

AMENDMENT NO. 1

This Amendment modifies Contract No. 2435-02050, for Online Leadership Program by and between the County of Cook, Illinois, herein referred to as "County" and Cornell University d/b/a eCornell, 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 January 16, 2025, (hereinafter referred to as the "Contract"), wherein the Contractor is to provide Online Leadership Program (hereinafter referred to as the "Services") from February 1, 2025 through January 31, 2026, in an amount not to exceed \$229,700.00, with two (2) one-year renewal options; and

Whereas, the Contract will expire January 31, 2026, and the agreed upon Services are still required; and

Whereas, an increase of the Contract amount is required for the continuation of Services; and pursuant to Article 10 Section C of the Contract, the County and Contractor desire to increase the Contract in the amount of \$258,800.00; and

Whereas, pursuant to Article 4 Section C of the Contract, the County and Contractor desire to renew the Contract for one (1) year beginning on February 1, 2026 through January 31, 2027.

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

1. The Contract is renewed through January 31, 2027.
2. The Contract is increased by \$258,800.00 and the Total Contract Amount is revised to \$488,500.00.
3. The Contract is hereby amended to incorporate Attachment A and made part of the Contract.
4. The attached updated Identification of Sub-Contractors/Suppliers/Sub-Consultants Form, MBE/WBE Utilization Plan forms, certificate of insurance, and Economic Disclosures Statement under Attachment B are incorporated and made a part of this Contract.
5. All other terms and conditions remain as stated in the Contract.

Remainder of the page intentionally left blank

In witness whereof and pursuant to County Board approval on November 20, 2025 the County and Contractor have caused this Amendment No. 1 to be executed on the date and year last written below.

County of Cook, Illinois

Cornell University d/b/a eCornell

By: Raffi Sarrafian
Digitally signed by Raffi Sarrafian
Date: 2025.11.25 14:47:57 -06'00'
Chief Procurement Officer

Paul Krause
Paul Krause (Oct 17, 2025 20:42:24 GMT+3)

Signed

Paul Krause

Type or print name

Date: _____

By: N/A
State's Attorney (if applicable)

Vice Provost External Education

Title

Type or print name (if applicable)

Date: _____

Date: 10/17/2025



950 Danby Road, Suite 170
Ithaca, NY, 14850 USA
P: 607 330 3200
F: 607 257 0916

eCornell

Signature Authority Policy

Revised and Effective March 31, 2022

I. Purpose

The Policy identifies which eCornell employees are authorized to enter into contracts and/or transactions with external parties on behalf of Cornell University and eCornell. Signing authority cannot be delegated, per the terms of this policy.

This policy relies on [University Policy 4.2 Transaction Authority and Payment Approval](#) as well as on the agreement of the Chief Financial Officer and University Counsel. In the case of any conflicts with this document and Policy 4.2, the University policy shall prevail.

II. Expense Contracts

Virtually all expense contracts must only be signed by authorized University Procurement representatives. This local policy specifically delegates payment approval authority, and should not be interpreted as authorizing University transaction authority.

Per University Policy 4.2:

“The Board has delegated authority to certain ‘responsible individuals’ to enter into agreements with external parties that obligate the university, referred to as ‘transaction authority.’ Further, the Board requires heads of operating units to delegate to certain individuals within their units the authority to approve payments, referred to as ‘payment approval.’ Individuals with ‘payment approval authority’ must not enter into agreements with external parties, as that is transaction authority. Transaction authority directly relates to only a few individuals at the university. Therefore, administrators will refer more often to procedures relating to payment approval, which most directly affect operations at the unit level.”

