

AMENDMENT NO. 2

This Amendment modifies Contract No. 2306-01091, for Waste Removal, Disposal and Recycling Services for Various County Departments by and between the County of Cook, Illinois, herein referred to as "County" and Independent Recycling Services, Inc., authorized to do business in the State of Illinois hereinafter referred to as "Contractor":

RECITALS

Whereas, the County and Contractor have entered into a Contract approved by the County Board on October 19, 2023, (hereinafter referred to as the "Contract"), wherein the Contractor is to provide Waste Removal Disposal and Recycling Services (hereinafter referred to as the "services") from November 15, 2023 to November 14, 2026, in an amount not to exceed \$2,365,232.00, with one (1) two-year renewal option; and

Whereas, Amendment No. 1 was authorized by the County Board on July 25, 2024, to increase the contract in the amount of \$371,870.00 and the Total Contract Amount was revised to \$2,737,102.00. The contract was amended to include additional Services; and

Whereas, an increase of the Contract amount is required for the continuation of Services; and pursuant to GC-10 of the Contract, the County and Contractor desire to increase the Contract in the amount of \$430,000.00; and

Whereas, pursuant to Section GC-10 of the Contract, the County and Contractor desire to revise the unit price on all the line items provided in the Contract with an effective date of January 1, 2025. (See Attachment A)

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

1. The Contract is increased by \$430,000.00 and the Total Contract Amount is revised to \$3,167,102.00.
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 For, MBE/WBE Utilization Plan forms, Certificate of Insurance, 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 County Board approval on March 13, 2025 the County and Contractor have caused this Amendment No. 2 to be executed on the date and year last written below.

County of Cook, Illinois

Raffi
Sarrafian Digitally signed
by Raffi Sarrafian
Date: 2025.03.19
10:52:46 -0500

By: _____
Chief Procurement Officer

Date: _____

By: Brian Tracy
State's Attorney (if applicable)
Brian Tracy

Type or print name (if applicable)

Date: 3/12/2025

Independent Recycling Services, Inc.



Signed

FRANK WARD JR.
Type or print name

PRESIDENT
Title

Date: 2-18-25

ATTACHMENT A

Cook County Government - Office of the Chief Procurement Officer

ATTACHMENT A Waste Removal, Disposal and Recycling Services for
Various County Departments

Contract # 2306-01091

Vendor Name: Independent Recycling Services, Inc.

Item No.	Description	Unit of Measure	Supplier Item	Current Price	New Price	Increase Dollar Amount	% Increase
1	CRIMINAL COURT ADMINISTRATION BUILDING, COMPACTED REFUSE one, 29 cubic-yard compactor container.	CUBIC YARD	Marathon Equipment (Marathon)	\$ 25	\$ 26.50	\$ 1.50	6%
2	CRIMINAL COURT ADMINISTRATION BUILDING, 2600-50 S. CALIFORNIA AVENUE, LOOSE REFUSE. One, 30 cubic-yard roll-off, open-top container.	CUBIC YARD	Robert's Sheet Metal (Roberts)	\$ 15	\$ 15.90	\$ 0.90	6%
3	CRIMINAL COURT ADMINISTRATION BUILDING, 2600-50 S. CALIFORNIA AVENUE, RECYCLABLES. One, 4 cubic-yard container.	CUBIC YARD	D&B Fabricators (D&B)	\$ 6	\$ 6.36	\$ 0.36	6%
4	CRIMINAL COURT BUILDING, GARAGE, LOOSE REFUSE one, six cubic-yard locked, covered container with two keys.	CUBIC YARD	D&B	\$ 6	\$ 6.36	\$ 0.36	6%
5	SKOKIE 2ND DISTRICT COURT BUILDING, LOOSE REFUSE one, six cubic-yard container.	CUBIC YARD	D&B	\$ 10	\$ 10.60	\$ 0.60	6%
6	SKOKIE 2ND DISTRICT COURT BUILDING, RECYCLABLES one, 2 cubic-yard container.	CUBIC YARD	D&B	\$ 10	\$ 10.60	\$ 0.60	6%
7	ROLLING MEADOWS, 3RD DISTRICT COURT BUILDING, LOOSE REFUSE One, 10 cubic-yard, low-boy, roll-off container.	CUBIC YARD	Roberts	\$ 8	\$ 8.48	\$ 0.48	6%
8	ROLLING MEADOWS 3RD DISTRICT COURT BUILDING, RECYCLABLES one, 2 cubic-yard container.	CUBIC YARD	D&B	\$ 8	\$ 8.48	\$ 0.48	6%
9	MAYWOOD 4TH DISTRICT COURT BUILDING, LOOSE REFUSE one, 10 cubic-yard container.	CUBIC YARD	D&B	\$ 6	\$ 6.36	\$ 0.36	6%
10	MAYWOOD 4TH DISTRICT COURT BUILDING, RECYCLABLES one, 2 cubic-yard container.	CUBIC YARD	D&B	\$ 6	\$ 6.36	\$ 0.36	6%
11	WHITCOMB BUILDING, LOOSE REFUSE one six cubic yard container	CUBIC YARD	D&B	\$ 6	\$ 6.36	\$ 0.36	6%
12	WHITCOMB BUILDING, RECYCLABLES 1 cubic yard container	CUBIC YARD	D&B	\$ 6	\$ 6.36	\$ 0.36	6%
13	SHERIFF'S POLICE HEADQUARTERS, LOOSE REFUSE one 10 cubic yard container	CUBIC YARD	D&B	\$ 6	\$ 6.36	\$ 0.36	6%
14	SHERIFF'S POLICE HEADQUARTERS, RECYCLABLES one cubic yard container	CUBIC YARD	D&B	\$ 5	\$ 5.30	\$ 0.30	6%
15	BRIDGEVIEW 5TH DISTRICT COURT BUILDING LOOSE REFUSE one cubic yard container	CUBIC YARD	D&B	\$ 6.5	\$ 6.89	\$ 0.39	6%
16	BRIDGEVIEW 5TH DISTRICT COURT BUILDING, RECYCLABLES one, 2 cubic-yard container.	CUBIC YARD	D&B	\$ 5	\$ 5.30	\$ 0.30	6%
17	MARKHAM 6TH DISTRICT COURT BUILDING, LOOSE REFUSE four 2 cubic yard containers	CUBIC YARD	D&B	\$ 6.5	\$ 6.89	\$ 0.39	6%
18	MARKHAM 6TH DISTRICT COURT BUILDING, RECYCLABLES one 2 cubic yard container	CUBIC YARD	D&B	\$ 5	\$ 5.30	\$ 0.30	6%
19	DOMESTIC VIOLENCE COURT BUILDING, COMPACTED REFUSE four, 2 cubic-yard container	CUBIC YARD	D&B	\$ 8	\$ 8.48	\$ 0.48	6%
20	DOMESTIC VIOLENCE COURT BUILDING, RECYCLABLES one, 2 cubic-yard container	CUBIC YARD	D&B	\$ 5	\$ 5.30	\$ 0.30	6%
21	ROCKWELL WAREHOUSE, LOOSE REFUSE one, 15 cubic-yard roll off container.	CUBIC YARD	Roberts	\$ 27	\$ 28.62	\$ 1.62	6%
22	COOK COUNTY POWERHOUSE, LOOSE REFUSE one cubic six yard load container	CUBIC YARD	D&B	\$ 6.5	\$ 6.89	\$ 0.39	6%
23	COOK COUNTY POWERHOUSE, LOOSE REFUSE one two cubic yard load container	CUBIC YARD	D&B	\$ 6.5	\$ 6.89	\$ 0.39	6%
24	HAWTHORNE WAREHOUSE, LOOSE REFUSE one cubic yard container, one six-cubic yard container, one 20 yard roll-off opentop container	CUBIC YARD	D&B and Roberts	\$ 6.5	\$ 6.89	\$ 0.39	6%

