtman Phone: 773-721-9350

Dollar Amount Participation: \$ 10,619.63

Percent Amount of Participation: .62 %

*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.

MBE/WBE LETTER OF INTENT - FORM 2

M/WBE Firm: AB Petroleum Inc.

Certifying Agency: Cook County

Contact Person: Amber Luchtman

Certification Expiration Date: December 2025

Address: 7115 S Virginia Rd Suite 103

Ethnicity: Women

City/State: Crystal Lake, IL Zip: 60014

Bid/Proposal/Contract #: _____

Phone: 815-451-8784 Fax: _____

FEIN #: 82-3861993

Email: amber@abpetroservice.com

Participation: Direct Indirect

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

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

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

Supply and Delivery of Diesel Fuel

net 30days

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

Fuel Prices are determined by daily market fluctuations. Net 30days

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.

Amber Luchtman
Signature (M/WBE)

Jose G. Valdivia
Signature (Prime Bidder/Proposer)

Amber Luchtman
Print Name

Jose G. Valdivia
Print Name

A B Petroleum Services, Inc
Firm Name

Era Valdivia Contractors, Inc.
Firm Name

11/18/2024
Date

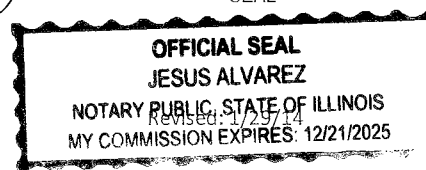
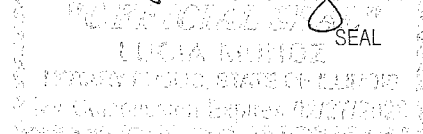
12/04/24
Date

Subscribed and sworn before me
this 18 day of November, 2024.

Subscribed and sworn before me
this 11 day of December, 2024.

Notary Public Lucia Munoz

Notary Public Jesus Alvarez



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

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

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

Bid/RFP/RFQ No.: 21211-04083	Date:
Total Bid or Proposal Amount:	Contract Title: 2021 Bridge Repair Project
Contractor: Era Valdivia Contractors, Inc.	Subcontractor/Supplier/ Subconsultant to be added or substitute: AB Petroleum Services Inc.
Authorized Contact for Contractor: Jose G. Valdivia	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Amber Luchtman
Email Address (Contractor): general@eravaldivia.com	Email Address (Subcontractor): amber@abpetroservice.com
Company Address (Contractor): 11909 S Avenue O	Company Address (Subcontractor): 7115 S Virginia Rd
City, State and Zip (Contractor): Chicago, IL 60617	City, State and Zip (Subcontractor): Crystal Lake, IL 60014
Telephone and Fax (Contractor): 773-721-9350	Telephone and Fax (Subcontractor):
Estimated Start and Completion Dates (Contractor):	Estimated Start and Completion Dates (Subcontractor): 5 -31-2023

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

<u>Description of Services or Supplies</u>	<u>Total Price of Subcontract for Services or Supplies</u>
Diesel fuel supply and Delivery	\$10,619.63

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.**

Era Valdivia Contractors, Inc.

Contractor
Jose G. Valdivia
 Name
President
 Title
J. G. Valdivia
 Prime Contractor Signature
 Date 12/04/24



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

April 12, 2023

Amber Luchtman, President
A B Petroleum Services, Inc.
7115 S. Virginia Road
Crystal Lake, IL 60014

Annual Certification Renewal: December 9, 2024

Dear Ms. Luchtman:

Congratulations on your continued eligibility for Certification as a **Women-owned Business Enterprise (WBE)** by Cook County Government. This certification is valid until **December 9, 2025**; however, you must re-validate your firm's certification annually.

As a condition of continued Certification during the five (5) year term, you must file **No Change Affidavit** within **ninety (90) calendar days prior** to the date of the annual expiration. Failure to file this application may result in the termination of your Certification. You must notify Cook County's Office of Contract Compliance of any change in ownership or control or any other matters or facts affecting your firm's eligibility for Certification within **fifteen (15) calendar days** of such change.

Cook County Government may commence action to remove your firm as a certified vendor if you fail to notify us of any changes of facts affecting your firm's Certification, or if your firm otherwise fails to cooperate with the County in any inquiry or investigation. Removal of your status may also be commenced if your firm is found to be involved in bidding or contractual irregularities.

Your firm's name will be listed in Cook County's Directory of certified firms in the following area(s) of specialty:

NAICS CODES:

424720 – Diesel fuel merchant wholesalers (except bulk stations, terminals); Fuel oil truck jobbers; Lubricating oils and greases merchant wholesalers (except bulk stations, terminals); Petroleum and Petroleum Products Merchant Wholesalers (except Bulk Stations and Terminals)

484220 – Oil and gas field equipment trucking, local; Specialized Freight (except Used Goods) Trucking, Local

Your firm's participation on Cook County contracts will be credited toward **WBE** goals in your area(s) of specialty. While your participation on Cook County contracts is not limited to your specialty, credit toward **WBE** goals will be given only for work done in the specialty category.

Thank you for your continued interest in Cook County Government's Minority, Women, Veteran, Service-Disabled Veteran, and Persons with Disabilities Business Enterprise Programs.

Sincerely,

Desirée M. Otkins

Desirée M. Otkins, EMBA
Deputy Director, Contract Compliance

DMO/ek

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.cookcountylil.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: RAE PRODUCTS AND CHEMICALS CORP.

Address: 11638 S. MAYFIELD AVE.

