

AMENDMENT NO. 1

This Amendment modifies Contract No. 1853-17646, for Circuit Court of Cook County North Suburban Municipal District Drug Court Service Enhancement Program by and between the County of Cook, Illinois, herein referred to as "County" and Gateway Foundation, 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 January 24, 2019, (hereinafter referred to as the "Contract"), wherein the Contractor is to provide Circuit Court of Cook County North Suburban Municipal District Drug Court Service Enhancement Program (hereinafter referred to as the "Services") from January 25, 2019 through September 29, 2023, in an amount not to exceed, \$384,723.00 with one (1), one-year renewal option; and

Whereas, pursuant to Article 10 Section C of the Contract, the County and Contractor desire to include additional scope of services by adding Court Locations to the Contract and providing Services to these new locations; and

Whereas, an increase in the Contract amount requires for these additional Services; and pursuant to Article 10 Section C of the Contract, the County and Contractor desire to increase the Contract in the amount of \$917,679.00.

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

1. The Contract is increased by \$917,679.00 and the Total Contract Amount is revised to \$1,302,402.00.
2. The following Court Locations are hereby added to the Contract:
 - a. Criminal Division Male Mental Health Court
 - b. Criminal Division Female Mental Health Court
 - c. District 2 Mental Health Court
 - d. District 3 Mental Health Court
 - e. District 4 Mental Health Court
 - f. District 5 Mental Health Court
 - g. District 6 Mental Health Court
3. The Contract is hereby amended to incorporate Attachment A, Circuit Court of Cook County Co-Occurring Drug and Mental Health Court Service Enhancement Program (Grant Number: 1H79TI081951-01) and made part of the Contract.
4. The Contract is hereby amended to incorporate Attachment B and made a part of the Contract. Exhibit 1, Budget Justification and Narrative, of the Contract is amended to revise rates for Services as follows:

Date	Services	Rate	Unit of Measure
8/15/19 – 9/29/2019	Residential Treatment - Level III.5	\$298.98	Day
9/30/2019 – 9/29/2020	Residential Treatment - Level III.5	\$298.98	Day
9/30/2020 – 9/29/2021	Residential Treatment - Level III.5	\$307.95	Day
9/30/2021 – 9/29/2022	Residential Treatment - Level III.5	\$317.19	Day
9/30/2022 – 9/29/2023	Residential Treatment - Level III.5	\$326.71	Day

5. The attached Identification of Sub-Contractors/Suppliers/Sub-Consultants Form, MBE/WBE Utilization Plan Forms, Certificate of Insurance, and Economic Disclosures Statement under Attachment C are incorporated and made a part of this Contract.
6. All other terms and conditions remain as stated in the Contract.

In witness whereof and pursuant to County Board approval on October 24, 2019 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

By: [Signature]
Chief Procurement Officer

Date: 11-5-19

By: [Signature]
State's Attorney (if applicable)

JACOB KARACA
Type or print name (if applicable)

Date: _____

Gateway Foundation, Inc.

[Signature]

Signed

Thomas P. Britton

Type or print name

President & CEO

Title

Date: 10/21/19

ATTACHMENT A



SAMHSA Treatment Drug Courts
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

Notice of Award

Issue Date: 05/30/2019

Grant Number: 1H79TI081951-01
FAIN: H79TI081951
Program Director: Lorena Roque

Project Title: Circuit Court of Cook County Co-Occurring Drug and Mental Health Court Service Enhancement Program (MHCEP)

Organization Name: CIRCUIT COURT OF COOK COUNTY

Business Official: Mr. James Anderson

Business Official e-mail address: james.anderson@cookcountyil.gov

Budget Period: 05/31/2019 – 05/30/2020
Project Period: 05/31/2019 – 05/30/2024

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$399,985 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to CIRCUIT COURT OF COOK COUNTY in support of the above referenced project. This award is pursuant to the authority of PHS Act, Title V, Section 509; 42 U.S.C 290bb-2 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Award recipients may access the SAMHSA website at www.samhsa.gov (click on "Grants" then SAMHSA Grants Management), which provides information relating to the Division of Payment Management System, HHS Division of Cost Allocation and Postaward Administration Requirements. Please use your grant number for reference.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,
Roger George
Grants Management Officer
Division of Grants Management

See additional information below

SECTION I – AWARD DATA – 1H79TI081951-01**Award Calculation (U.S. Dollars)**

Personnel(non-research)	\$43,497
Fringe Benefits	\$30,403
Equipment	\$2,185
Travel	\$9,637
Supplies	\$789
Contractual	\$295,088
Other	\$13,671
 Direct Cost	 \$395,270
Indirect Cost	\$4,715
Approved Budget	\$399,985
Federal Share	\$399,985
Cumulative Prior Awards for this Budget Period	\$0
 AMOUNT OF THIS ACTION (FEDERAL SHARE)	 \$399,985