25	JUVENILE TEMPORARY DETENTION CENTER PARKING GARAGE, LOOSE REFUSE two, 2 cubic yard open-top containers .	CUBIC YARD	D&B	\$ 6.5	\$ 6.89	\$ 0.39	6%
26	CICERO WAREHOUSE, LOOSE REFUSE 2 cubic yard open-top container, (rear load).	CUBIC YARD	D&B	\$ 6.5	\$ 6.89	\$ 0.39	6%
27	CICERO WAREHOUSE, LOOSE REFUSE one eight yard container rear load.	CUBIC YARD	D&B	\$ 6	\$ 6.36	\$ 0.36	6%
28	CICERO WAREHOUSE, LOOSE REFUSE 8 cubic yard rear load container	CUBIC YARD	D&B	\$ 6	\$ 6.36	\$ 0.36	6%
29	OAK FOREST CAMPUS, COMPACTED REFUSE ONE 35 yard roll off, open top container trash compactor .	CUBIC YARD	Marathon	\$ 30	\$ 31.80	\$ 1.80	6%
30	OAK FOREST CAMPUS, LOOSE REFUSE One 30 yard open top container	CUBIC YARD	Roberts	\$ 25	\$ 26.50	\$ 1.50	6%
31	OAK FOREST CAMPUS, LOOSE REFUSE one six (6) yard trash container	CUBIC YARD	D&B	\$ 6.5	\$ 6.89	\$ 0.39	
32	ANY LOCATION AS NEEDED LOOSE REFUSE one ten (10) cubic yard roll-off open-top container	CUBIC YARD	Roberts	\$ 40	\$ 42.40	\$ 2.40	6%
33	ANY LOCATION AS NEEDED LOOSE REFUSE one twenty (20) Yard Container, open top roll off	CUBIC YARD	Roberts	\$ 25	\$ 26.50	\$ 1.50	6%
34	ANY LOCATION AS NEEDED LOOSE REFUSE thirty (30) Yard roll-off, open top container	CUBIC YARD	Roberts	\$ 17.5	\$ 18.55	\$ 1.05	6%
35	ANY LOCATION AS NEEDED RECYCLING CONTAINER One, one cubic yard dock box.	CUBIC YARD	D&B	\$ 6	\$ 6.36	\$ 0.36	6%
36	ANY LOCATION AS NEEDED RECYCLING CONTAINER, One 1.5 cubic yard dock box.	CUBIC YARD	D&B	\$ 6	\$ 6.36	\$ 0.36	6%
37	ANY LOCATION AS NEEDED RECYCLING CONTAINER one yard recycling container	CUBIC YARD	D&B	\$ 6	\$ 6.36	\$ 0.36	6%
38	ANY LOCATION AS NEEDED RECYCLING CONTAINER 1.5 Yard rear load container.	CUBIC YARD	D&B	\$ 6	\$ 6.36	\$ 0.36	6%
39	ANY LOCATION AS NEEDED. RECYCLING CONTAINER Two yard rear load container.	CUBIC YARD	D&B	\$ 6	\$ 6.36	\$ 0.36	6%
40	ANY LOCATION AS NEEDED RECYCLING CONTAINER Four yard rear load	CUBIC YARD	D&B	\$ 6	\$ 6.36	\$ 0.36	6%
41	ANY LOCATION AS NEEDED RECYCLING CONTAINER Six yard rear load container.	CUBIC YARD	D&B	\$ 6	\$ 6.36	\$ 0.36	6%
42	ANY LOCATION AS NEEDED, RECYCLING CONTAINER eight yard rear load container	CUBIC YARD	D&B	\$ 6	\$ 6.36	\$ 0.36	6%
FACILITIES TOTAL							
43	Cook County Department of Corrections, 2700 South California Bldg 1 (one) 29 cubic yard , self-contained compactor and power pack equipment Division 5	CUBIC YARD	Marathon	\$ 27	\$ 28.62	\$ 1.62	6%
44	Cook County Department of Corrections, 2700 South California, Bldg. 1 (one) 29 cubic yard, self contained compactor and power pack equipment Division 6 Pick up as needed.	CUBIC YARD	Marathon	\$ 27	\$ 28.62	\$ 1.62	6%
45	Cook County Department of Corrections Bld 1, 2700 South California 1 (one) 29 cubic yard,self contained compactor and power pack equipment Pick up as needed. Division 8 RTU	CUBIC YARD	Marathon	\$ 27	\$ 28.62	\$ 1.62	6%
46	Cook County Department of Correction, Bld 1, 2700 South California , 1 (one) 29 cubic yard, self contained compactor and power pack equipment Division 9	CUBIC YARD	Marathon	\$ 27	\$ 28.62	\$ 1.62	6%
47	Cook County Department of Correction, 2700 South, California, 1 (one) 29 cubic yard, self contained compactor and power pack equipment Division, 11	CUBIC YARD	Marathon	\$ 27	\$ 28.62	\$ 1.62	6%
48	Cook County Sheriff's Office South Campus 3026 W. 31st Street, 1 (one) 29 cubic yard, self contained compactor and power pack equipment, Central Kitchen	CUBIC YARD	Marathon	\$ 30	\$ 31.80	\$ 1.80	6%

[illegible]

ATTACHMENT B



Board of Commissioners of Cook County

118 North Clark Street
Chicago, IL

Legislation Details

File #:	25-1432	Version:	1	Name:	Independent Recycling Services
Type:	Contract Amendment	Status:		Status:	Approved
File created:	2/10/2025	In control:		In control:	Board of Commissioners
On agenda:	3/13/2025	Final action:		Final action:	3/13/2025
Title:	PROPOSED CONTRACT AMENDMENT				

Department(s): Department of Facilities Management, Cook County's Sheriff's Office and Juvenile Temporary Detention Center and Cook County Medical Examiner's Office

Vendor: Independent Recycling Services, Inc., Chicago, Illinois

Request: Authorization for the Chief Procurement Officer to Increase contract

Good(s) or Service(s): Waste Removal, Disposal and Recycling Services

Original Contract Period: 11/15/2023 - 11/14/2026, with one (1), two (2) year renewal options

Proposed Amendment Type: Increase

Proposed Contract Period: N/A

Total Current Contract Amount Authority: \$2,737,102.00

Original Approval (Board or Procurement): Board, 10/19/2023, \$2,365,232.00

Increase Requested: \$430,000.00

Previous Board Increase(s): \$371,870.00

Previous Chief Procurement Officer Increase(s): N/A

Previous Board Renewals: N/A

Previous Chief Procurement Officer Renewals: N/A

Previous Board Extension(s): N/A

Previous Chief Procurement Officer Extension(s): N/A

Contract Utilization: The vendor has met the Minority- and Women-owned Business Enterprise Ordinance via: Direct participation..