Payment authority for **expense contracts** is delegated by the **Provost** to the following eCornell staff:

| | |
|--|-------------------|
| Vice Provost for External Education | \$0 - 5,000,000 |
| Director of Finance | \$0 - \$200,000 |
| Business Coordinators in Accounting | \$0 – \$5,000 |
| Marketing (CMO or Marketing Functional Director) | \$0 – \$1,000,000 |
| Exec Education Operations (Functional Manager) | \$0 – \$15,000 |
| Design/Development Functional Leader | \$0 – \$15,000 |
| IT Functional Leader | \$0 – \$15,000 |
| Product Management Functional Leader | \$0 – \$15,000 |

III. Revenue Contracts

This local policy applies only to unrestricted revenue contracts. Authority for sponsored research agreements is retained within University Office of Sponsored Programs, while authority for gift agreements is retained within the University Alumni Affairs and Development Office.

For **unrestricted revenue contracts**, the Provost hereby delegates revenue contract (transaction) signing authority to the following staff members, with acknowledgement that contracts greater than \$999,999 must be approved by central University administration, as defined in University Policy 4.2:

| | |
|-------------------------------------|---|
| Vice Provost for External Education | \$0 - 10,000,000 (International & Domestic Contracts) |
| eCornell Finance Director | \$0 - \$2,000,000 (Domestic) \$0 - \$300,000 (International) |

IV. International Resellers or Strategic Partner Agreements and MOUs

The Vice Provost for External Education is the only person within eCornell with authority to execute international reseller and strategic partnership agreements and MOUs. All such agreements additionally require the review of the University Counsel Office.

ATTACHMENT A

STATEMENT OF WORK

This Statement of Work (the “**Statement of Work**”), effective as of February 1, 2026 (the “Effective Date”) confirms the agreement of County County (“**Client**”) and Cornell University, a New York education corporation, acting on behalf of External Education/eCornell (“**Cornell**”). Unless specifically set out below, this Statement of Work incorporates the terms and conditions set forth in the Professional Services Agreement (the “**PSA**”) associated with contract number 2435-02050. All terms used but not defined in this Statement of Work shall have the meanings ascribed to them in the PSA.

A. **Term and Project Managers**

This Statement of Work will commence on the Effective Date and will continue for a period of 12 months thereafter (the “**Statement of Work Term**”).

For purposes of this Statement of Work, the following individuals shall be the Project Managers:

(a) The Cornell Project Manager is:

Name: Corey Milnes
Address: 950 Danby Road, Ithaca, NY 14850
Email: mvincent@cornell.edu
Phone: 248.672.2576

(b) The Client Project Manager is:

Name: Velisha Haddox
Address: 118 N. Clark Street, Room 840 Chicago IL 60602
Email: Velisha.Haddox@cookcountyil.gov
Phone: (312)603-2031

B. **Block Courses**

1. Available Courses

- a. The available courses offered by eCornell to Client are listed at <http://www.ecornell.com/corporate-programs/corporate-course-list/> (“**Courses**”). Courses on this list demarcated with an asterisk are non-standard and involve special pricing as outlined in Section 2.b below. eCornell will provide Client written notice of any additions or modifications to this list during the Statement of Work Term.
- b. eCornell will provide Client with one (1) co-branded enrollment portal for departmental or program purchased blocks of enrollments. Onboardings will be provided for the Client administrator(s).

[CLIENT NAME]

SIGNATURE PAGE

- c. eCornell will provide Client with one (1) co-branded credit card portal for Client Course Enrollments for additional courses.
- d. A course enrollment (“Course Enrollment”) is defined as the registration of one user (“User”) into one eCornell Course offering.
- e. All Course Enrollments are to be registered within 12 months from the Effective Date. Client will lose credits if any unused pre-paid Course Enrollments are not registered by this date. A 12-month schedule of course dates will be provided to Client.
- f. After registration, Client’s Users may request to transfer or drop out of a Course provided that this request is received by 5pm Eastern Time (US) the business day prior to the registered Course state date. Any request received after the registered Course start date will not be accepted and the registration will count as a utilized Course Enrollment.