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
1	\$399,985
2	\$400,000
3	\$399,982
4	\$399,978
5	\$399,981

*Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

Fiscal Information:

CFDA Number:	93.243
EIN:	1273567482A1
Document Number:	19TI81951A
Fiscal Year:	2019

IC	CAN	Amount
TI	C96N363	\$399,985

IC	CAN	2019	2020	2021	2022	2023
TI	C96N363	\$399,985	\$400,000	\$399,982	\$399,978	\$399,981

TI Administrative Data:

PCC: DCT-AD19 / OC: 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 1H79TI081951-01

Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). Inquiries regarding payment should be directed to: The Division of Payment Management System, PO Box 6021, Rockville, MD 20852, Help Desk Support – Telephone Number: 1-877-614-5533.

The HHS Inspector General maintains a toll-free hotline for receiving information concerning
Page-2

fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201.

SECTION III – TERMS AND CONDITIONS – 1H79TI081951-01

This award is based on the application submitted to, and as approved by, SAMHSA on the above-title project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 75 as applicable.
- d. The HHS Grants Policy Statement.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

Treatment of Program Income:

Additional Costs

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.

SECTION IV – TI Special Terms and Conditions – 1H79TI081951-01

REMARKS

New Award

1. This Notice of Award (NoA) is issued to inform your organization that the application submitted through the funding opportunity Grants to Expand Substance Abuse Treatment Capacity in Adult Treatment Drug Courts and Adult Tribal Healing to Wellness Courts TI-19-002 has been selected for funding.

1a) This award reflects conditional approval of the budget submitted January 4, 2019 as part of the application by your organization.

2. Recipients are expected to plan their work to ensure that funds are expended within the 12-month budget period reflected on this Notice of Award. If activities proposed in the approved budget cannot be completed within the current budget period, SAMHSA cannot

guarantee the approval of any request for carryover of remaining unobligated funding.

3. All responses to award terms and conditions and prior approval requests must be submitted as .pdf documents in the “View Terms Tracking Details” page in eRA Commons.

For more information on how to upload a document in response to a tracked term, please reference under heading “**4 Additional Materials – grantee**” in the User Guide located at: https://era.nih.gov/files/TCM_User_Guide_Grantee.pdf

4. Register Program Director/Project Director (PD) in eRA Commons:

If you have not already done so, you must register the PD listed on the HHS Checklist in eRA Commons to assign a Commons ID. Once the PD has received their Commons ID, please send this information to your Grants Management Specialist. You can find additional information about the eRA Commons registration process at https://era.nih.gov/reg_accounts/register_commons.cfm.

5. Key Staff

Key staff (or key staff positions, if staff has not been selected) are listed below:

Lawrence Fox, Project Director @ 20% level of effort (in-kind)

Any changes to key staff—including level of effort involving separation from the project for more than three months or a 25 percent reduction in time dedicated to the project—requires prior approval and must be submitted as a post-award amendment in eRA Commons.

For additional information on how to submit a post-award amendment, please visit the SAMHSA website: <https://www.samhsa.gov/grants/grants-management/post-award-changes>. Any technical questions regarding the submission process should be directed to the eRA Service Desk: <http://grants.nih.gov/support/>.

SPECIAL TERMS

Disparity Impact Statement (DIS)

By July 30, 2019, submit via eRA Commons.

The DIS should be consistent with information in your application regarding access, *service use and outcomes for the program and include three components as described below. Questions about the DIS should be directed to your GPO. Examples of DIS can be found on the SAMHSA website at: <https://www.samhsa.gov/grants/grants-management/disparity-impact-statement>

*Service use is inclusive of treatment services, prevention services as well as outreach,

engagement, training, and/or technical assistance activities.

The disparity impact statement consists of three components:

1. Proposed number of individuals to be served and/or reached by subpopulations in the grant implementation area should be provided in a table that covers the entire grant period. The disparate population(s) should be identified in a narrative that includes a description of the population and rationale for how the determination was made.
2. A quality improvement plan for how you will use your program (GPRA) data on access, use and outcomes to monitor and manage program outcomes by race, ethnicity and LGBT status, when possible. The quality improvement plan should include strategies for how processes and/or programmatic adjustments will support efforts to reduce disparities for the identified sub-populations.
3. The quality improvement plan should include methods for the development and implementation of policies and procedures to ensure adherence to the Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards and the provision of effective care and services that are responsive to:
 - a. Diverse cultural health beliefs and practices;
 - b. Preferred languages; and
 - c. Health literacy and other communication needs of all sub-populations within the proposed geographic region.

All responses to award terms and conditions must be submitted as .pdf documents in the "View Terms Tracking Details" page in eRA Commons.

For more information on how to upload a document in response to a tracked term, please reference under heading "**4 Additional Materials – grantee**" in the User Guide located at: https://era.nih.gov/files/TCM_User_Guide_Grantee.pdf

SPECIAL CONDITIONS

System for Award Management (SAM) Exclusions

By June 30, 2019, submit via eRA Commons.