Potential Fiscal Impact:

DFM - FY 2025 \$60,000.00 FY2026 \$60,000.00; Sheriff -FY2025 \$105,000.00, FY2026 \$105,000.00; JTDC -FY2025 \$50,000.00, FY2026 \$50,000.00

Accounts: DFM-11100.1200.12355.520050; Sheriff-11100.1239.16875.520050; JTDC-11100.1440.10155.520050,

Contract Number(s): 2306-01091

Summary: This Increase will allow the Departments of Facilities Management, Medical Examiner, Juvenile Temporary Detention Center, and Cook County Sheriff to continue to receive Waste Removal, Disposal and Recycling Services at various facilities.

This contract was awarded through a publicly advertised competitive bidding process in accordance with the Cook County Procurement Code. Independent Recycling Services, Inc., was the lowest, responsive and responsible bidder.

Sponsors:

Indexes: BILQIS JACOBS-EL, Director, Department of Facilities Management

Code sections:**Attachments:**

Date	Ver.	Action By	Action	Result
3/13/2025	1	Board of Commissioners	approve	Pass

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

OCPO ONLY:	
☐	Disqualification
☐	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.: 2306-01091	Date: 02/18/2025
Total Bid or Proposal Amount: 3,167,102.00	Contract Title: Countywide Contract for Waste Disposal and Recy
Contractor: Independent Recycling Services, Inc.	Subcontractor/Supplier/ Subconsultant to be added or substitute: Petromex, Inc.
Authorized Contact for Contractor: Frank Ward	Authorized Contact for Subcontractor/Supplier/ Subconsultant: Felipe Estrada
Email Address (Contractor): Fward3@Recyclingit.com	Email Address (Subcontractor): JGriffith@Quimexinc.com
Company Address (Contractor): 2401 S. Lafiin St.	Company Address (Subcontractor): 14702 S. Hamlin St.
City, State and Zip (Contractor): Chicago, IL 60608	City, State and Zip (Subcontractor): Midlothian, IL 60445
Telephone and Fax (Contractor): 312-732-9253	Telephone and Fax (Subcontractor): 708-597-6201
Estimated Start and Completion Dates (Contractor): Duration of Contract 2306-01091	Estimated Start and Completion Dates (Subcontractor): Duration of Contract 2306-01091

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>
Providing fuel for collection vehicles utilized to service the contract.	25%

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.**

Independent Recycling Services, Inc.

Contractor

Frank Ward

Name

President

Title

Prime Contractor Signature

2/18/2025

Date

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

OCPO ONLY:	
☐ Disqualification	☐ 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.: 2306-01091	Date: 02/18/2025
Total Bid or Proposal Amount: 3,167,102.00	Contract Title: Countywide Contract for Waste Disposal and Recy
Contractor: Independent Recycling Services, Inc.	Subcontractor/Supplier/ Subconsultant to be Tri-State Disposal, Inc. added or substitute:
Authorized Contact for Contractor: Frank Ward	Authorized Contact for Subcontractor/Supplier/ Sheryl Germany Subconsultant:
Email Address (Contractor): Fward3@Recyclingit.com	Email Address (Subcontractor): SGermany@Tri-StateDisposal.com
Company Address 2401 S. Laflin St. (Contractor):	Company Address 13903 S. Ashland Ave. (Subcontractor):
City, State and Zip (Contractor): Chicago, IL 60608	City, State and Zip (Subcontractor): Riverdale, IL 60827
Telephone and Fax (Contractor): 312-732-9253	Telephone and Fax (Subcontractor): 708-388-9910
Estimated Start and Completion Dates Duration of Contract 2306-01091 (Contractor):	Estimated Start and Completion Dates Duration of Contract 2306-01091 (Subcontractor):

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>
Disposal of materials at Tri-State's disposal facility.	10%

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

Independent Recycling Services, Inc.

Contractor

Frank Ward

Name

President

Title

Prime Contractor Signature

2/18/2025

Date



MEMORANDUM

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

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

Date: February 24, 2025

RE: Contract No.: 2306-01091 Amendment 2
Waste Disposal and Recycling Services for Various County Departments
Department of Facilities Management
Competitive Bid – Goods and Services
Contractor: Independent Recycling Services, Inc.
Original Contract Value: \$2,365,232
Original Contract Term: November 15, 2023- November 14, 2026
Amendment 1 Increases Contract Value by \$371,870 from \$2,365,232 to \$2,737,102 with no change to contract duration.
New Contract Value: \$2,737,102
Amendment 2 increases the contract Value by \$430,000.00 from \$2,737,102.00 to a revised contract value of \$3,167,102.00 with no change to contract duration.
Revised contract value: \$3,167,102.00
Contract Goal: 25% MBE, 10% WBE

The Center of Business Enterprise Development is in receipt of the above-referenced contract amendment and has determined a 25% MBE and 10% WBE participation goal was recommended and reviewed the contract for MBE/WBE compliance with the Minority- and Women- owned Business Enterprises (MBE/WBE) Ordinance and found the contractor responsive to the ordinance.

Original Award Utilization Plan (Based on \$2,365,232 Contract Value)

<u>MBE/WBE Firm</u>	<u>Status</u>	<u>Certifying Agency</u>	<u>Commitment (Direct)</u>
Tri- State Disposal, Inc.	WBE (CF)	City of Chicago	10.00%
Petromex, Inc.	MBE (HA)	City of Chicago	<u>25.00%</u>
Total			35.00%



COOK COUNTY
OFFICE OF THE
Chief Procurement
Officer

Amendment 1 Award Utilization Plan (Based on \$2,737,102 Revised Contract Value)

<u>MBE/WBE Firm</u>	<u>Status</u>	<u>Certifying Agency</u>	<u>Commitment (Direct)</u>
Tri- State Disposal, Inc.	WBE (CF)	City of Chicago	10.00%
Petromex, Inc.	MBE (HA)	City of Chicago	<u>25.00%</u>
Total			35.00%

Amendment 2 Award Utilization Plan (Based on Revised Contract Value of \$3,167,102.00)

<u>MBE/WBE Firm</u>	<u>Status</u>	<u>Certifying Agency</u>	<u>Commitment (Direct)</u>
Tri- State Disposal, Inc.	WBE (CF)	City of Chicago	10.00%
Petromex, Inc.	MBE (HA)	City of Chicago	<u>25.00%</u>
Total			35.00%

*Revised MBE and WBE forms were used in the determination of the responsiveness of this contract.