2. Pricing and Payment for Block Courses.

- a. Client agrees to pay a non-refundable Fee of **\$181,800** for **600** eCornell Course Enrollments. This Fee shall be paid in full in advance and shall be invoiced upon the execution of this Statement of Work.
- b. Client may purchase additional Course Enrollments during the Statement of Work Term at the rate of **\$303 USD**. Additional Course Enrollment purchases are subject to a five (5) Course Enrollment minimum, and such Course Enrollments may be used until the later of (a) the end of the Statement of Work Term and (b) six (6) months from the date of enrollment.
- c. Client’s Users may purchase Course Enrollments via credit card transactions on the co-branded portal at the preferred rate of **\$303 USD** during the Statement of Work Term.
- d. Client may purchase non-standard eCornell Course Enrollments via credit card transactions on the co-branded portal at the following preferred rates during the Statement of Work Term:
- e. Client may purchase a private Course cohort (Client Users only) for \$4,500 in addition to the fees paid for the required number of Course Enrollments. Once scheduled, a Client User may cancel or adjust the start date of the cohort with thirty (30) or more days’ notice prior to the scheduled start date. Client will forfeit the private Course cohort fee if canceled within thirty (30) days of the scheduled start date. eCornell is not required to accept any adjustments to the start date within thirty (30) days of the original scheduled start date.
- f. Any unpaid and undisputed balance remaining thereafter may be subject to suspension of Client’s access to register for Courses.
- g. Client will notify eCornell within 10 days after the invoice date if there is a dispute about the invoice.
- h. Upon termination by Client due to a material breach by Cornell the PSA, Client will be refunded for any unused Course Enrollments remaining within 14 days, to the extent any such fees have already been paid.

C. **Executive Education**

1. **Program.** For purposes of this Statement of Work the “**Services**” shall mean the development, design, implementation and/or delivery of a professional education program entitled “Leadership Development Programs” (the “**Program**”). It is understood and acknowledged that the Services (including any instruction and/or Deliverables) will be delivered by individuals who may be Cornell’s resident faculty, adjunct faculty, identified experts associated with Cornell, or other outside experts including faculty from other institutions and expert practitioners.

2. **Size, Dates, and Location of Program.** It is understood and agreed by the parties hereto that no more than 35 participants (the “**Agreed Size**”) will take part in the Program, as additional participants may diminish the learning experience and the effectiveness of instruction. In the event that enrollment is expected to exceed the Agreed Size, Client must notify Cornell at least four weeks prior to the beginning of the Program (and such additional participants will trigger an Additional Fee, as defined and described below). The Program will last approximately 12 months, beginning approximately February 1, 2026 and ending approximately January 31, 2027, and will take place virtual online. The general schedule and activities of the Program is expected to be as follows:

- Design and delivery of Cornell Custom Live Virtual Sessions
- Design will include current content that is tailored for Cook County
- Delivery of (7) 3-Hour Custom Virtual Sessions on topics TBD by Cook County
-

3. **Responsibilities of Cornell.** Cornell will handle all logistics regarding, and the Fee (as defined below) shall be deemed to include:¹

- a. Learning program design with Client to develop the Program, approximately two 45 minute calls;
- b. Design, development, coordination, management, and delivery of the customized Program;
- c. Instructor resources and customized materials (*e.g.*, handouts, digital content, and Deliverables) for the Program;
- d. Cornell program support and administration;
- e. A “Welcome Kick Off Call” of the Program;

4. **Responsibilities of Client.** Client will handle all logistics regarding, and (in accordance with the Section of this Statement of Work entitled “Expenses”) will pay, cause participants to pay, or reimburse Cornell for, all costs with respect to (and the Fee shall be deemed to exclude):²

- a. Collaboration with Cornell on the design and development of the Program to connect to the overall business strategy of the Client, including the learning outcomes and Program evaluation criteria;
- b. Keeping the Cornell Project Manager up to date on recent strategic and business shifts and events;
- c. Selecting and registering the participants in the Program, including ensuring (i) they are prepared and capable of contributing in a positive manner to the Program, and (ii) they are sufficiently proficient in English (*i.e.*, can carry on a moderately complex discussion in English) to succeed in the Program;