E-mail: ALSIP, IL 60803

Contact Person: DONNA GRUENBERG Phone: 708-396-1984

Dollar Amount Participation: \$ 63,143.40

Percent Amount of Participation: 3.67 %

*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.**

MBE/WBE LETTER OF INTENT - FORM 2

M/WBE Firm: RAE PRODUCTS AND CHEMICALS CORP.

Certifying Agency: COOK COUNTY

Contact Person: DONNA GRUENBERG

Certification Expiration Date: 8/19/25

Address: 111638 S. MAYFIELD AVE.

Ethnicity: WHT/FEMALE

City/State: ALSIP Zip: 60803

Bid/Proposal/Contract #: _____

Phone: 708-396-1984 Fax: 708-396-2332

FEIN #: 36-2895651

Email: _____

Participation: Direct Indirect

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

No Yes - Please attach explanation. Proposed Subcontractor(s): NONE

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

\$63,143.40

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

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.

Donna Gruenberg
Signature (M/WBE)

J. G. Valdivia
Signature (Prime Bidder/Proposer)

DONNA GRUENBERG
Print Name

Jose G. Valdivia
Print Name

RAE PRODUCTS AND CHEMICALS CORP.
Firm Name

Era Valdivia Contractors, Inc
Firm Name

DEC. 2, 2024
Date

12.04.24
Date

Subscribed and sworn before me

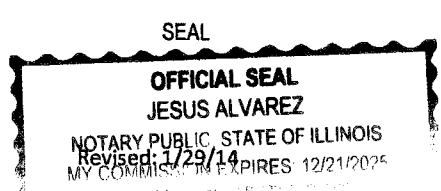
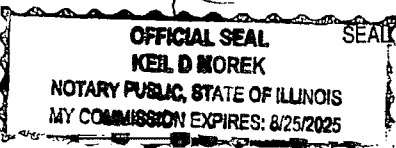
Subscribed and sworn before me

this 2nd day of December, 2024

this 4 day of December, 2024

Notary Public [Signature]

Notary Public [Signature]



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

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

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

Bid/RFP/RFQ No.: 21211-04083	Date:
Total Bid or Proposal Amount:	Contract Title: <i>2021 Bridge Repair Project</i>
Contractor: Era Valdivia Contractors, Inc.	Subcontractor/Supplier/ Subconsultant to be added or substitute: <i>Rae Products & Chemical Cop.</i>
Authorized Contact for Contractor: Jose G. Valdivia	Authorized Contact for Subcontractor/Supplier/ Subconsultant: <i>Samantha Morek</i>
Email Address (Contractor): <i>general@eravaldivia.com</i>	Email Address (Subcontractor): <i>Samantha@raeproducts.net</i>
Company Address (Contractor): 11909 S. Avenue O	Company Address (Subcontractor): <i>11638 South Mayfield Ave.</i>
City, State and Zip (Contractor): Chicago, IL 60617	City, State and Zip (Subcontractor): <i>A1srp IL 60803</i>
Telephone and Fax (Contractor): 773-721-9350	Telephone and Fax (Subcontractor): <i>708-396-1984</i>
Estimated Start and Completion Dates (Contractor):	Estimated Start and Completion Dates (Subcontractor): <i>5-31-2023</i>

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

<u>Description of Services or Supplies</u>	<u>Total Price of Subcontract for Services or Supplies</u>
	<i>\$ 63,143.40</i>

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.**

Era Valdivia Contractors, Inc.

Contractor
 Jose G. Valdivia
 Name
 President
 Title *J. G. Valdivia*
 Prime Contractor Signature Date *12/04/24*



OFFICE OF CONTRACT COMPLIANCE
EDWARD H. OLIVIERI
 DIRECTOR
 110 N. Clark, County Building, Room 1020 • Chicago, Illinois 60602 • (312) 603-5502

TONI PRECKWINKLE
 PRESIDENT
 Cook County Board
 of Commissioners

BRANDON JOHNSON
 1st District

DENNIS DEER
 2nd District

BILL LOWRY
 3rd District

STANLEY MOORE
 4th District

DEBORAH SIMS
 5th District

DONNA MILLER
 6th District

ALMA E. ANAYA
 7th District

LUIS ARROYO, JR.
 8th District

PETER N. SILVESTRI
 9th District

BRIDGET GAINER
 10th District

JOHN P. DALEY
 11th District

BRIDGET DEGNEN
 12th District

LARRY SUFFREDIN
 13th District

SCOTT R. BRITTON
 14th District

KEVIN B. MORRISON
 15th District

JEFFREY R. TOBOLSKI
 16th District

SEAN M. MORRISON
 17th District

January 9, 2020

Ms. Donna Gruenberg, President
 RAE Products and Chemicals Corporation
 11638 South Mayfield Avenue
 Alsip, IL 60803-2816

Re: Annual Certification Expires: January 9, 2021

Dear Ms. Gruenberg:

Congratulations on RAE Products and Chemicals Corporation's continued eligibility for Certification as a **Woman-owned Business Enterprise (WBE)** by Cook County Government. This certification is valid until **January 9, 2025**; however, you must re-validate your firms' certification annually.

As a result of our review of your request to amend your area of specialty request and supporting documentation, RAE Products' Certification is hereby granted to only include; **Distributor; Commercial and Industrial Paint; Pavement Marking Coatings; Various Tapes; Thermoplastic; Painting Equipment; Stencils and related Supplies.**

Your firm's name will be listed in Cook County's Directory of certified firms in the following area(s) of specialty:

Distributor; Commercial and Industrial Paint; Pavement Marking Coatings; Various Tapes; Thermoplastic; Painting Equipment; Stencils and related Supplies

Your firm's participation on Cook County contracts will be credited toward **WBE** goals in your area(s) of specialty. While your participation on Cook County contracts is not limited to your specialty, credit toward **WBE** goals will be given only for work performed in the specialty category.