JC/ab

CC: Angelique Randle, OCPO
Danuta Ruskin, Department of Facilities Management



MBE/WBE UTILIZATION PLAN - FORM 1

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

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

☐

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

☐

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

☒

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

II.

☒

Direct Participation of MBE/WBE Firms

☐

Indirect Participation of MBE/WBE Firms

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

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

MBE/WBE Firm: Petromex, Inc.

Address: 14702 S. Hamlin St., Midlothian 60445

E-mail: JGriffith@Quimexinc.com

Contact Person: Felipe Estrada Phone: 708-597-6201

Dollar Amount Participation: \$ 791,775.50 (depends upon requirement)

Percent Amount of Participation: 25% %

*Letter of Intent attached?

Yes

☒

No

☐

*Current Letter of Certification attached?

Yes

☒

No

☐

MBE/WBE Firm: _____

Address: _____

E-mail: _____

Contact Person: _____ Phone: _____

Dollar Amount Participation: \$ _____

Percent Amount of Participation: _____ %

*Letter of Intent attached?

Yes

☒

No

☐

*Current Letter of Certification attached?

Yes

☒

No

☐

Attach additional sheets as needed.

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



COOK COUNTY
OFFICE OF THE
Chief Procurement
Officer

MBE/WBE LETTER OF INTENT - FORM 2

M/WBE Firm: Petromex, Inc. Certifying Agency: City of Chicago
Contact Person: Felipe Estrada Certification Expiration Date: _____
Address: 14702 S. Hamlin St. Ethnicity: Hispanic
City/State: Midlothian, IL Zip: 60445 Bid/Proposal/Contract #: 2306-01091
Phone: 708-597-6201 Fax: _____ FEIN #: 36-3765209
Email: janiffth@Quimexinc.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)

Fuel Supply

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

Net 30 days

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.

Jennifer Estrada-Griffith
Signature (M/WBE)

Print Name

Petromex, Inc.
Firm Name

Date

2/18/2025

Subscribed and sworn before me

this 18 day of Feb, 2025
Notary Public Lisa F. Ramirez

SEAL

FRANK CARD JR.
Signature (Prime Bidder/Proposer)

Print Name

INDEPENDENT RECYCLING SERVICES
Firm Name

Date

2-18-25

Subscribed and sworn before me

this 19 day of February, 2025
Notary Public Monica Alba

SEAL

Official Seal
MONICA ALBA

Notary Public, State of Illinois
Commission No. 1000756

My Commission Expires December 2, 2028

Revised: 12/4/24

OFFICIAL SEAL
LISA F. RAMIREZ

Notary Public - State of Illinois

My Commission Expires 2/1/2027 Form 2



COOK COUNTY
OFFICE OF THE
Chief Procurement
Officer

Cook County MBE/WBE Non-Construction Certification Reciprocal Affidavit

Firm Name Petromex, Inc.
Address 14702 S. Hamlin City Midlothian
County Cook State IL Zip 60445
Phone (708) _____ Email jgriffith@Quimexinc.com

Jennifer Estrada-Griffith Secretary
(Authorized Representative) (Print Title)

of Petromex, Inc. do hereby affirm:
(Name of Firm)

- 1) Petromex, Inc. is a Minority and/or Women Business Enterprise currently
(Name of Firm)
certified by the City of Chicago as: ☐ Black- ☐ Hispanic- ☐ Asian- ☐ Woman-owned business.
- 2) With respect to Petromex, Inc., the personal net worth of the qualifying
(Name of Firm)
(51%) individual(s) does not exceed \$2,767,082.23, excluding the individual's ownership interest in the MW
WBE firm and the equity of the owner's primary residence, and otherwise meets the requirements of
Chapter 34, Article IV of the Cook County Procurement Code. (As per Section 34-263 of the Cook County
Procurement Code, an individual's personal net worth includes only his or her own Share of assets held
jointly or as community/marital property with the individual's spouse.)
- 3) The average annual gross receipts of Petromex, Inc.
(Name of Firm)
as derived from tax filings over the five most recent years, does not exceed the Small Business Size Standards
published by the U.S. Small Business Administration found in Title 13, Code of Federal Regulations, Part 121.
(<http://www.sba.gov/content/small-business-size-standards>)

Upon penalty of perjury, I Jennifer Estrada-Griffith affirm that, to the best of my knowledge
(Authorized Representative)
and belief, the information herein is true and accurate.

Signature Jennifer Estrada-Griffith Title Secretary Date 2/18/25
Subscribed and sworn to before me this 18 day of FEB, 25
(Month) (Year)

Lisa F. Ramirez
(Notary's Signature)

Notary's Seal



My Commission Expires 2/1/2027

PLEASE NOTE: This affidavit is good for a period of one year from the date of sworn signature. Any changes to your firm within that year may require a new form.



CITY OF CHICAGO



DEPARTMENT OF PROCUREMENT SERVICES

AUG 15 2022

Felipe Estrada
Petromex, Inc.
14702 S. Hamlin Ave.
Midlothian, IL 60445

Dear Mr. Estrada:

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

It is now your responsibility to check the City's certification directory and verify your certification status. As a condition of continued certification, you must **file an annual No-Change Affidavit by your anniversary date of August 1st**. Please remember, you have an affirmative duty to file your No-Change Affidavit 60 days prior to the anniversary date for timely processing. Failure to file your annual No-Change Affidavit may result in the suspension or rescission of your certification.

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

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

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

- File your recertification within the required time period.

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

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

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

NAICS Codes:

424720 - Petroleum and Petroleum Products Merchant Wholesalers (except bulk stations)

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



MBE/WBE UTILIZATION PLAN - FORM 1

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

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

☐

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

☐

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

☒

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

II.

☐

Direct Participation of MBE/WBE Firms

☒

Indirect Participation of MBE/WBE Firms

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

MBEs/WBEs that will perform as sub-contractors/suppliers/consultants include the following:

MBE/WBE Firm: Tri-State Disposal Inc.

Address: 13903 S. Ashland Ave., Riverdale, IL 60827

E-mail: SGermany@Tri-StateDisposal.com

Contact Person: Sheryl Germany Phone: 708-388-9910

Dollar Amount Participation: \$ 316,710.20 (depends upon requirement)

Percent Amount of Participation: 10% %

*Letter of Intent attached?

Yes

☒

No

☐

*Current Letter of Certification attached?

Yes

☒

No

☐

MBE/WBE Firm: _____

Address: _____

E-mail: _____

Contact Person: _____ Phone: _____

Dollar Amount Participation: \$ _____

Percent Amount of Participation: _____ %

*Letter of Intent attached?

Yes

☐

No

☐

*Current Letter of Certification attached?

Yes

☐

No

☐

Attach additional sheets as needed.

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



MBE/WBE LETTER OF INTENT - FORM 2

M/WBE Firm: Tri-State Disposal Inc.

Certifying Agency: City of Chicago

Contact Person: Sheryl Germany

Certification Expiration Date: 4/31/2025

Address: 13903 S. Ashland Ave.