- d. Arranging and finalizing the Program participant list, and sharing such list with the Cornell Project Manager at least four weeks prior to the beginning of the Program;
- e. Administering a Program evaluation to assess the quality of the learning experience of the participants, based on a Likert rating scale with “1” being “poor” and “5” being “excellent” or “outstanding,” which results will be shared with Cornell to help design future programs that might be offered to Client by Cornell;
- f. Any pass-through costs or additional material required for the design and delivery of the program

5. **Program Fees; Invoicing.** For the delivery of the Program as described in this Statement of Work, Cornell will invoice Client for, and Client will pay Cornell, **\$77,000** (the “**Fee**”). In the event that the number of participants in the Program exceeds the Agreed Size, the Fee shall be increased by \$1,500 per additional participant (such additional fee, the “**Additional Fee**” and, together with the Fee, the “**Total Fee**”). The Total Fee is based on the design of the Program as of the date hereof, and is subject to change, which will be reflected via an amendment to the PSA in accordance with Article 10 c) of the PSA (including increased expenses) if the Client requests material changes to the Program (and Cornell, working in good faith, agrees to accommodate such changes). The Total Fee shall be due and payable to Cornell in accordance with the PSA and the following schedule:

- 50% payable within 60 days upon execution of the PSA and receipt of invoice and 50% upon completion of the Program and receipt of invoice.

6. **Expenses.** Client will pay, or reimburse Cornell for, all expenses described or referenced in the Section of this Statement of Work entitled “Client Responsibilities,” as well as all other reasonable, documented, out-of-pocket expenses incurred by Cornell in the performance of the Services. Any such costs or expenses not arranged and paid for by the Client will be charged to Client on a reimbursement basis only (no-markup) by Cornell and invoiced to Client in accordance with the PSA.

7. **Termination; Rescheduling; Cancellation Fees.**

a. In the event that the Client requests to reschedule or postpone the Program, the Client must reimburse Cornell for all reasonable unrecoverable losses and damages that may be sustained by Cornell and/or the Instructors due to such change or delay in the Program delivery dates. Cornell may, at its reasonable discretion, (i) consider such request to reschedule or postpone the Program to be a Cancellation (as defined below) (in which case the Cancellation Fee would become due and payable in accordance with its terms) or (ii) accommodate the new requested date of the Program (in which case no Cancellation Fee would become due and payable).

b. This Statement of Work may be terminated (and the Program automatically cancelled) by either party for any reason with thirty (30) days’ prior written notice to the non-terminating party. Upon termination of this Statement of Work (and/or a Cancellation) for any reason, Client will pay Cornell within thirty (60) days following such termination for all Services rendered by Cornell through the effective date of such termination and/or Cancellation (including payment for, or reimbursement of, all reasonable and documented expenses actually incurred and reasonable and documented non-cancelable expenses to be incurred in conjunction with the delivery and performance of the Services, including Services with

respect to programs or projects that have not yet begun or been completed). In addition, if this Statement of Work is terminated and/or the Program is canceled by the Client (a "**Cancellation**") within ninety (90) days of its scheduled start date, Client will pay Cornell a cancellation fee (a "**Cancellation Fee**"). The Cancellation Fee (i) is in addition to, and will not be credited against, any other fee or expense payment or reimbursement due or becoming due under the PSA or this Statement of Work, (ii) will be payable in accordance with the Section of the PSA entitled "Fees; Expenses" and (iii) will be determined as follows:

if the Cancellation occurs within 61 to 90 calendar days prior to the scheduled start date of the Program, then the Cancellation Fee is 25% of the Total Fee;

if the Cancellation occurs within 31 to 60 calendar days prior to the scheduled start date of the Program, then the Cancellation Fee is 50% of the Total Fee; and

if the Cancellation occurs within 30 calendar days prior to the scheduled start date of the Program, then the Cancellation Fee is 100% of the Total Fee.