SAMHSA has conducted a review of one or more of the key staff for this award (Authorized Organization Representative (AOR)), Project Director, Business Official, and Key Personnel identified on the SF-424, PHS 5161, or required by the Funding Opportunity Announcement and included in the submitted application. A SAMHSA review of the General Services Administration System for Award Management (SAM) (<http://sam.gov>) has identified individual/individuals that is/are potentially excluded from participation in Federal programs or activities per 2 CFR Part 180.

Your organization must review and certify the person/s/ identified in the "RESPONSE REGARDING POTENTIAL EXCLUDED INDIVIDUAL" attachments. If the individual is the

same person, a prior approval request for a change in key personnel must be submitted because excluded individuals are not permitted to be involved with or receive payments under federal grant awards. Work performed by excluded (suspended or debarred) individuals is at the organizations own risk.

Failure to comply with this Special Condition of Award may result in SAMHSA initiating additional actions in accordance with 45 CFR §75.371, Remedies for noncompliance.

All responses to award terms and conditions must be submitted as .pdf documents in the "View Terms Tracking Details" page in eRA Commons.

For more information on how to upload a document in response to a tracked term, please reference under heading "**4 Additional Materials – grantee**" in the User Guide located at: https://era.nih.gov/files/TCM_User_Guide_Grantee.pdf

RESPONSE REGARDING POTENTIAL EXCLUDED INDIVIDUAL LETTER

The response must be provided on your organization's letterhead.

RESPONSE REGARDING POTENTIAL EXCLUDED INDIVIDUAL

Name and role of individual in question: **James Anderson, Authorized Representative and Business Official**

Based on the entry of the name and address of the employee in question, into the SAM exclusions search, we found that he/she (check the appropriate response below):

_____ is not the same individual.

_____ is the same individual. A prior approval for a change in key personnel will be submitted following the instructions at: <https://www.samhsa.gov/grants/grants-management/post-award-changes/key-staff-level-effort>.

AOR Print Name/ Title/ Organization

AOR Signature/ Date

SAM Exclusion Search Instructions

- Go to the following link: <https://www.sam.gov/>
- On the web page, select "Search Records" on the menu bar.
- In the bottom right section of the page, under ADVANCED SEARCH click on the button.

-
- A dialog box will pop up providing important information about the results, once this is read click the button (in order to proceed this information must be acknowledged).
 - You are now at the Advanced Search-Exclusion page. Click button to the left of the screen (2nd radio button down)
 - The drop down box to the left is already populated with 'All'. In the box to the right, enter the individual's first and last name.
 - Scroll down to the bottom left and click the blue button.
 - You are at the Search Results Screen. This may produce multiple results. If so, verify if the individual's entire name and state of residence are the same as the employee in question.
- If a potential match is found, to the right of the individual's name, click the button.
- Scroll down to the bottom of the page to the Primary Address section, and insert the individual's street address into the block under Verify Street Address.
 - Click button,
 - "No Match" will be displayed if no match is found.
 - Complete the section RESPONSE REGARDING POTENTIAL EXCLUDED INDIVIDUAL on this Notice of Award Condition.

Marginal

By June 30, 2019, submit via eRA Commons.

*For the marginal sections as noted in the summary statement, you must submit the requested information to eRA Commons by June 30, 2019.

The application submitted received a marginal rating for Section A: Population of Focus and Statement of Need. Reviewer noted that the grantee:

- Insufficient detail is provided on the extent of the problem in the catchment area.
- Substantive documentation is not provided on the extent of the need for the population(s) of focus in terms of current prevalence rates or incidence data.
- All data sources are not identified.

To ensure that the grantee meets acceptable standards for this section, you must submit the following information to eRA Commons:

- Provide sufficient detail on the extend of the problem in the catchment area.
- Provide substantive documentation on the extend of the need for the need for the population(s) of focus in terms of current prevalence rates or incidence data.
- Identify all data sources.

The application submitted received a marginal rating for Section E: Data Collection and Performance Measurement. Reviewer noted that the grantee:

- Limited information is provided about how the required data for the program will be collected.
- A thorough description is not provided about how data will be used to monitor the program.
- Specific information is not provided about how data will be used to enhance the program.

To ensure that the grantee meets acceptable standards for this section, you must submit the following information to eRA Commons:

-
- Provide more information about how the required data for the program will be collected.
 - Provide a thorough description about how data will be used to monitor the program.
 - Provide specific information about how data will be used to enhance the program.

All responses to award terms and conditions must be submitted as .pdf documents in the "View Terms Tracking Details" page in eRA Commons.

