

## AMENDMENT NO. 2

This Amendment modifies Contract No. 1950-17746, for Consulting Services for Juvenile Client Services Management System by and between the County of Cook, Illinois, herein referred to as "County" and Clarity Partners, LLC, 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 November 19, 2020, (hereinafter referred to as the "Contract"), wherein the Contractor is to provide Consulting Services for Juvenile Client Services Management System (hereinafter referred to as the "Services") from December 1, 2020, through November 30, 2022, in an amount not to exceed \$548,540.00, with two (2) one (1) year renewal options; and

Whereas, Amendment No. 1 was authorized by the County Board on October 20, 2022 to renew the Contract for twelve (12) months beginning December 1, 2022 through November 30, 2023 in the amount of \$200,000.00 and the Total Contract Amount was revised to \$748,540.00; and

Whereas, the Contract will expire November 30, 2023, and the agreed upon Services are still required; and

Whereas, pursuant to Article 4 Section C of the Contract, the County and Contractor desire to renew the Contract for twelve (12) months beginning December 1, 2023 through November 30, 2024; and

Whereas, The Law Office of the Cook County Public Defender requires Services and desires to be added to the Contract; and

Whereas, an increase of the Contract amount is required for the addition of Services for the Cook County Public Defender and pursuant to Article 10 Section C of the Contract, the County and Contractor desire to increase the Contract in the amount of \$120,400.00.

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 renewed through November 30, 2024.
2. The Contract is increased by \$120,400.00 and the Total Contract Amount is revised to \$868,940.00.
3. The Contract is hereby amended to incorporate Attachment A and made part of the Contract.
4. Article 11, Notices, of the Contract is amended to update the address for the Chief Procurement Officer as follows:  
Office of the Chief Procurement Officer  
161 N. Clark Street, Suite 2300  
Chicago, IL 60601  
(Include County Contract Number on all notices)

5. 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.
6. All other terms and conditions remain as stated in the Contract.

In witness whereof and pursuant to authority of the Chief Procurement Officer the County and Contractor have caused this Amendment No. 2 to be executed on the date and year last written below.

**County of Cook, Illinois**

By: Raffi Sarrafian  
Chief Procurement Officer

Date: \_\_\_\_\_

**Clarity Partners, LLC**

Rodney S. Zech  
Signed  
**Rodney S. Zech**  
Type or print name

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

\_\_\_\_\_  
Type or print name (if applicable)

**Managing Member**

\_\_\_\_\_  
Title

Date: \_\_\_\_\_

Date: 12/22/23

**ATTACHMENT A**

11/20/2023



# SCOPE OF WORK

## Information Technology Assessment

Cook County Public Defender





**CLARITY PARTNERS**

20 N Clark Street  
Suite 3600  
Chicago, IL 60602

November 20, 2023

Peter Kocerka, Chief Financial Officer  
Law Office of the Cook County Public Defender  
69 W. Washington, Suite 1600  
Chicago, IL 60602

**Re: Information Technology Assessment**

Dear Mr. Kocerka,

Clarity Partners, LLC (Clarity) appreciates the opportunity to submit our Scope of Work (SOW) to the Cook County Public Defender's Office to conduct an information technology assessment. Clarity is a full-service management and information technology consulting firm that helps its clients resolve their toughest challenges across a full spectrum of industries, from public sector organizations to Fortune 500 corporations to charitable nonprofits. Clarity is a minority-owned, Illinois limited liability company that is headquartered in Chicago and we specialize in the full spectrum of services encompassed within management consulting, IT implementation and assessment, strategic planning, business analysis, and project management.

Clarity has 19 years of experience providing management and consulting services. Our proposal is based on Clarity's proven ability and experience providing IT implementation and assessment services for numerous public sector clients. Clarity will provide the requested services with highly skilled personnel that have considerable experience developing the required deliverables.

Clarity is eager to assist the Cook County Public Defender's Office with this important initiative. If you have any questions, please contact me at [d.namkung@claritypartners.com](mailto:d.namkung@claritypartners.com) or (312) 920-0550. I will be your main point of contact and am authorized to answer any questions regarding our proposal. Thank you in advance for reviewing and evaluating our submittal. We greatly appreciate it.