ATTACHMENT B

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

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

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

| | |
|---|---|
| Bid/RFP/RFQ No.: N/A | Date: N/A |
| Total Bid or Proposal Amount: \$258,800 | Contract Title: N/A |
| Contractor: Cornell University - Office of External Education | Subcontractor/Supplier/Subconsultant to be added or substitute: N/A |
| Authorized Contact for Contractor: eCornell Accounting Department | Authorized Contact for Subcontractor/Supplier/Subconsultant: N/A |
| Email Address (Contractor): ec_accounting@cornell.edu | Email Address (Subcontractor): N/A |
| Company Address (Contractor): 950 Danby Road | Company Address (Subcontractor): N/A |
| City, State and Zip (Contractor): Ithaca, NY 14850 | City, State and Zip (Subcontractor): N/A |
| Telephone and Fax (Contractor): 607-330-3200 | Telephone and Fax (Subcontractor): N/A |
| Estimated Start and Completion Dates (Contractor): 2/1/2026 through 1/31/2027 | Estimated Start and Completion Dates (Subcontractor): N/A |

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> |
|--|--|
| N/A | N/A |

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.**

Cornell University - Office of External Education

Contractor
Paul Krause

Name
Vice Provost, External Education

Title
Paul Krause

Prime Contractor Signature

10/17/2025

Date



Memorandum

Date: October 28, 2025

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

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

RE: Contract No. 2435-02050 Amendment 1
Online Leadership Program
Bureau of Human Resources
Sole Source – Professional Services
Contractor: Cornell University d/b/a eCornell
Original Contract Value: \$229,700.00
Original Contract Term: February 1, 2025 – January 31, 2026
Participation Goal: 0% MBE/WBE
Amendment 1 increased the contract value by \$258,800 from \$229,700 to a revised contract value of \$488,500 and renew contract term for 1 year from February 1, 2026 through January 31, 2027.
Revised Contract Value: \$448,500.00
Revised Contract Term: February 1, 2025 – January 31, 2027

The Center of Business Enterprise Development is in receipt of the above-referenced contract amendment and has determined a 0% MBE/WBE participation goal was recommended and does not require the Center of Business Enterprise Development to review for MBE/WBE compliance with the Minority- and Women- owned Business Enterprises (MBE/WBE) Ordinance.

JC/mm

CC: Suhail Khan, (Procurement)
Nicole Riley, (Human Resources)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/27/2025

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 2850 Golf Rd Rolling Meadows IL 60008 | CONTACT NAME: Katherine Bisceglia PHONE (A/C. No. Ext): 630-773-3800 E-MAIL ADDRESS: katherine_bisceglia@ajg.com | | FAX (A/C. No): 630-285-4062 |
| | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURED Cornell University Risk Management & Insurance 395 Pine Tree Rd. Suite 247 Ithaca NY 14850 | INSURER A: United Educators Ins, a Reciprocal Risk Retention | | 10020 |
| | INSURER B: Safety National Casualty Corporation | | 15105 |
| | INSURER C: | | |
| | INSURER D: | | |
| | INSURER E: | | |
| INSURER F: | | | |

COVERAGES

CERTIFICATE NUMBER: 1740568241

REVISION NUMBER:

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR: \$5,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | R6404F | 7/1/2025 | 7/1/2026 | EACH OCCURRENCE | \$ 5,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ Included |
| | | | | | | | MED EXP (Any one person) | \$ Included |
| | | | | | | | PERSONAL & ADV INJURY | \$ 5,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$ 5,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$ 5,000,000 |
| | | | | | | | | \$ |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | R6404F | 7/1/2025 | 7/1/2026 | COMBINED SINGLE LIMIT (Ea accident) | \$ 5,000,000 |
| | | | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| A | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 5,000,000 | | | R6404F | 7/1/2025 | 7/1/2026 | EACH OCCURRENCE | \$ 5,000,000 |
| | | | | | | | AGGREGATE | \$ 5,000,000 |
| | | | | | | | | \$ |
| 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 | N/A | SP4066947 | 7/1/2025 | 7/1/2026 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER | |
| | | | | | | | E.L. EACH ACCIDENT | \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 |
| A | Internships and Professional Liab | | | R6404F | 7/1/2025 | 7/1/2026 | Each Claim Aggregate SIR | \$1,000,000 \$2,000,000 \$5,000,000 |