For more information on how to upload a document in response to a tracked term, please reference under heading **"4 Additional Materials – grantee"** in the User Guide located at: https://era.nih.gov/files/TCM_User_Guide_Granttee.pdf

Revised Budget

By June 30, 2019, submit in eRA a revised Budget Narrative, a revised SF 424A, and a revised HHS Checklist, as required when addressing the following concerns:

PERSONNEL: The Project Director identified in the budget narrative is Lawrence Fox. The Project Director identified on the HHS Checklist is Lawrence Fox. However, in eRA, the Project Director is identified as Lorena Roque. If the PD is Lawrence Fox, he must be registered in eRA Commons with his own ID. Please register Judge Fox and provide the ID to SAMHSA. If Lorena Roque is the PD, please revise both the HHS Checklist and Budget Narrative accordingly.

TRAVEL: Who are the 5 individuals going to the NADCP conference? There are only 3 individuals listed as personnel on the grant. Please confirm that the individual(s) traveling on federal funds are personnel listed on this grant and not contractors. If you are sending contractors, the travel funds should be included on the item CONTRACTS, not TRAVEL.

EQUIPMENT: Equipment line item is for items greater than \$5,000 in value per item. The laptop included for \$2,185 is considered supplies. Please move to Supplies.

OTHER: You are requesting conference registration fees for 6 staff. Who are these staff on the grant? Are they personnel or contractors? If contractors, the fee belongs in CONTRACTS. In addition, you requested TRAVEL funds for 5 staff and registration for 6 staff. Is this accurate? Please elaborate who are the attendees on the grant and confirm the number of individuals attending.

FUNDING LIMITATION RESTRICTIONS: As per the FOA, you are required to respond in your budget narrative to the following 6 Funding Limitation Restrictions. Even if the response is Not Applicable, you must respond to each of these.

The funding restrictions for this project are as follows:

- o No more than 15 percent of the total grant award for the budget period may be used for developing the infrastructure necessary for expansion of services.

-
- No more than 20 percent of the total grant award for the budget period may be used for data collection, performance measurement, and performance assessment, including incentives for participating in the required data collection follow-up.
 - Up to 5 percent of the annual grant award may be used for HIV rapid testing. [Note: Grant funds may be used to purchase such services from another provider.]
 - Up to 35 percent of the annual grant award may be used to pay for FDA- approved medication as part of MAT, which includes methadone, naltrexone, buprenorphine, disulfiram, and acamprosate calcium when the client has no other source of funds to do so.
 - Up to 5 percent of the annual grant award (when no other funds are available) may be used for viral hepatitis (B and C) testing, including purchasing test kits and other required supplies (e.g., gloves, bio hazardous waste containers) and training for staff related to viral hepatitis (B and C) testing, for applicants electing to develop and implement plans for viral hepatitis testing and treatment.
 - Up to 30 percent of the annual grant award may be used to pay for recovery housing.

Indirect Cost Rate Agreement

By June 30, 2019, submit in eRA an approved copy of your current indirect cost rate agreement or cost allocation plan.

STANDARD TERMS AND CONDITIONS

Annual Programmatic Progress Report

By August 31, 2020, submit via eRA Commons.

The Programmatic Report is required on an annual basis and must be submitted as a .pdf to the View Terms Tracking Details page in the eRA Commons System no later than 90 days after the end of each 12-month incremental period.

The Annual Programmatic Report must, at a minimum, include the following information:

- Data and progress for performance measures as reflected in your application regarding goals and evaluation activities.
- A summary of key program accomplishments to-date.
- Description of the changes, if any, that were made to the project that differ from the application for this incremental period.
- Description of any difficulties and/or problems encountered in achieving planned goals and objectives including barriers to accomplishing program objectives, and actions to

overcome barriers or difficulties.

Note: Recipients must also comply with the GPRA requirements that include the collection and periodic reporting of performance data as specified in the FOA or by the Grant Program Official (GPO). This information is needed in order to comply with PL 102-62, which requires that Substance Abuse and Mental Health Services Administration (SAMHSA) report evaluation data to ensure the effectiveness and efficiency of its programs.

The response to this term must be submitted as .pdf documents in the View Terms Tracking Details page in eRA Commons. Please contact your Government Program Official (GPO) for program specific submission information.

For more information on how to upload a document in response to a tracked term, please reference under heading **4 Additional Materials grantee** in the User Guide located at: https://era.nih.gov/files/TCM_User_Guide_Granttee.pdf

Additional information on reporting requirements is available at <https://www.samhsa.gov/grants/grants-management/reporting-requirements>.

Annual Federal Financial Report (SF-425)

By August 31, 2020, submit via eRA Commons.

The Federal Financial Report (FFR) (SF-425) is required on an annual basis and should reflect only cumulative actual Federal funds authorized and disbursed, any non-Federal matching funds (if identified in the Funding Opportunity Announcement (FOA)), unliquidated obligations incurred, the unobligated balance of the Federal funds for the award, as well as program income generated during the timeframe covered by the report. Additional guidance to complete the FFR can be found at <http://www.samhsa.gov/grants/grants-management/reporting-requirements>.