As a condition of continued Certification, you must file a "No Change Affidavit" within **sixty (60) business days** prior to the date of Annual Certification Expiration. Failure to file this Affidavit shall result in the termination of your Certification. You must notify Cook County Government's Office of Contract Compliance of any change in ownership or control or any other matters or facts affecting your firm's eligibility for Certification within **fifteen (15) business days** of such change.

Cook County Government may commence action to remove your firm as a **WBE** vendor if you fail to notify us of any changes of facts affecting your firm's Certification, or if your firm otherwise fails to cooperate with the County in any inquiry or investigation. Removal of status may also be commenced if your firm is found to be involved in bidding or contractual irregularities.

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: Maintenance Coatings Company
Address: 543 Woodbury Street
E-mail: estimating@maintenancecoatings.com
Contact Person: Rachel Traficanti Phone: 847-344-5527
Dollar Amount Participation: \$ 51,737.62
Percent Amount of Participation: _____ 3.00 %

*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.

MBE/WBE LETTER OF INTENT - FORM 2

M/WBE Firm: Maintenance Coatings Co.

Certifying Agency: City of Chicago

Contact Person: Julie A. Wrighsman

Certification Expiration Date: 04/01/2025

Address: 543 Woodbury Street

Ethnicity: Caucasian

City/State: South Elgin, IL Zip: 60177

Bid/Proposal/Contract #: Cook County Bridge

Phone: 847-622-0020 Fax: _____

FEIN #: 36-2379228

Email: Julie@maintenancecoatings.com

Participation: Direct Indirect

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

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

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

Pavement Marking

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

\$ 51,737.62

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) _____

Julie Wrighsman

Print Name

Maintenance Coatings Company

Firm Name

Date _____

Subscribed and sworn before me

this 15 day of November, 2024

Notary Public: [Signature]

Signature (Prime Bidder/Proposer) _____

Jose G. Valdivia

Print Name

Era Valdivia Contractors, Inc.

Firm Name

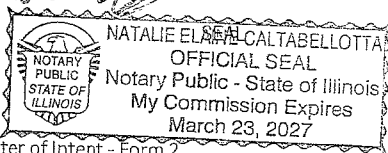
Date _____

Date _____

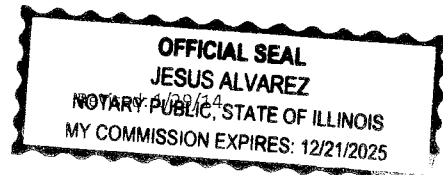
Subscribed and sworn before me

this 4 day of December, 2024

Notary Public: [Signature]



SEAL



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

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

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

Bid/RFP/RFQ No.: 21211-04083	Date:
Total Bid or Proposal Amount:	Contract Title: <i>2021 Bridge Repair Project</i>
Contractor: Era Valdivia Contractors, Inc.	Subcontractor/Supplier/ Subconsultant to be added or substitute: <i>Maintenance Coatings Co.</i>
Authorized Contact for Contractor: Jose G. Valdivia	Authorized Contact for Subcontractor/Supplier/ Subconsultant: <i>Julie A. Wrrghsman</i>
Email Address (Contractor): general@eravaldivia.com	Email Address (Subcontractor): <i>Julie@maintenancecoatings.com</i>
Company Address (Contractor): 11909 S. Avenue O	Company Address (Subcontractor): <i>543 Woodbury st</i>
City, State and Zip (Contractor): Chicago, IL 60617	City, State and Zip (Subcontractor): <i>South Elgin, IL</i>
Telephone and Fax (Contractor): 773-721-9350	Telephone and Fax (Subcontractor): <i>847-344-5527</i>
Estimated Start and Completion Dates (Contractor):	Estimated Start and Completion Dates (Subcontractor): <i>5-31-2023</i>

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

<u>Description of Services or Supplies</u>	<u>Total Price of Subcontract for Services or Supplies</u>
<i>Pavement Marking</i>	<i>\$ 51,737.62</i>

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.**

Era Valdivia Contractors, Inc.

Contractor
 Jose G. Valdivia
 Name
 President
 Title *J. G. Valdivia*
 Date *12/04/24*
 Prime Contractor Signature



CITY OF CHICAGO

DEPARTMENT OF PROCUREMENT SERVICES

APR 28 2020

Julie Wrigtsman
Maintenance Coatings Co.
543 Woodbury St.
South Elgin, IL 60177

Dear Ms. Wrigtsman:

We are pleased to inform you that **Maintenance Coatings Co.** has been recertified as a **Women-Owned Business Enterprise ("WBE")** by the City of Chicago ("City"). This **WBE** recertification is valid until **4/1/2025**; 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 **4/1/2021, 4/1/2022, 4/1/2023 and 4/1/2024**. 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 **4/1/2025**. 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 **2/1/2025**.

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 a **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 Certified Firms in the specialty area(s) of:

NAICS Code(s):

237310 – Painting Lines on Highways, Streets and Bridges (i.e. painting traffic lanes, parking lots and runways)

561990 – Flagging (i.e. traffic control) Services

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 and Women-Owned Business Enterprise, Veteran-Owned Business Enterprise and Business Enterprise Owned or Operated by People with Disabilities (WBE/WBE/VBE/BEPD) Programs.