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

General Liability - BIPD & Contractual Liability, **General Liability Self-Insured Retention of \$5,000,000 per claim**, **Worker's Compensation Self-Insured Retention of \$1,500,000 per claim**

Cook County (Client), its officials, employees, and agents are shown as Additional Insured solely with respect to General Liability on primary and non-contributory basis and Auto Liability coverage as required by written contract. A Waiver of Subrogation in favor of Cook County (Client), its employees, elected officials, agents or representatives are included under the General Liability, Auto Liability and Workers compensation coverages as evidenced herein as required by written contract. Umbrella Follows Form

CERTIFICATE HOLDER**CANCELLATION**

Cook County Government
 118 N. Clark Street, Room 8
 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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**COOK COUNTY
ECONOMIC DISCLOSURE STATEMENT
AND EXECUTION DOCUMENT
INDEX**

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| 5 | Contract and EDS Execution Page | EDS 15 |
| 6 | Cook County Signature Page | EDS 16 |

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

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

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

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

Applicant means a person who executes this EDS.

Bidder means any person who submits a Bid.

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

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

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

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

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

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

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

Lobbyist means any person who lobbies.

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

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

Proposal means a response to an RFP.

Proposer means a person submitting a Proposal.

Response means response to an RFQ.

Respondent means a person responding to an RFQ.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SECTION 2

CERTIFICATIONS

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

A. PERSONS AND ENTITIES SUBJECT TO DISQUALIFICATION

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

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

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

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

B. BID-RIGGING OR BID ROTATING

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

C. DRUG FREE WORKPLACE ACT

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

D. DELINQUENCY IN PAYMENT OF TAXES

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

E. HUMAN RIGHTS ORDINANCE

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

F. ILLINOIS HUMAN RIGHTS ACT

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

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

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

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

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

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

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

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

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

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

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

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

SECTION 3

REQUIRED DISCLOSURES

1. DISCLOSURE OF LOBBYIST CONTACTS

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

| Name | Address |
|-------|---------|
| None | |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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

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

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

Yes: No:

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

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:

Cornell take the following exceptions to the certifications below:
Declaration of Child Support Obligations: Cornell is a 501(c)(3) not for profit corporation
Cook County Disclosure of Ownership Interest Statement: Cornell is a 501(c)(3) not for profit corporation and does not have persons or entities with ownership interest in it
Family Relationship Disclosure Form: Cornell has extensive board members and officers
The lists are here: <https://trustees.cornell.edu/members>, <https://leadership.cornell.edu>. no one directly involved with this contract has a family relationship; however we cannot certify the entire university.
Cook County Affidavit for Wage Theft Ordinance: Cornell is a 501(c)(3) not for profit corporation and does not have any individuals or entities with ownership interest in it.

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 Cornell University

D/B/A: eCornell FEIN # Only: 15-0532082

Street Address: 950 Danby Road

City: Ithaca State: New York Zip Code: 14850

Phone No.: 607-330-3200 Fax Number: _____ Email: ec_accounting@cornell.edu

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

Corporate File Number (if applicable): _____

Form of Legal Entity:

Sole Proprietor Partnership Corporation Trustee of Land Trust

Business Trust Estate Association Joint Venture

Other (describe) Cornell University is a 501(c)(3) not for profit corporation

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 |
|---|---------|---|
| <u>As a not for profit, Cornell does not have individuals or entities with ownership interest in the University</u> | | |
| | | |
| | | |

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

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

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

| Name | Address | Percentage of Beneficial Interest | Relationship |
|------|---------|-----------------------------------|--------------|
| | | | |
| | | | |

Corporate Officers, Members and Partners Information:

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

| Name | Address | Title (specify title of Office, or whether manager or partner/joint venture) | Term of Office |
|------|---------|--|----------------|
| | | | |
| | | | |