FFR reporting must be entered directly into the eRA Commons system. Instructions on how to submit a Federal Financial Report (FFR) via the eRA Commons is available at <https://www.samhsa.gov/sites/default/files/samhsa-grantee-submit-ffr-10-22-17.pptx>.

Standard Terms for Awards

Your organization must comply with the Standard Terms and Conditions for the Fiscal Year in which your grant was awarded. The Fiscal Year for your award is identified on Page 2 of your Notice of Award. SAMHSA's Terms and Conditions Webpage is located at: <https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>.

Compliance with Award Terms and Conditions

FAILURE TO COMPLY WITH THE ABOVE STATED TERMS AND CONDITIONS MAY RESULT IN ACTIONS IN ACCORDANCE WITH 45 CFR 75.371, REMEDIES FOR NON-COMPLIANCE AND 45 CFR 75.372 TERMINATION. THIS MAY INCLUDE WITHHOLDING PAYMENT, DISALLOWANCE OF COSTS, SUSPENSION AND DEBARMENT, TERMINATION OF THIS AWARD, OR DENIAL OF FUTURE FUNDING.

All previous terms and conditions remain in effect until specifically approved and removed by the Grants Management Officer.

Staff Contacts:

Andrea King, Program Official

Phone: 240-276-2245 **Email:** andrea.king@samhsa.hhs.gov

Lesley Schrier, Grants Specialist

Phone: 240-276-0566 **Email:** lesley.schrier@samhsa.hhs.gov

ATTACHMENT B



55 E. Jackson Blvd. | Suite 1500 | Chicago, IL 60604
p 312.663.1130 | f 312.663.0504
24-Hour Helpline 877.505.HOPE (4673)
GatewayFoundation.org

August 16, 2019

Lorena Roque, M.A.
Senior Research Analyst
Office of the Chief Judge
Illinois Circuit Court of Cook County
69 W. Washington St., Suite 3300
Chicago, IL 60602

RE: Contract numbers: 1853-17646

Dear Ms. Roque:

Gateway Foundation, Inc.'s IDHS/SUPR residential rate increased effective 7/1/19. The newly established Gateway residential rate was \$291.69 (see attached rate notification letter). In addition, all IDHS SUPR providers were given a 2.5% rate increase effective 7/1/2019 (see attached Smart Alert). Gateway Foundation's new FY19 residential rate is \$298.98.

Substance use disorder providers contracted with SUPR and Medicaid for services are prohibited from charging less than the established state rate for SUD services. Contract numbers 1853-17646 Attachment 1, Budget Justification, page 10, 11, 12 and 13 states: "In no event shall these rates be lower than the current SUPR/Medicaid rates." Therefore, Gateway Foundation, Inc. respectfully requests the residential rate in each contract be revised as follows:

1853-17646

Dates	Service	Rate	Unit Measure
8/15/19 - 9/29/2019	Residential treatment - Level III.5	\$298.98	Day
9/30/2019 - 9/29/2020	Residential treatment - Level III.5	\$298.98	Day
9/30/2020 - 9/29/2021	Residential treatment - Level III.5	\$307.95	Day
9/30/2021 - 9/29/2022	Residential treatment - Level III.5	\$317.19	Day
9/30/2022 - 9/29/2023	Residential treatment - Level III.5	\$326.71	Day

Addiction Medicine. **Saving Lives.**

We request the contact be amended to reflect our current SUPR residential rate of \$298.98. Please contact Renee Ennis McGee at 678-445-4833 or at rmcgee@gatewayfoundation.org if you need additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas P. Britton", with a horizontal line extending from the end of the signature.

Thomas P. Britton
President & CEO
Gateway Foundation, Inc.

ATTACHMENT C

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

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

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

Bid/RFP/RFQ No.: 1853-17646	Date: 9/27/19
Total Bid or Proposal Amount: \$384,723	Contract Title: Substance Abuse Treatment and Counseling Servi
Contractor: Gateway Foundation, Inc.	Subcontractor/Supplier/ Subconsultant to be N/A added or substitute:
Authorized Contact for Contractor: Thomas P. Britton	Authorized Contact for Subcontractor/Supplier/ N/A Subconsultant:
Email Address (Contractor): tbritton@gatewayfoundation.org	Email Address (Subcontractor): N/A
Company Address 55 E. Jackson, Suite 1500 (Contractor):	Company Address N/A (Subcontractor):
City, State and Zip (Contractor): Chicago, IL 60604	City, State and Zip (Subcontractor): N/A
Telephone and Fax (Contractor): P: 312-663-1130 F:312-663-0504	Telephone and Fax (Subcontractor): N/A
Estimated Start and Completion Dates 1/15/2019 - 6/30/2023 (Contractor):	Estimated Start and Completion Dates N/A (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>

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.**

Gateway Foundation, Inc.