Sincerely,



Shannon E. Andrews
Chief Procurement Officer
SEA/nm

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.cookcountylil.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: Work Zone Safety, Inc.
Address: 17051 Gaylord Road.
E-mail: pam@workzonesafetyinc.com
Contact Person: Pam Ackerman Phone: 815-834-0429
Dollar Amount Participation: \$ 118,798.22
Percent Amount of Participation: _____ 6.90 %
*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.

MBE/WBE LETTER OF INTENT - FORM 2

M/WBE Firm: Work Zone Safety, Inc.

Certifying Agency: Cook County

Contact Person: Pam Ackerman

Certification Expiration Date: 08-13-2022

Address: 17051 Gayland Road

Ethnicity: Caucasian

City/State: Crest Hill, IL Zip: 60403

Bid/Proposal/Contract #: 2211-04083

Phone: 815-834-0429 Fax: 815-834-2357

FEIN #: 35-2202844

Email: pam@workzonesafetyinc.com

Participation: Direct Indirect

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

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

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

TC&P

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

\$118,798.22

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.

Pam Ackerman
Signature (M/WBE)

Jose G. Valdivia
Signature (Prime Bidder/Proposer)

Pam Ackerman
Print Name

Jose G. Valdivia
Print Name

Work Zone Safety, Inc.
Firm Name

Era Valdivia Contractors, Inc.
Firm Name

11.25.24
Date

12.04.24
Date

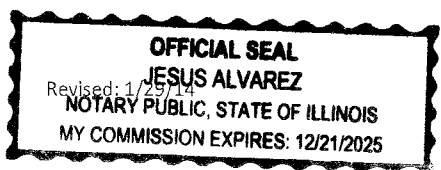
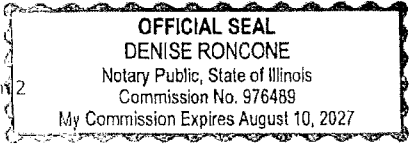
Subscribed and sworn before me
this 25th day of November, 2024.
Notary Public: Denise Roncone

Subscribed and sworn before me
this 4 day of December, 2024.
Notary Public: Jesus Alvarez

SEAL

SEAL

M/WBE Letter of Intent - Form 2



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

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

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

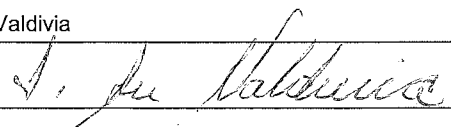
Bid/RFP/RFQ No.: 21211-04083	Date:
Total Bid or Proposal Amount:	Contract Title: 2021 Bridge Repair Project
Contractor: Era Valdivia Contractors, Inc.	Subcontractor/Supplier/ Subconsultant to be added or substitute: Work Zone Safety, Inc.
Authorized Contact for Contractor: Jose G. Valdivia	Authorized Contact for Subcontractor/Supplier/ Pam Ackerman Subconsultant:
Email Address (Contractor): general@eravaldivia.com	Email Address (Subcontractor): pam@workzonesafetyinc.com
Company Address (Contractor): 11909 S. Avenue O	Company Address (Subcontractor): 17051 Gayland Rd.
City, State and Zip (Contractor): Chicago, IL 60617	City, State and Zip (Subcontractor): Crest Hill, IL 60403
Telephone and Fax (Contractor): 773-721-9350	Telephone and Fax (Subcontractor): 815-834-2357
Estimated Start and Completion Dates (Contractor):	Estimated Start and Completion Dates (Subcontractor): 5-31-2023

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

<u>Description of Services or Supplies</u>	<u>Total Price of Subcontract for Services or Supplies</u>
TC & P	118,798.22

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.**

Era Valdivia Contractors, Inc.

Contractor
 Jose G. Valdivia
 Name 
 Title President
 Prime Contractor Signature Date 12/04/24



TONI PRECKWINKLE

PRESIDENT

Cook County Board
of Commissioners

BRANDON JOHNSON
1st District

DENNIS DEER
2nd District

BILL LOWRY
3rd District

STANLEY MOORE
4th District

DEBORAH SIMS
5th District

DONNA MILLER
6th District

ALMA E. ANAYA
7th District

LUIS ARROYO, JR.
8th District

PETER N. SILVESTRI
9th District

BRIDGET GAINER
10th District

JOHN P. DALEY
11th District

BRIDGET DEGNEN
12th District

LARRY SUFFREDIN
13th District

SCOTT R. BRITTON
14th District

KEVIN B. MORRISON
15th District

FRANK AGUILAR
16th District

SEAN M. MORRISON
17th District

OFFICE OF CONTRACT COMPLIANCE

Nicole Mandeville

DIRECTOR

69 W. Washington Street, George W. Dunne Cook County Building, Suite 3000 • Chicago, Illinois 60602 • (312) 603-5502

October 25, 2022

Ms. Pam Ackerman
President
Work Zone Safety, Inc.
17051 Gaylord
Crest Hill, IL 60403

Re: Annual Certification Expires: October 25, 2023

Dear Ms. Ackerman:

Congratulations on your continued eligibility for Certification as a **Women-owned Business Enterprise (WBE)** Cook County Government. This certification is valid until **October 25, 2026**; however, you must re-validate your firms' certification annually.

As a condition of continued Certification, you must file a **"No Change Affidavit"** within **sixty (60) business days prior to the date of Annual Certification Expiration**. Failure to file this Affidavit shall result in the termination of your Certification. You must notify Cook County Government's Office of Contract Compliance of any change in ownership or control or any other matters or facts affecting your firm's eligibility for Certification within **fifteen (15) business days** of such change.