Ethnicity: Caucasian

City/State: Riverdale, IL Zip: 60827

Bid/Proposal/Contract #: 2306-01091

Phone: 708-388-9910 Fax: 708-388-3984

FEIN #: 36-4057880

Email: sgermany@tri-statedisposal.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)

Disposal of materials at Tri-State's transfer station

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

10% of \$316,710.20 (depending on requirement)
Payment terms: net 30 days from date of invoice.

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 (M/WBE)

Sheryl Germany
Print Name

Tri-State Disposal Inc.
Firm Name

February 19, 2025
Date

Subscribed and sworn before me

this 19th day of February, 2025.

Notary Public Katherine Bohse

[Signature]
Signature (Prime Bidder/Proposer)

FRANK WARD JR.
Print Name

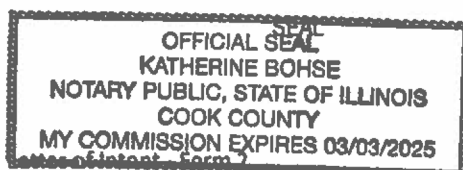
INDEPENDENT RECYCLING SERVICES INC
Firm Name

2-19-25
Date

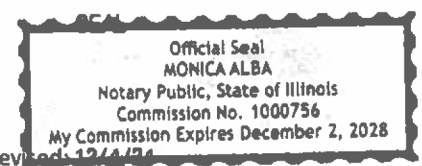
Subscribed and sworn before me

this 19 day of February, 2025.

Notary Public [Signature]



M/WBE Letter of Intent - Form 2



Revised 12/14/21



Cook County MBE/WBE Non-Construction Certification Reciprocal Affidavit

Firm Name Tri-State Disposal Inc.

Address 13903 S. Ashland Avenue City Riverdale

County Cook State Illinois Zip 60827

Phone (708) 388.9910 Email sgermany@tri-statedisposal.com

I Sheryl Germany, President

(Authorized Representative)

(Print Title)

of Tri-State Disposal Inc. do hereby affirm:

(Name of Firm)

- 1) Tri-State Disposal Inc. is a Minority and/or Women Business Enterprise currently
(Name of Firm)
certified by the City of Chicago as: ☐ Black- ☐ Hispanic- ☐ Asian- ☒ Woman-owned business.
- 2) With respect to Tri-State Disposal Inc., the personal net worth of the qualifying
(Name of Firm)
(51%) individual(s) does not exceed \$2,767,082.23, excluding the individual's ownership interest in the M/WBE firm and the equity of the owner's primary residence, and otherwise meets the requirements of Chapter 34, Article IV of the Cook County Procurement Code. (As per Section 34-263 of the Cook County Procurement Code, an individual's personal net worth includes only his or her own Share of assets held jointly or as community/marital property with the individual's spouse.)
- 3) The average annual gross receipts of Tri-State Disposal Inc.,
(Name of Firm)
as derived from tax filings over the five most recent years, does not exceed the Small Business Size Standards published by the U.S. Small Business Administration found in Title 13, Code of Federal Regulations, Part 121. (<http://www.sba.gov/content/small-business-size-standards>)

Upon penalty of perjury, I Sheryl Germany affirm that, to the best of my knowledge

(Authorized Representative)

and belief, the information herein is true and accurate.

Signature [Signature] Title President Date Feb. 19, 2025

Subscribed and sworn to before me this 19th day of February, 2025
(Month) (Year)

Katherine Bohse

(Notary's Signature)

Notary's Seal

OFFICIAL SEAL
KATHERINE BOHSE
NOTARY PUBLIC, STATE OF ILLINOIS
COOK COUNTY
MY COMMISSION EXPIRES 03/03/2025

My Commission Expires 3/3/2025

PLEASE NOTE: This affidavit is good for a period of one year from the date of sworn signature. Any changes to your firm within that year may require a new form.



CITY OF CHICAGO



DEPARTMENT OF PROCUREMENT SERVICES

MAY 14 2020

Sheryl Germany
Tri-State Disposal, Inc.
13903 S. Ashland Ave.
Riverdale, Illinois 60827

Dear Ms. Germany:

We are pleased to inform you that **Tri-State Disposal, Inc.** has been recertified as a **Women-Owned Business Enterprise ("WBE")** by the City of Chicago ("City"). This **WBE** certification is valid until **5/31/2025**; 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 **5/31/2021, 5/31/2022, 5/31/2023 and 5/31/2024**. 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 **5/31/2025**. 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 **5/31/2024**.

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

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

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

- File your recertification within the required time period.

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

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

Your firm's name will be listed in the City's Directory of Certified Firms in the specialty area(s) of:

NAICS Code(s):

562111- Solid Waste Collections

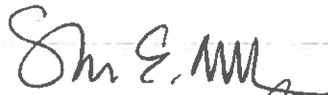
562119- Other Nonhazardous Waste Treatment and Disposal (Tire Disposal)

532490- Other Commercial and Industrial Machinery and Equipment Rental & Leasing (Dump Rental)

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 (MBE/WBE/VBE/BEPD) Programs.

Sincerely,



Shannon E. Andrews
Chief Procurement Officer

SEA/rcp



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/18/2025

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 The Bulow Group, Inc. 8101 183rd Street Tinley Park IL 60487	CONTACT NAME: Certificates PHONE (A/C, No, Ext): 708-258-5448 E-MAIL ADDRESS: coi@thebulowgroup.com FAX (A/C, No): 708-377-4178
INSURED Independent Recycling Services 2401 S. Laflin St. Chicago IL 60608	INSURER(S) AFFORDING COVERAGE INSURER A : West Bend Mutual INSURER B : Ascot Insurance Company INSURER C : INSURER D : INSURER E : INSURER F :
License# : PC-1709914 INDEREC-01	NAIC # 15350 23752

COVERAGES

CERTIFICATE NUMBER: 230476817

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJECT ☐ LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY	Y	Y	B466638	10/1/2024	10/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	WC124-6006396	4/3/2024	4/3/2025	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Additional Insureds on a primary non-contributory basis as respects Auto Liability. Waiver of Subrogation in favor of the Additional Insured as respects Auto Liability, and Workers Compensation all the foregoing as required by a written & signed contract. (WC Exclusion Applies to Frank Ward III and George Ward)
Additional Insured: Cook County

CERTIFICATE HOLDER

CANCELLATION

Cook County 118 N. Clark Street, Room 1018 Chicago IL 60602	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	---

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/18/2025

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 Arthur J. Gallagher Risk Management Services, LLC 300 S Riverside Plaza, Suite 1500 Chicago IL 60606	CONTACT NAME:
	PHONE (A/C, No, Ext): 312-704-0100
INSURED Independent Recycling Services, Inc. 2401 S. Laflin Street Chicago, IL 60608	FAX (A/C, No): 312-803-7443
	E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE
	NAIC #
	INSURER A: Nautilus Insurance Company
	INSURER B: Crum & Forster Specialty Insurance Co
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 433054933**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☒ PROJECT ☐ LOC ☐ OTHER:	Y	Y	GSP2044850-10	10/1/2024	10/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Deductible \$ 50,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						
A	☐ UMBRELLA LIAB ☒ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$			FFX2044851-10	10/1/2024	10/1/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				☐ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A B	Pollution liability 1M xs 1M Auto Buffer			GSP2044850-10 SEO-132678	10/1/2024 10/1/2024	10/1/2025 10/1/2025	see below Limit 1,000,000

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

Pollution Liability
\$1,000,000 Hostile Fire and Building Equipment- 50,000 deductible
\$1,000,000 Products Pollution Liability - \$50,000 Deductible
\$1,000,000 Transportation Pollution- \$50,000 Deductible
\$1,000,000 Contractors Pollution- \$50,000 Deductible
\$1,000,00 Cleanup Costs, Bodily Injury or Property Damage Liability from a Sudden Pollution Event - \$50,000 deductible
\$1,000,000 Non- Owned Disposal Site Pollution- \$50,000 Deductible

See Attached...