Contractor

Thomas P. Britton

Name

President & CEO

Title

Prime Contractor Signature

Date



TONI PRECKWINKLE

PRESIDENT

**Cook County Board
of Commissioners**

BRANDON JOHNSON

1st District

DENNIS DEER

2nd District

BILL LOWRY

3rd District

STANLEY MOORE

4th District

DEBORAH SIMS

5th District

DONNA MILLER

6th District

ALMA E. ANAYA

7th District

LUIS ARROYO, JR

8th District

PETER N. SILVESTRI

9th District

BRIDGET GAINER

10th District

JOHN P. DALEY

11th District

BRIDGET GAINER

12th District

LARRY SUFFREDIN

13th District

SCOTT R. BRITTON

14th District

KEVIN B. MORRISON

15th District

JEFFREY R. TOBOLSKI

16th District

SEAN M. MORRISON

17th District

OFFICE OF CONTRACT COMPLIANCE

EDWARD H. OLIVIERI

CONTRACT COMPLIANCE DIRECTOR

118 N. Clark, County Building, Room 1020 • Chicago, Illinois 60602 • (312) 603-5502

October 16, 2019

Mr. Raffi Sarrafian

Chief Procurement Officer

118 N. Clark Street

County Building-Room 1018

Chicago, IL 60602

Re: Contract No.: 1853-17646 (Amendment No. 1)
Substance Abuse Treatment and Counseling
Office of the Chief Judge

Dear Mr. Sarrafian:

The Office of Contract Compliance 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 Office of Contract Compliance to review for MBE/WBE compliance with the Minority- and Women- owned Business Enterprises (MBE/WBE) Ordinance.

Sincerely,

Edward H. Olivieri

Contract Compliance Director

EHO/ds

cc: Angela Sanchez, OCPO
Lorena Roque, OCJ



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/26/2019

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 Van Wagner Agency 135 Crossways Park Drive PO Box 9017 Woodbury NY 11797	CONTACT NAME:	FAX (A/C, No): 888-290-0302	
	PHONE (A/C, No, Ext): 800-735-1588	E-MAIL ADDRESS: request@sterlingrisk.com	
INSURED Gateway Foundation, Inc. 55 E. Jackson Blvd.-Ste 1500 Chicago IL 60604-4184	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Philadelphia Indemnity Insurance Company		18058
	INSURER B : Beazley Insurance Company, Inc.		37540
	INSURER C : Liberty Mutual Insurance Company		23043
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES**CERTIFICATE NUMBER:** 333111157**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	PHPK1999029	6/30/2019	6/30/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
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			PHPK1999029	6/30/2019	6/30/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp/Coll \$ \$1,000/1,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB682997	6/30/2019	6/30/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	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	WC6-641-443891-029	6/30/2019	6/30/2020	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
A	Professional Liability			PHPK1999029	6/30/2019	6/30/2020	Each Incident/Agg. Limit/Retention 1 MIL/\$3 MIL
B	Cyber			W16039190601	6/30/2019	6/30/2020	1 MIL/25,000

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

Re: Contract #1853-17646.

Cook County is included as Additional Insured as respect to General Liability as per endorsement form PI-GLD-HS (10/11) and as respect to Automobile Liability as per endorsement form CA 00 01 03 06 to the extent provided therein. Insurance is Primary and Non-Contributory as respect to General Liability as per endorsement form CG 00 01 12 07 and as respect to Automobile Liability as per endorsement form CA 00 01 10 13. Waiver of subrogation is included as per endorsement form PI-GLD-HS (10/11).

CERTIFICATE HOLDER**CANCELLATION 30 DAYS**

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

**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 cookcountylil.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:

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): See attached

(ATTACH SHEET IF NECESSARY TO LIST ADDITIONAL INDEX
NUMBERS)

OR:

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

5. EXCEPTIONS TO CERTIFICATIONS OR DISCLOSURES.

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

N/A

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

Real estate Ownership Disclosures
G.W. Owned Property in Cook County
March 28, 2017

13-35-417-045	1706 N. Kedzie	Kedzie Center (tax exempt)
16-14-318-024	3828 W. Taylor	Westside Center (tax exempt)
16-14-318-031	Corner of Independence and Taylor	Parking for Westside Center (tax exempt)
16-14-318-030	920 S. Independence	
16-14-318-029	918 S. Independence	
16-14-318-027	910 S. Independence	Purchased Feb 03
16-14-318-026	908 S. Independence	
16-14-318-025	900-902 S. Independence	
16-14-318-007	3845 W. Arthington	
16-14-318-006	3849 W. Arthington	
16-14-318-005	3851 W. Arthington	
16-14-320-025	South side of 3800 Block of West Taylor Street	Parking for Westside Center (tax exempt)

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 Gateway Foundation, Inc.