Cook County Government may commence action to remove your firm as an **WBE** vendor if you fail to notify us of any changes of facts affecting your firm's Certification, or if your firm otherwise fails to cooperate with the County in any inquiry or investigation. Removal of status may also be commenced if your firm is found to be involved in bidding or contractual irregularities.

Your firm's name will be listed in Cook County's Directory of certified firms in the following area(s) of specialty:

**REGULAR DEALER: RENTAL SALES, RENTAL AND SERVICE OF TRAFFIC CONTROL DEVICES;
ARCHITECTURAL AND LANDSCAPE ARCHITECTURAL SERVICES; INSTALLATION OF TEMPORARY
PAVEMENT MARKINGS**

Your firm's participation on Cook County contracts will be credited toward **WBE** goals in your area(s) of specialty. While your participation on Cook County contracts is not limited to your specialty, credit toward **WBE** goals will be given only for work performed in the specialty category.

Thank you for your continued interest in Cook County Government's Minority, Women, Veteran, Service-Disabled Veteran and People with Disabilities Business Enterprise Programs.

Sincerely,

Dr. Makeba C. Butler

Dr. Makeba C. Butler
Deputy Director, Office of Contract Compliance

MCB/we

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: METROMEX Contractors Inc.

Address: 9550 Sergo Dr, Suite 100 McCook, IL 60525

E-mail: drojas@metromex1.com

Contact Person: Dan Rojas Phone: 708-485-3000

Dollar Amount Participation: \$ 63,770.64

Percent Amount of Participation: _____ 3.70 %

*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.**

MBE/WBE LETTER OF INTENT - FORM 2

M/WBE Firm: METROMEX Contractors Inc.

Certifying Agency: _____

Contact Person: Dan Rojas

Certification Expiration Date: _____

Address: 9550 Sergo Dr, Suite 100 McCook,

Ethnicity: _____

City/State: La Grange Highlands, IL Zip: 60525

Bid/Proposal/Contract #: _____

Phone: 708-485-3000 Fax: _____

FEIN #: _____

Email: drojas@metromex1.com

Participation: Direct Indirect

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

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

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

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

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]

[Signature]

Signature (M/WBE)

Signature (Prime Bidder/Proposer)

Dan Rojas

Jose G. Valdivia

Print Name

Print Name

Metromex Contractors Inc

Era Valdivia Contractors, Inc.

Firm Name

Firm Name

11/18/2024

12/4/24

Date

Date

Subscribed and sworn before me

Subscribed and sworn before me

this 18 day of November, 2024.

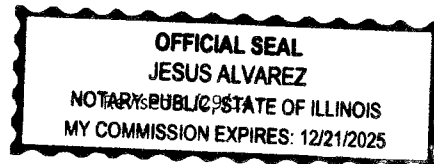
this 4 day of December, 2024

Notary Public [Signature]

Notary Public [Signature]



SEAL



SEAL

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

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

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

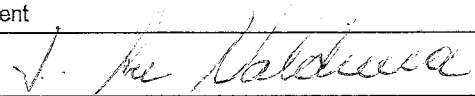
Bid/RFP/RFQ No.: 21211-04083	Date:
Total Bid or Proposal Amount:	Contract Title: 2021 Bridge Repair Project
Contractor: Era Valdivia Contractors, Inc.	Subcontractor/Supplier/ Subconsultant to be added or substitute: METROMEX contractors, Inc.
Authorized Contact for Contractor: Jose G. Valdivia	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Dan Rojas
Email Address (Contractor): general@eravaldivia.com	Email Address (Subcontractor): drojas@metromex1.com
Company Address (Contractor): 11909 S. Avenue O	Company Address (Subcontractor): 9550 Sergio Dr, suit 100 McCook
City, State and Zip (Contractor): Chicago, IL 60617	City, State and Zip (Subcontractor): La Grange Highlands, IL 60525
Telephone and Fax (Contractor): 773-721-9350	Telephone and Fax (Subcontractor): 708, 485, 3000
Estimated Start and Completion Dates (Contractor):	Estimated Start and Completion Dates (Subcontractor): 5-31-2023

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

<u>Description of Services or Supplies</u>	<u>Total Price of Subcontract for Services or Supplies</u>
	\$ 63,770.64

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.**

Era Valdivia Contractors, Inc.

Contractor
 Jose G. Valdivia
 Name
 President
 Title 
 Prime Contractor Signature Date 12/04/24



CITY OF CHICAGO

DEPARTMENT OF PROCUREMENT SERVICES

FEB 10 2022

Daniel Rojas
Metromex Contractors, Inc.
9550 Sergo Dr. Suite 100
McCook, IL 60525

Re: Change in Ownership

Dear Mr. Rojas:

We are pleased to inform you that we have updated your certification to reflect your firm's change in ownership. **Metromex Contractors, Inc.** continues to be certified as a **Minority-Owned Business Enterprise ("MBE")** by the City of Chicago ("City"). This **MBE** certification is valid until **5/15/2023**; 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 letter will no longer be issued. Therefore, we require you to be even more diligent in filing your **annual No-Change Affidavit 60 days** before your annual anniversary date.

It is now your responsibility to check the City's certification directory and verify your certification status. As a condition of continued certification during the five year period stated above, you must file an annual No-Change Affidavit. Your firm's **annual No-Change Affidavit** is due by **5/15/2022**. Please remember, you have an affirmative duty to file your **annual No-Change Affidavit 60 days** prior to the expiration. Failure to file your annual No-Change affidavit may result in the suspension or rescission of your certification.