CERTIFICATE HOLDER**CANCELLATION**

Cook County
118 N. Clark Street, Room 1018
Chicago, IL 60602

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: CORPCOV-03

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Arthur J. Gallagher Risk Management Services, LLC		NAMED INSURED Independent Recycling Services, Inc. 2401 S. Laflin Street Chicago, IL 60608
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

1 M xs 1M excess Auto Buffer policy sits excess of all auto policies

Cook County is shown as Additional Insured solely with respect to General Liability on primary and non-contributory basis as required by written contract. A Waiver of Subrogation in favor of Additional Insured is included under the General Liability coverage as evidenced herein as required by written contract.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED -- OWNERS, LESSEES OR CONTRACTORS
AUTOMATIC STATUS -- COMPLETED OPERATIONS**

Policy Number	Policy Effective Date	Policy Expiration Date	Endorsement Effective Date
GSP2044850-10	10/01/2024	10/1/2025	10/1/2024

This endorsement modifies insurance provided under the following:

COMBINED GENERAL LIABILITY AND SITE SPECIFIC POLLUTION LIABILITY POLICY

I. SECTION III – WHO IS AN INSURED is amended to include as an additional insured:

- Any person or organization for whom you have performed operations when you and such person or organization have agreed in writing in a contract or agreement, in effect during this **policy period**, that such person or organization be added as an additional **insured** on this policy; and
- Any other person or organization you are explicitly required to add as an additional **insured** under the contract or agreement described in Paragraph 1. above.

Such contract or agreement must be executed and in effect prior to the performance of **your work** included in the **products-completed operations hazard** which is the subject of such contract or agreement.

Such person(s) or organization(s) is an additional **insured** only with respect to liability for **bodily injury** or **property damage** under **SECTION I – COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE LIABILITY** directly caused by **your work** performed for the additional **insured** described in Paragraph 1. or 2. above, and included in the **products-completed operations hazard**.

However, the insurance afforded to such additional **insured** described above:

- Only applies to the extent permitted by law; and
- Will not be broader than that which you are required by the contract or agreement to provide for such additional **insured**; and

We will not extend any insurance coverage to any additional **insured** that is not provided to you in this policy.

II. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- Bodily injury** or **property damage** arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
 - The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
 - Supervisory, inspection, architectural or engineering activities.

This exclusion applies even if the **claims** against any **insured** allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that **insured**, if the **occurrence** which caused the **bodily injury** or **property damage** involved the rendering of, or the failure to render any professional architectural, engineering or surveying services.

III. With respect to the insurance afforded to these additional insureds, the following is added to SECTION IV – LIMITS OF INSURANCE:

The most we will pay on behalf of the additional **insured** is the amount of insurance:

- Required by the contract or agreement described in Paragraph I.1.; or
 - Available under the applicable limits of insurance;
- whichever is less.

This endorsement shall not increase the applicable limits of insurance.

IV. With respect to the insurance afforded to these additional **insureds**, the following is added to **SECTION V – REPORTING, DEFENSE, SETTLEMENT & COOPERATION**:

1. **Duties -- Additional Insured**

An additional **insured** must see to it that:

- a. We are notified in writing as soon as practicable of an **occurrence** which may result in a **claim** or **suit**;
- b. We receive written notice of a **claim** or **suit** as soon as practicable; and
- c. A request for defense and indemnity of the **claim** or **suit** will promptly be brought against any policy issued by another insurer under which the additional **insured** may be an insured in any capacity. This provision does not apply to insurance on which the additional **insured** is a **Named Insured**, if the contract or agreement requires that this coverage be primary and noncontributory.

V. **SECTION VI – CONDITION 10. – Other Insurance** is amended by the addition of the following which supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to a person(s) or organization(s) included as an additional **insured** under this endorsement provided that:

- a. The additional **insured** person(s) or organization(s) is a **Named Insured** under such other insurance; and
- b. You have agreed in writing in a contract or agreement, in effect during this **policy period**, that this insurance would be primary and would not seek contribution from any other insurance available to the additional **insured** person(s) or organization(s). Such contract or agreement must be executed and in effect prior to the performance of **your work** included in the **products-completed operations hazard** which is the subject of such contract or agreement.

However, this provision does not apply if the other insurance available to the person(s) or organization(s) included as an additional **insured** is Owners and Contractors Protective Liability, Railroad Protective Liability, or similar project-specific, primary insurance.

VI. This endorsement does not apply to an additional **insured** which has been added to this policy by an endorsement showing the additional **insured** in a **SCHEDULE** of additional **insureds**, and which endorsement applies to that designated additional **insured**.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY SHALL APPLY AND REMAIN UNCHANGED.

ENDORSEMENT

This endorsement forms part of the policy to which it is attached. Please read it carefully.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

Policy Number	Policy Effective Date	Policy Expiration Date	Endorsement Effective Date
GSP2044850-10	10/01/2024	10/1/2025	10/1/2024

This endorsement modifies insurance provided under the following:

BODILY INJURY AND PROPERTY DAMAGE COVERAGE PART (Coverage A)
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART (Coverage A)

SCHEDULE

Name Of Person Or Organization: As required by written contract
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 17. **Subrogation of Section VI – Conditions:**
Solely with respect to Coverage A, we waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or **your work** done under a contract between you and that person or organization and included in the **products-completed operations hazard**, but only to the extent required by such contract and agreed to by the **Named Insured**. This waiver applies only to the person or organization shown in the Schedule above.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY APPLY AND REMAIN UNCHANGED.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED -- OWNERS, LESSEES OR CONTRACTORS
AUTOMATIC STATUS – ONGOING OPERATIONS**

Policy Number	Policy Effective Date	Policy Expiration Date	Endorsement Effective Date
GSP2044850-10	10/01/2024	10/1/2025	10/1/2024

This endorsement modifies insurance provided under the following:

COMBINED GENERAL LIABILITY AND SITE SPECIFIC POLLUTION LIABILITY POLICY

I. SECTION III – WHO IS AN INSURED is amended to include as an additional insured:

- Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement, in effect during this **policy period**, that such person or organization be added as an additional **insured** on this policy; and
- Any other person or organization you are explicitly required to add as an additional **insured** under the contract or agreement described in Paragraph 1. above.