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

Paul Krause
Name of Authorized Applicant/Holder Representative (please print or type)
Pak
Signature
pak53@cornell.edu
E-mail address

Vice Provost External Education
Title
10/17/2025
Date
Oct 17 2025
Phone Number

Subscribed to and sworn before me
this 17th day of October 2025

X *[Signature]*
Notary Public Signature

My commission expires 07/31/2028
KERAL GROVES
Notary Public - State of New York
No. 01GR0027356
Qualified in Schuyler County
My Commission Expires 07/31/2028
Notary Seal



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

FAMILIAL RELATIONSHIP DISCLOSURE PROVISION

Nepotism Disclosure Requirement:

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

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

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

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

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

Additional Definitions:

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

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

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

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

Name of Person Doing Business with the County: Cornell University - Office of External Education

Address of Person Doing Business with the County: 950 Danby Road, Ithaca, NY 14850 Suite 150

Phone number of Person Doing Business with the County: 607-330-3200

Email address of Person Doing Business with the County: ec_accounting@cornell.edu

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:

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: _____

2435-02050

The aggregate dollar value of the business you are doing or seeking to do with the County: \$ 488,500.00

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: -Suhail Kahn, 161 North Clark Street, Room 840, Chicago IL 60602

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: Velissa Haddox, 118 North Clark Street, Room 840, Chicago IL 60602

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

Check the box that applies and provide related information where needed

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

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

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

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

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

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

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

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

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

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

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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

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

Paul Krause
Signature of Recipient

Oct 24, 2025
Date

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

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

SECTION 4

COOK COUNTY AFFIDAVIT FOR WAGE THEFT ORDINANCE

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

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

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

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

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

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

I. Contract Information:

Contract Number: 2435-02050

County Using Agency (requesting Procurement): Bureau of Human Resources

II. Person/Substantial Owner Information:

Person (Corporate Entity Name): Cornell University - Office of External Education

Substantial Owner Complete Name: N/A

FEIN# _____

[Redacted]

E-mail address: ec_accounting@cornell.edu

Street Address: 950 Danby Road

City: Ithaca State: NY Zip: 14850

[Redacted]

III. Compliance with Wage Laws:

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

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

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

IV. Request for Waiver or Reduction

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

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

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

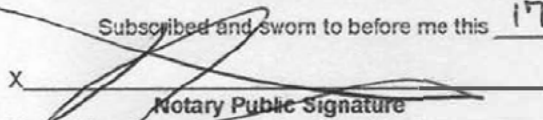
V. Affirmation

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

Signature:  Date: 10/17/2025

Name of Person signing (Print): Paul Krause Title: Vice Provost External Education

Subscribed and sworn to before me this 17th day of Oct KERAL GROVES 20 25

X 
Notary Public Signature

| |
|-----------------------------------|
| KERAL GROVES |
| Notary Public - State of New York |
| No. 01GR0027356 |
| Qualified in Schenley County |
| My Commission Expires 07/31/2028 |

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

SECTION 5

CONTRACT AND EDS EXECUTION PAGE

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

Execution by Corporation

Cornell University

Paul Kravitz
Paul Kravitz (Oct 17, 2025 20:39:31 GMT+3)

Corporation's Name

President's Printed Name and Signature

607-330-3212

pa53@cornell.edu

Telephone

Email

10/17/2025

Secretary Signature

Date

Execution by LLC

LLC Name

*Member/Manager Printed Name and Signature

Date

Telephone and Email

Execution by Partnership/Joint Venture

Partnership/Joint Venture Name

*Partner/Joint Venturer Printed Name and Signature

Date

Telephone and Email

Execution by Sole Proprietorship

Printed Name Signature

Assumed Name (if applicable)

Date

Telephone and Email

Subscribed and sworn to before me this

17th day of October, 2025.

KERA L GROVES
My Commission Expires 07/31/2028
Qualified in Schuyler County
Notary Seal

Notary Public Signature

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