Your firm's five year certification will expire on **5/15/2023**. You have an affirmative duty to file for recertification **60 days** prior to the date of the five year anniversary date. Therefore, you must file for recertification by **3/15/2023**.

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

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

Handwritten initials

- 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:

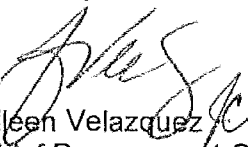
237310- Asphalt Paving (i.e., Highway, Road, Street, and Public Sidewalks)

238990- Asphaltting, Residential and Commercial Driveway and Parking Area

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,



Aileen Velazquez
Chief Procurement Officer

AV/fn

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

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

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

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

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

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

Applicant means a person who executes this EDS.

Bidder means any person who submits a Bid.

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

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

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

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

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

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

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

Lobbyist means any person who lobbies.

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

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

Proposal means a response to an RFP.

Proposer means a person submitting a Proposal.

Response means response to an RFQ.

Respondent means a person responding to an RFQ.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SECTION 2

CERTIFICATIONS

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

A. PERSONS AND ENTITIES SUBJECT TO DISQUALIFICATION

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

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

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

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

B. BID-RIGGING OR BID ROTATING

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

C. DRUG FREE WORKPLACE ACT

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

D. DELINQUENCY IN PAYMENT OF TAXES

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

E. HUMAN RIGHTS ORDINANCE

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

F. ILLINOIS HUMAN RIGHTS ACT

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

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

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

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

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

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

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

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

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

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

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

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

SECTION 3

REQUIRED DISCLOSURES

1. DISCLOSURE OF LOBBYIST CONTACTS

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

Name	Address
None	
_____	_____
_____	_____
_____	_____

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

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

a) Is Applicant a "Local Business" as defined above?
 Yes: No:

b) If yes, list business addresses within Cook County:
 11909 South Avenue O

 Chicago, IL 60617

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): 26-20-302-002-0000

(ATTACH SHEET IF NECESSARY TO LIST ADDITIONAL INDEX NUMBERS)

OR:

- b) The Applicant owns no real estate in Cook County.

5. EXCEPTIONS TO CERTIFICATIONS OR DISCLOSURES.

If the Applicant is unable to certify to any of the Certifications or any other statements contained in this EDS and not explained elsewhere in this EDS, the Applicant must explain below:

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

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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

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

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

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

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

This Disclosure of Ownership Interest Statement must be submitted by :

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

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

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

This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name Era-Valdivia Contractors, Inc

D/B/A: _____ FEIN # Only: 36-3526376

Street Address: 11909 South Avenue O

City: Chicago State: IL Zip Code: 60617

Phone No.: 773-721-9350 Fax Number: 773-721-8027 Email: general@eravaldivia.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
Jose G Valdivia	9733 S. Marquette Chicago IL 60617	100%

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

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

3. Is the Applicant constructively controlled by another person or Legal Entity? [] Yes [] No
If yes, state the name, address and percentage of beneficial interest of such person, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship

Corporate Officers, Members and Partners Information:

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

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Jose G. Valdivia	President	35 Years	
Saul Valdivia	Secretary/Treasurer	12 Years	
Abel Valdivia	Vice President	12 Years	

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

Jose G. Valdivia

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

J. G. Valdivia
Signature

General@eravaldivia.com

E-mail address

President

Title

1/16/2025

Date

773-721-9350

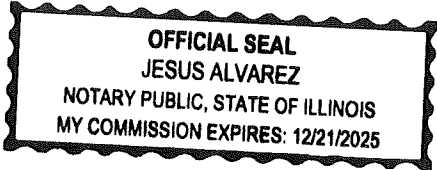
Phone Number

Subscribed to and sworn before me
this 16 day of January, 2025.

My commission expires: 12/21/2025

X [Signature]
Notary Public Signature

Notary Seal





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

FAMILIAL RELATIONSHIP DISCLOSURE PROVISION

Nepotism Disclosure Requirement:

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

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

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

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

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

Additional Definitions:

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

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

COOK COUNTY BOARD OF ETHICS
FAMILIAL RELATIONSHIP DISCLOSURE FORM

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

Name of Person Doing Business with the County: Era-Valdivia Contractors, Inc

Address of Person Doing Business with the County: 11909 South Avenue O Chicago, IL 600617

Phone number of Person Doing Business with the County: 773-721-9350

Email address of Person Doing Business with the County: general@eravaldivia.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:
Jose G. Valdivia, President 773-721-9350 general@eravaldivia.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: _____

2211-04083

The aggregate dollar value of the business you are doing or seeking to do with the County: \$ 1,722,224.25

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: Kimberlei Aaron (kimberlei.aaron@cookcounty.gov)

The name, title and contact information for the County official(s) or employee(s) involved in managing the business you are doing or seeking to do with the County: Nathan Roseberry (nathan.roseberry@cookcounty.gov)

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

Check the box that applies and provide related information where needed

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

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

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

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

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

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

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

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

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

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

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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


_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

 Secretary

 Signature of Recipient

1/16/2025

 Date

SUBMIT COMPLETED FORM TO: Cook County Board of Ethics
 69 West Washington Street, Suite 3040, Chicago, Illinois 60602
 Office (312) 603-4304 – Fax (312) 603-9988
 CookCounty.Ethics@cookcountyil.gov

* Spouse, domestic partner, civil union partner or parent, child, sibling, aunt, uncle, niece, nephew, grandparent or grandchild by blood, marriage (*i.e.* in laws and step relations) or adoption.