Such contract or agreement must be executed and in effect prior to the performance of **your work** which is the subject of such contract or agreement.

Such person(s) or organization(s) is an additional **insured** only with respect to liability for **bodily injury or property damage** under **SECTION I – COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE LIABILITY** or personal injury or advertising injury under **SECTION I - COVERAGE B – PERSONAL AND ADVERTISING INJURY LIABILITY** directly caused by:

- Your acts or omissions; or
- The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional **insured** described in Paragraph 1. or 2. above.

However, the insurance afforded to such additional **insured** described above:

- Only applies to the extent permitted by law; and
- Will not be broader than that which you are required by the contract or agreement to provide for such additional **insured**, and

We will not extend any insurance coverage to any additional **insured** that is not provided to you in this policy.

A person's or organization's status as an additional **insured** under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

II. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

- Bodily injury, property damage or personal and advertising injury** arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
 - The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
 - Supervisory, inspection, architectural or engineering activities.

This exclusion applies even if the **claims** against any **insured** allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that **insured**, if the **occurrence** which caused the **bodily injury or property damage**, or the offense which caused the **personal and advertising injury**, involved the rendering of, or the failure to render any professional architectural, engineering or surveying services.

- Bodily injury or property damage** occurring after:
 - 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 location of the **covered operations** has been completed; or
 - 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.

III. With respect to the insurance afforded to these additional **insureds**, the following is added to **SECTION IV – LIMITS OF INSURANCE**:

The most we will pay on behalf of the additional **insured** is the amount of insurance:

1. Required by the contract or agreement described in Paragraph I.1.; or
2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

IV. With respect to the insurance afforded to these additional **insureds**, the following is added to **SECTION V – REPORTING, DEFENSE, SETTLEMENT & COOPERATION**:

1. **Duties -- Additional Insured**

An additional **insured** must see to it that:

- a. We are notified in writing as soon as practicable of an **occurrence** or offense which may result in a **claim** or **suit**;
- b. We receive written notice of a **claim** or **suit** as soon as practicable; and
- c. A request for defense and indemnity of the **claim** or **suit** will promptly be brought against any policy issued by another insurer under which the additional **insured** may be an insured in any capacity. This provision does not apply to insurance on which the additional **insured** is a **Named Insured**, if the contract or agreement requires that this coverage be primary and noncontributory.

V. **SECTION VI – CONDITION 10. – Other Insurance** is amended by the addition of the following which supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to a person(s) or organization(s) included as an additional **insured** under this endorsement provided that:

1. The additional **insured** person(s) or organization(s) is a **Named Insured** under such other insurance; and
2. You have agreed in writing in a contract or agreement, in effect during this **policy period**, that this insurance would be primary and would not seek contribution from any other insurance available to the additional **insured** person(s) or organization(s). Such contract or agreement must be executed and in effect prior to the performance of **your work** which is the subject of such contract or agreement.

However, this provision does not apply if the other insurance available to the person(s) or organization(s) included as an additional **insured** is Owners and Contractors Protective Liability, Railroad Protective Liability, or similar project-specific, primary insurance.

VI. This endorsement does not apply to an additional **insured** which has been added to this policy by an endorsement showing the additional **insured** in a **SCHEDULE** of additional **insureds**, and which endorsement applies to that designated additional **insured**.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY SHALL APPLY AND REMAIN UNCHANGED.



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

Economic Disclosure Statement Recertification Affidavit

Applicant/Holder Name: Independent Recycling Services, Inc.

Contract #: 2306-01091 A2

Address: 2401 S Laflin St.

City: Chicago

County: Cook

State: IL

Zip: 60608

Phone: 312-732-9253

Email: fward3@recyclingit.com

Instructions

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

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

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

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

This recertification is being submitted in connection with

Contract Name: Waste Removal, Disposal and Recycling Services for Various County Departments

Under penalty of perjury, the person signing below: (1) warrants that he/she is authorized to execute this Economic Disclosure Statement ("EDS") recertification on behalf of the Applicant/Holder, (2) warrants that all certifications and statements contained in the Applicant/Holder's last submitted EDS dated 6-3-2024 are true, accurate and complete as of the date furnished to the County and continue to be true, accurate and complete as of the date of this recertification, and (3) reaffirms its acknowledgments.

Recertification of:

- ☒ Certifications (SECTION 2), if applicable, as updated on: 6-3-2024
- ☒ Economic and Other Disclosures (SECTION 3), if applicable, as updated on: 6-3-2024
- ☒ Cook County Child Support Affidavit (Please submit any additional Child Support Obligations as an attachment to this form), if applicable, as updated on: 6-3-2024
- ☒ Cook County Disclosure of Ownership Interest Statement, if applicable, as updated on: 6-3-2024
- ☐ Cook County Board of Ethics Familial Relationship Disclosure Form, if applicable, as updated on:
- ☒ Cook County Affidavit for Wage Theft Ordinance (SECTION 4), if applicable, as updated on: 6-3-2024

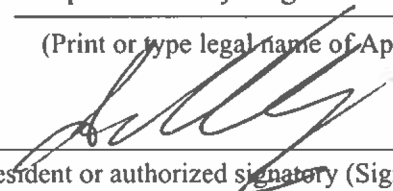
If your recertification of any of the above is related to information contained in an updated form submitted after the last submitted full EDS, please indicate the date such information was updated.

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

By: Independent Recycling Services, Inc.

Date: 2/25/25

(Print or type legal name of Applicant/Holder)


President or authorized signatory (Signature)

Print or type name of President or authorized signatory:

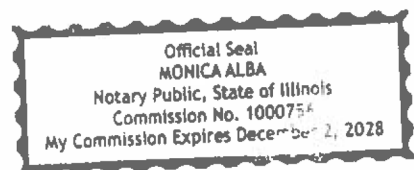
Frank Ward Jr.

Title of signatory:

President

Subscribed and sworn to before me on this 25 day of February, 2025

Notary Public Signature:  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:

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

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

A. PERSON DOING OR SEEKING TO DO BUSINESS WITH THE COUNTYName of Person Doing Business with the County: Independent Recycling Services, Inc.Address of Person Doing Business with the County: 2401 S Lavin St, Chicago, IL 60608Phone number of Person Doing Business with the County: 312-732-9253Email address of Person Doing Business with the County: fward3@recyclingit.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:

Frank Ward, President, 312-732-9253, fward3@recyclingit.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: 2306-01091 A2

The aggregate dollar value of the business you are doing or seeking to do with the County: \$ \$3,167,102.00

The name, title and contact information for the County official(s) or employee(s) involved in negotiating the business you are doing or seeking to do with the County: Angelique Randle, Lead Contract Negotiator, angelique.randle@cookcountyil.gov

The name, title and contact information for the County official(s) or employee(s) involved in managing the business you are doing or seeking to do with the County: Danuta Rusin, Department of Facilities Management, danuta.rusin2@cookcountyil.gov

D'angelo Tolbert, Medical Examiner, D'angelo.Tolbert@cookcountyil.gov, Niki Solomon, Sheriff, Niki.Solomon@ccsheriff.org, Sharon McDowell, Juvenile Temporary Detention Center, sharon.mcdowell@cookcountyil.gov

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

Check the box that applies and provide related information where needed

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

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

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

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

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

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

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

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

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

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

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

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

Signature of Recipient

2/18/2025

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.