D/B/A: _____ FEIN # Only: 362670036

Street Address: 55 E. Jackson, Suite 1500

City: Chicago State: IL Zip Code: 60604

Phone No.: 312-663-1130 Fax Number: 312-663-0504 Email: tbritton@gatewayfoundation.org

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

Corporate File Number (if applicable): 44846471

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
None		

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
None		

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
None			

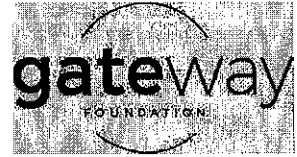
Corporate Officers, Members and Partners Information:

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
See attached			

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.



GATEWAY FOUNDATION FY 2020 BOARD OF DIRECTORS

Michael Anthony

Senior Counsel
McDermott Will & Emery LLP
227 W Monroe Street, 44th Floor
Chicago, IL 60606
Phone: 312.984.7635
Mobile: 847.514.0499
manthony@mwe.com
Elected 6/15

Sidney Bradley

Senior Vice President
Citibank
Controller, Operations and
Technology
Tampa, FL
Phone: 813.604.0341
Fax: 813.604.0466
Sidney.r.bradley@citi.com
Elected 6/09

Richard L. Eichholz, PhD

10243 Smith Road
Union Pier, MI 49129
Phone: 312.925.3325
eichholzrl@gmail.com
Elected 9/12

Warren Harrington, Chairman

4069 Woodland Ave.
Western Springs, IL 60558
Phone: 312.498.6095
Email:
warren.harrington@hotmail.com
Elected 12/01

Glenn Baer Huebner

1426 Arlington
Houston, TX 77008
Mobile: 713.829.4536
gbhuebner@prodigy.net
Elected 9/96

David Johnson

Abraxas Group LLC
225 West Washington Street
Suite 2200
Chicago, IL 60606
Phone: 312.505.7238
david@abraxasgp.com
Elected 9/12

Arla Lach

Partner
Grant Thornton, LLP
Grant Thornton Tower
171 N. Clark Street, Suite 200
Chicago, IL 60601
Phone: 312.602.8119
Mobile: 312.259.7110
Arla.Lach@us.gt.com
Elected 6/15

Patrick Krill

Krill Strategies
2751 Hennepin Avenue, South, #261
Minneapolis, MN 55408
Phone: (Office) 651.762.4007
Patrick@prkrill.com
Elected 9/18

Mary Cesare-Murphy, Ph.D.

1123 Gilbert Avenue
Downers Grove, IL 60515
Phone: 630.971.8396
Cell: 630.290.7982
mcmarycesare@gmail.com
MC@PattonHC.com
Elected: 12/15

France Pitera

Retired Business Executive
508 E. Center Avenue
Lake Bluff, IL 60044
Cell: 224-515-6220
francepitera@gmail.com
Elected: 12/15

Amalesh Sanku

President, Sagertech
Communications
1800 River Ridge Circle
Naperville, IL 60565
Mobile: 630.862.7276
Amalesh@yahoo.com
Elected 6/11

Lawrence E. Singer (Larry)

Associate Dean
Loyola University Chicago School of
Law
25 E. Pearson
Chicago, IL 60611
Phone: 312.915.7558
Mobile: 847.769.2954
lsinger@luc.edu
Elected 1/18

Elizabeth Ogilvie Simer

Retired
Phone: 312.404.3961
Lizbuell55@gmail.com
Elected 6/95

Andrew Smith

President
Impact Advisors LLC
400 East Diehl Road, Suite 190
Naperville, IL 60563
Phone: 630.363.7051
andy.smith@impact-advisors.com
Elected 12/01

Ivy Walker

600 S. Dearborn
Unit 816
Chicago, IL 60605
Mobile: 312.203.5975
ivy@heliosdigital.com
Elected 11/17

OFFICERS:

Chair: Warren Harrington

Vice-Chair: Andy Smith

Treasurer: Amalesh Sanku

Secretary: France Pitera Staff:

Thomas Britton

**GOVERNANCE & NOMINATING
COMMITTEE**

Michael Anthony, Chair

Richard Eichholz, Vice-Chair

Glenn Huebner, Member

David Johnson, Member

Sidney Bradley, Member

Staff: Thomas Britton, President &
CEO

AUDIT COMMITTEE

Arla Lach, Chair

Ivy Walker, Vice-Chair

Patrick Krill, Member

Amalesh Sanku, Member

Staff: Tomas Del Rio, CFO

Thomas Britton, President & CEO

COMPENSATION COMMITTEE

Lawrence Singer, Chair

Sidney Bradley, Vice-Chair

Glenn Huebner, Member

Elizabeth Ogilvie Simer, Member

Patrick Krill, Member

Staff: Patricia Aitken, VP HR

Thomas Britton, President & CEO

DEVELOPMENT COMMITTEE

Elizabeth Ogilvie Simer, Chair

Lawrence Singer, Vice-Chair

Andy Smith, Member

Staff: Teresa Garate, VP, Strategic
Partnership & Engagement

Thomas Britton, President & CEO

STRATEGIC PLANNING COMMITTEE

David Johnson, Chair

France Pitera, Vice-Chair

Arla Lach, Member

Michael Anthony, Member *

Glenn Huebner, Member *

Amalesh Sanku, Member

Lawrence Singer, Member

Mary Cesare-Murphy,

Member

* also serves on M&A Sub-
Committee

Staff: Thomas Britton, President &
CEO

**EXECUTIVE MANAGEMENT
STAFF**

Thomas Britton, President & CEO

Tomas Del Rio, CFO

Marc Turner, Division President,
Community Division

Gregg Dockins, Division President,
Corrections Division

Dan Molitor, VP, Information
Systems

Patricia Aitken, VP, Human
Resources

Teresa Garate, VP, Strategic
Partnership & Engagement

GENDER & RACIAL BREAKDOWN

Total seats.....23

Seats filled.....15

Male.....10

Female.....05

White.....11

African American.....03

Indian American.....01

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Thomas P. Britton

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

Signature

tbritton@gatewayfoundation.org

E-mail address

President & CEO

Title

Date

312-663-1130

Phone Number

Subscribed to and sworn before me
this 17 day of Oct., 2017.

x Sheri L. Besse

Notary Public Signature

My commission expires:

Notary Seal

OFFICIAL SEAL

SHERI L BESSE

NOTARY PUBLIC, STATE OF ILLINOIS

COOK COUNTY

MY COMMISSION EXPIRES 10/19/2022



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 checked="" 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: Gateway Foundation, Inc.

Address of Person Doing Business with the County: 55 E. Jackson, Suite 1500, Chicago, IL 60604

Phone number of Person Doing Business with the County: 312-663-1130

Email address of Person Doing Business with the County: lbritton@gatewayfoundation.org

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:

Thomas P. Britton, President & CEO, phone: 312-663-1130; email: lbritton@gatewayfoundation.org

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: 1853-17646

The aggregate dollar value of the business you are doing or seeking to do with the County: \$ 1,302,402.00

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: Angela Sanchez, Procurement Analyst

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: Lorena Roque, M.A. Senior Research Analyst Office of the Chief Judge

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*
NA			

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*
NA			

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*
NA			

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*
---	--	--	-------------------------------------

NA			

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*
---	--	--	-------------------------------------

NA			

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*
---	--	--	-------------------------------------

NA			

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, 2016, 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: 1853-17646

County Using Agency (requesting Procurement): Office of the Chief Judge Cook County Adult Probation

II. Person/Substantial Owner Information:

Person (Corporate Entity Name): Gateway Foundation, Inc.

Substantial Owner Complete Name: N/A

FEIN# 362670036

Date of Birth: _____

E-mail address: tbritton@gatewayfoundation.org

Street Address: 55 E. Jackson, Suite 1500

City: Chicago

State: IL

Zip: 60604

Home Phone: () _____

III. Compliance with Wage Laws:

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

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

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

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

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

Fair Labor Standards Act of 1938, 29 U.S.C. 201, et seq., YES or NO

Any comparable state statute or regulation of any state, which governs the payment of wages YES or NO

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

IV. Request for Waiver or Reduction

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

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

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

Remedial action has been taken to prevent a recurrence of the acts giving rise to the disqualification or default
YES or **NO**

Other factors that the Person or Substantial Owner believe are relevant.
YES or **NO**

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

V. Affirmation

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

Signature: _____

Date: 10/1/19

Name of Person signing (Print): Thomas P. Britton

Title: President & CEO

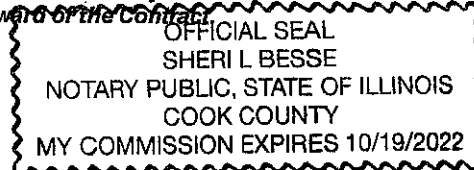
Subscribed and sworn to before me this 1st day of October, 20 19

x Sheri L Besse

Notary Public Signature

Notary Seal

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



SECTION 5

CONTRACT AND EDS EXECUTION PAGE

PLEASE EXECUTE THREE ORIGINAL PAGES OF EDS

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

Gateway Foundation, Inc.

Corporation's Name

312-663-1130

Telephone

[Signature]

Secretary Signature

[Signature] Thomas P. Britton

President's Printed Name and Signature

tbritton@gatewayfoundation.org

Email

9-30-2019

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

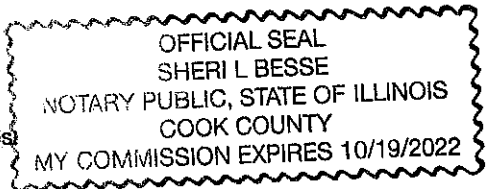
Subscribed and sworn to before me this
1st day of October, 2019

[Signature]

Notary Public Signature

My commission expires

Notary Seal



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