SECTION 4

COOK COUNTY AFFIDAVIT FOR WAGE THEFT ORDINANCE

Effective May 1, 2015, every Person, ***including Substantial Owners***, seeking a Contract with Cook County must comply with the Cook County Wage Theft Ordinance set forth in Chapter 34, Article IV, Section 179. Any Person/Substantial Owner, who fails to comply with Cook County Wage Theft Ordinance, may request that the Chief Procurement Officer grant a reduction or waiver in accordance with Section 34-179(d).

"Contract" means any written document to make Procurements by or on behalf of Cook County.

"Person" means any individual, corporation, partnership, Joint Venture, trust, association, limited liability company, sole proprietorship or other legal entity.

"Procurement" means obtaining supplies, equipment, goods, or services of any kind.

"Substantial Owner" means any person or persons who own or hold a twenty-five percent (25%) or more percentage of interest in any business entity seeking a County Privilege, including those shareholders, general or limited partners, beneficiaries and principals; except where a business entity is an individual or sole proprietorship, Substantial Owner means that individual or sole proprietor.

All Persons/Substantial Owners are required to complete this affidavit and comply with the Cook County Wage Theft Ordinance before any Contract is awarded. Signature of this form constitutes a certification the information provided below is correct and complete, and that the individual(s) signing this form has/have personal knowledge of such information. **County reserves the right to request additional information to verify veracity of information contained in this Affidavit.**

I. Contract Information:

Contract Number: 2211-04083

County Using Agency (requesting Procurement): Cook County DOTD

II. Person/Substantial Owner Information:

Person (Corporate Entity Name): Era-Valdivia Contractors, Inc

Substantial Owner Complete Name: Jose G. Valdivia

FEIN# 36-3526376

Date of Birth: [REDACTED]

E-mail address: general@eravaldivia.com

Street Address: 11909 South Avenue O

City: Chicago

State: IL

Zip: 60617

Home Phone: [REDACTED]

III. Compliance with Wage Laws:

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

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

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

IV. Request for Waiver or Reduction

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

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

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

V. Affirmation

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

Signature: *Jose G. Valdivia* Date: 1/16/2025

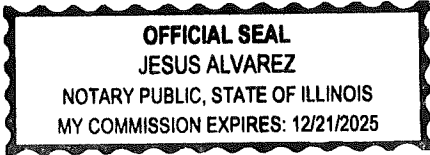
Name of Person signing (Print): Jose G. Valdivia Title: President

Subscribed and sworn to before me this 16 day of January, 2025

X *Jesus Alvarez*
Notary Public Signature

Notary Seal

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



SECTION 5

CONTRACT AND EDS EXECUTION PAGE

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

Execution by Corporation

Era-Valdivia Contractors, Inc

Corporation's Name

773-721-9350

Telephone

[Handwritten Signature]

Secretary Signature

Jose C Valdivia

President's Printed Name and Signature

general@eravaldivia.com

Email

1/16/2025

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 _____ day of _____, 20__.

My commission expires:

Notary Public Signature

Notary Seal

*If the operating agreement, partnership agreement or governing documents requiring execution by multiple members, managers, partners, or joint venturers, please complete and execute additional Contract and EDS Execution Pages.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/27/2024

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

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


PRODUCER Marsh & McLennan Agency LLC 20 North Martingale Road Schaumburg IL 60173	CONTACT NAME: Mitchell Goll PHONE (A/C, No, Ext): (847) 463-7319 FAX (A/C, No): (847) 440-9123 E-MAIL ADDRESS: mitchell.goll@marshmma.com													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Transguard Insurance Company o</td> <td>28886</td> </tr> <tr> <td>INSURER B : Allied World Assurance Co (U.S</td> <td>19489</td> </tr> <tr> <td>INSURER C : ARCH Insurance Company</td> <td>11150</td> </tr> <tr> <td>INSURER D : North River Ins. Co.</td> <td>21105</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Transguard Insurance Company o	28886	INSURER B : Allied World Assurance Co (U.S	19489	INSURER C : ARCH Insurance Company	11150	INSURER D : North River Ins. Co.	21105	INSURER E :		INSURER F :
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INSURER D : North River Ins. Co.	21105													
INSURER E :														
INSURER F :														

COVERAGES **CERTIFICATE NUMBER:** 522784024 **REVISION NUMBER:**

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

INSTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			41PKG1990601	4/1/2024	4/1/2025	EACH OCCURRENCE	\$ 2,000,000		
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000		
							MED EXP (Any one person)	\$ 5,000		
							PERSONAL & ADV INJURY	\$ 2,000,000		
							GENERAL AGGREGATE	\$ 4,000,000		
							PRODUCTS - COMP/OP AGG	\$ 4,000,000		
								\$		
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			41PKG1990601	4/1/2024	4/1/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
							BODILY INJURY (Per person)	\$		
							BODILY INJURY (Per accident)	\$		
							PROPERTY DAMAGE (Per accident)	\$		
								\$		
C D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			41UFP1990601 5228128053	4/1/2024 4/1/2024	4/1/2025 4/1/2025	EACH OCCURRENCE	\$ 10,000,000		
							AGGREGATE	\$ 10,000,000		
								\$		
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <table border="1"> <tr> <td>Y/N</td> <td>N/A</td> </tr> </table>	Y/N	N/A			41WCI1990601	4/1/2024	4/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT	\$ 1,000,000
Y/N	N/A									
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000		
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000		
A B	<input type="checkbox"/> Leased & Rented <input type="checkbox"/> Pollution Liability			IMP400074401 03112547	4/1/2024 4/1/2024	4/1/2025 4/1/2025	\$250,000 Occ/Aggregate	Ded: \$5,000 \$6,500,000		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: 2021 Bridge Repair Project It is agreed that the following are added as Additional Insureds, when required by written contract, on the General Liability and Auto policies on a primary and non-contributory basis with respect to operations performed by the Named Insured in connection with this project: Cook County, its officials, employees, and agents A Waiver of Subrogation in favor of the Additional Insureds applies to the Worker's Compensation, General Liability and Automobile policies, when required by written contract and where allowed by law. Umbrella follows form.