**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

N/A

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

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

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

Yes: ☒No: ☐

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

2401 S. Laflin St., Chicago, IL 60608

- c) Does Applicant employ the majority of its regular full-time workforce within Cook County?

Yes: ☒No: ☐**3. THE CHILD SUPPORT ENFORCEMENT ORDINANCE (CODE, CHAPTER 34, SECTION 34-172)**

Every Applicant for a County Privilege shall be in full compliance with any child support order before such Applicant is entitled to receive or renew a County Privilege. When delinquent child support exists, the County shall not issue or renew any County Privilege, and may revoke any County Privilege.

All Applicants are required to review the Cook County Affidavit of Child Support Obligations attached to this EDS (EDS-5) and complete the Affidavit, based on the instructions in the Affidavit.

4. REAL ESTATE OWNERSHIP DISCLOSURES.

The Applicant must indicate by checking the appropriate provision below and providing all required information that either:

- a) The following is a complete list of all real estate owned by the Applicant in Cook County:

PERMANENT INDEX NUMBER(S): _____

(ATTACH SHEET IF NECESSARY TO LIST ADDITIONAL INDEX
NUMBERS)

OR:

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

5. EXCEPTIONS TO CERTIFICATIONS OR DISCLOSURES.

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

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

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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

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

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

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

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

This Disclosure of Ownership Interest Statement must be submitted by :

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

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

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

This Statement is an: ☒ Original Statement or ☐ Amended Statement

Identifying Information:

Name Independent Recycling Services, Inc.

D/B/A: _____ FEIN # Only: 20-0956176

Street Address: 2401 S. Laflin St.

City: Chicago State: IL Zip Code: 6060 8

Phone No.: 3127329253 Fax Number: _____ Email: Fwardjr@Recyclingit.com

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

Corporate File Number (if applicable): 56 30 29

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
George Ward	2401 S. Laflin St., Chicago, IL 60608	40%
Frank Ward Jr	2401 S. Laflin St., Chicago, IL 60608	40%
Victoria Camalick	2401 S. Laflin St., Chicago, IL 60608	20%

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

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

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

Name	Address	Percentage of Beneficial Interest	Relationship
N/A			

Corporate Officers, Members and Partners Information:

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

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Frank Ward Jr.	2401 S. Laflin St., Chicago, IL	President	
George Ward	2401 S. Laflin St., Chicago, IL	Secretary	

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

Frank Ward Jr

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

Signature

Fwardjr@Recyclingit.com

E-mail address

Subscribed to and sworn before me
this 3 day of Jun, 2014

X

Notary Public Signature

President

Title

Date

3127329253

Phone Number

My commission expires:





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

FAMILIAL RELATIONSHIP DISCLOSURE PROVISION

Nepotism Disclosure Requirement:

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

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

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

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

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

Additional Definitions:

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

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

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

A. PERSON DOING OR SEEKING TO DO BUSINESS WITH THE COUNTYName of Person Doing Business with the County: Independent Recycling Services, Inc.Address of Person Doing Business with the County: 2401 S. Laffin St., Chicago, IL 60608Phone number of Person Doing Business with the County: 3127 32925 3Email address of Person Doing Business with the County: FwardJr@Recyclingit.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:

Frank Ward, President, 312-732-9253, Fwardjr@Recyclingit.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: _____

2306-01091

The aggregate dollar value of the business you are doing or seeking to do with the County: \$ \$65,750 (2045-18339)

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: _____

Hermine Wise, Contract Negotiator, Hermine.Wise@CookCountyil.com (2306-01091)

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: Facilities Management, Danuta Rusin, Danuta.Rusin2@cookcountyil.gov

D'Angelo Tolbert, Tolbert@cookcountyil.gov; Sharon McDowell, Sharon.McDowell@cookcountyil.gov; Joseph O'Brien, Joseph.O'Brien@ccsheriff.org

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

Check the box that applies and provide related information where needed

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



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

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

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

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

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

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

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

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

Name of Person Responsible
for the General
Administration of the
Business Entity Doing
Business with the County

Name of Related County
Employee or State, County or
Municipal Elected Official

Title and Position of Related
County Employee or State, County
or Municipal Elected Official

Nature of Familial
Relationship*

N/A

Name of Agent Authorized
to Execute Documents for
Business Entity Doing
Business with the County

Name of Related County
Employee or State, County or
Municipal Elected Official

Title and Position of Related
County Employee or State, County
or Municipal Elected Official

Nature of Familial
Relationship*

N/A

Name of Employee of
Business Entity Directly
Engaged in Doing Business
with the County

Name of Related County
Employee or State, County or
Municipal Elected Official

Title and Position of Related
County Employee or State, County
or Municipal Elected Official

Nature of Familial
Relationship*

N/A

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

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

Signature of Recipient

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: 2306-01091

County Using Agency (requesting Procurement): Cook County

II. Person/Substantial Owner Information:

Person (Corporate Entity Name): Independent Recycling Services, Inc.

Substantial Owner Complete Name: Frank Ward Jr

FEIN# 20-0956176

E-mail address: FwardJr@Recyclingit.com

Street Address: 2401 S. Laflin St.

City: Chicago State: IL Zip: 60608

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

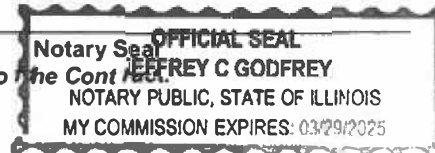
Signature: [Signature] Date: 6-3-24

Name of Person signing (Print): Frank Ward Jr Title: President

Subscribed and sworn to before me this 3 day of June, 2024

X [Signature]
Notary Public Signature

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



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: 2306-01091
 County Using Agency (requesting Procurement): Cook County

II. Person/Substantial Owner Information:

Person (Corporate Entity Name): Independent Recycling Services, Inc.
 Substantial Owner Complete Name: George Ward
 FEIN# 20-0956176

E-mail address: Gward@Recyclingit.com

Street Address: 2401 S. Laflin St.
 City: Chicago State: IL Zip: 60608

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

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 or waiver is made on the basis of one or more of the following actions that have taken place:

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

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

V. Affirmation

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

Signature: _____

Date: 7-11-2024

Name of Person signing (Print): George Ward

Title: Secretary

Subscribed and sworn to before me this 11 day of July, 2024

X _____

Notary Public Signature

Notary Seal

OFFICIAL SEAL

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

NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 03/29/2025