CERTIFICATE HOLDER County of Cook Highway Department Des Plaines IL 60016	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

A. The following is added to the **Other Insurance Condition** in the Business Auto Coverage Form and the **Other Insurance – Primary And Excess Insurance Provisions** in the Motor Carrier Coverage Form and supersedes any provision to the contrary:

This Coverage Form's Covered Autos Liability Coverage is primary to and will not seek contribution from any other insurance available to an "insured" under your policy provided that:

1. Such "insured" is a Named Insured under such other insurance; and
2. You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to such "insured".

B. The following is added to the **Other Insurance Condition** in the Auto Dealers Coverage Form and supersedes any provision to the contrary:

This Coverage Form's Covered Autos Liability Coverage and General Liability Coverages are primary to and will not seek contribution from any other insurance available to an "insured" under your policy provided that:

1. Such "insured" is a Named Insured under such other insurance; and
2. You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to such "insured".

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - BLANKET

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

Under **Covered Autos Liability Coverage**, the **Who is An Insured** provision is amended to include as an "insured" the person or organization who is required under a written contract to be included as an "insured" under this policy, but only with respect to their legal liability for your acts or omissions or the act or omissions of a person for whom **Covered Autos Liability Coverage** is afforded under this policy.

All other terms and conditions of this policy remain unchanged.

Endorsement Number:

Policy Number: 41PKG1990601

Named Insured: ERA VALDIVIA CONTRACTORS, INC.

This endorsement is effective on the inception date of this Policy unless otherwise stated herein:

Endorsement Effective Date: 04/01/2024

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS TO US (WAIVER OF SUBROGATION)**

This endorsement modifies insurance provided under the following:

- AUTO DEALERS COVERAGE FORM
- BUSINESS AUTO COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<p>Named Insured: ERA VALDIVIA CONTRACTORS, INC.</p> <p>Endorsement Effective Date: 04/01/2024</p>
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SCHEDULE

<p>Name(s) Of Person(s) Or Organization(s): ANY PERSON OR ORGANIZATION WHERE WAIVER OF OUR RIGHT TO RECOVER IS PERMITTED BY LAW AND IS REQUIRED BY WRITTEN CONTRACT PROVIDED SUCH CONTRACT WAS EXECUTED PRIOR TO THE LOSS.</p>
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Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The **Transfer Of Rights Of Recovery Against Others To Us** condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

<p>Name of Person or Organization: ALL PARTIES WHERE REQUIRED BY A WRITTEN CONTRACT.</p>

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

A. Section II – Who Is An Insured is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.

B. With respect to the insurance afforded to these additional insureds, the following exclusion is added:

2. Exclusions

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- (1) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or
- (2) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization: ALL PARTIES WHERE REQUIRED BY A WRITTEN CONTRACT
Location And Description of Completed Operations:
Additional Premium:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Section II – Who Is An Insured is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" at the location designated and described in the schedule of this endorsement performed for that insured and included in the "products-completed operations hazard".

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

- COMMERCIAL GENERAL LIABILITY COVERAGE PART
- ELECTRONIC DATA LIABILITY COVERAGE PART
- LIQUOR LIABILITY COVERAGE PART
- POLLUTION LIABILITY COVERAGE PART DESIGNATED SITES
- POLLUTION LIABILITY LIMITED COVERAGE PART DESIGNATED SITES
- PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
- RAILROAD PROTECTIVE LIABILITY COVERAGE PART
- UNDERGROUND STORAGE TANK POLICY DESIGNATED TANKS

SCHEDULE

<p>Name Of Person(s) Or Organization(s): ANY PERSON OR ORGANIZATION WHERE WAIVER OF OUR RIGHT TO RECOVER IS PERMITTED BY LAW AND IS PERMITTED BY LAW AND IS REQUIRED BY WRITTEN CONTRACT PROVIDED SUCH CONTRACT WAS EXECUTED PRIOR TO THE LOSS.</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV – Conditions:

We waive any right of recovery against the person(s) or organization(s) shown in the Schedule above because of payments we make under this Coverage Part. Such waiver by us applies only to the extent that the insured has waived its right of recovery against such person(s) or organization(s) prior to loss. This endorsement applies only to the person(s) or organization(s) shown in the Schedule above.

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

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

Schedule

ANY PERSON OR ORGANIZATION WHERE WAIVER OF OUR RIGHT TO RECOVER IS PERMITTED BY LAW AND IS REQUIRED BY WRITTEN CONTRACT PROVIDED SUCH CONTRACT WAS EXECUTED PRIOR TO DATE OF LOSS.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 04/01/2024

Policy No. 41WCI1990601

Endorsement No.

Insured ERA VALDIVIA CONTRACTORS, INC

Premium INCL

Insurance Company ARCH INSURANCE COMPANY

Countersigned by _____