Sincerely,

David Namkung  
Managing Member

# 01 Our Approach

## 1.1 OUR UNDERSTANDING OF THE PROJECT

It is our understanding that the Cook County Public Defender's Office (PDO) is seeking consulting services to perform a comprehensive IT needs assessment. As such, Clarity will review PDO's current technology systems and processes including infrastructure, hardware, software, and policies and procedures to help PDO identify where the organization can and needs to be technologically in order to:

- Create a plan to adjust its hardware and software assets to better meet staff needs
- Leverage existing investment in business systems more effectively and plan for future investment to improve operations and mitigate risks
- Improve information and network security

Clarity will provide recommendations for improvements to hardware and software systems and related policies and procedures and organize the recommendations into short-, medium-, and long-term initiatives. The recommendations will include appropriate information to allow for long range planning and budgeting for the following:

- Hardware and software purchases
- Professional services
- Schedules, costs, and personnel commitments
- Cybersecurity and business continuity
- Prioritization levels (e.g. short-term, medium-term, long-term)

## 1.2 OUR APPROACH

### 1.2.1 | Overview of Our Approach

To complete the Project, the Clarity Team will leverage an approach and methodology that has been proven effective over various types of engagements. This approach and methodology is structured to ensure that the Clarity team employs the proper rigor throughout the entire project lifecycle, while also maintaining the flexibility necessary to ensure that the requirements address the needs of PDO's stakeholders. Our approach is collaborative and inclusive and driven by the organization's mission.

The following outlines the proposed phases and associated stages of the proposed Information Technology (IT) Assessment project:

- **Phase 1 – Preliminary IT Needs Assessment**
  - Ensure that our team and your stakeholders are aligned with respect to the goals and expectations of the organization
  - Understand your current IT environment
  - Identify high level IT issues and risks
  - Identify direction for further assessment and strategy development
- **Phase 2 – Detailed Assessment and Development of IT Assessment Report**
  - Review existing software and hardware
  - Review existing systems and procedures
  - Perform stakeholder interviews
  - Research gaps based on documentation and interviews
  - Develop recommendations & IT assessment report
- **Phase 3 - Future-State Planning**
  - Research alternative systems & potential integrations
  - Develop IT Governance policies
  - Perform cybersecurity & business continuity review

### 1.2.2 | Phase 1 - Preliminary IT Needs Assessment

The first stage of the Assessment project is the Preliminary IT Needs Assessment, where the Clarity Team will work with the PDO to lay the groundwork for a successful project. The areas that PDO has identified for analysis and change should be designed in a way that enhances business functions. Therefore, it is essential that we start at the top and understand PDO and its existing policies, processes, and technologies to formulate a solid, actionable strategy that fits PDO as an organization.

#### Phase 1 Deliverables:

| ID  | Phase One Activities                                                                                                                                                                                                                               | Deliverables                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.1 | <ul style="list-style-type: none"><li>• Project Management Monitoring and controlling activities</li><li>• Kickoff meeting</li><li>• Project status meetings, minutes, progress reports</li><li>• Gather PDO current state documentation</li></ul> | <ul style="list-style-type: none"><li>• Kick off materials</li><li>• Project Management Templates (Status/Progress Report, Risk and Issue Tracking Log, Deliverable Acceptance Form, etc.)</li><li>• Project Roles and Responsibilities Matrix</li><li>• Preliminary Project Plan</li><li>• Current state documentation</li><li>• Identification of business processes, risks, and challenges that require detailed analysis</li></ul> |

### 1.2.3 | Phase 2 - Detailed Assessment and Development of IT Assessment Report

Based on PDO decisions arising out of the preliminary assessment Clarity will perform a deeper analysis of the prioritized issues. The goals for this assessment are to:

- Understand in more detail the major IT challenges facing PDO
- Develop recommendations for strategic initiatives to address those challenges
- Prioritize short-, medium-, and longer-term initiatives
- Estimate costs, action plans, and resource needs to implement the initiatives
- Produce a clear, actionable IT action plan

#### Phase 2 Deliverables:

| ID  | Phase Two Activities                                                                                                                                                             | Deliverables                                                                                                                                             |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2.1 | <ul style="list-style-type: none"><li>• Collect and review existing IT documentation and policies</li><li>• Initial interviews with key PDO stakeholders</li></ul>               | <ul style="list-style-type: none"><li>• Summary of IT policies, scope and identified issues or gaps</li></ul>                                            |
| 2.2 | <ul style="list-style-type: none"><li>• Research based on gaps between existing documentation and stakeholder interviews</li></ul>                                               | <ul style="list-style-type: none"><li>• Inventory lists and supporting documentation</li><li>• Recommendations regarding hardware and software</li></ul> |
| 2.3 | <ul style="list-style-type: none"><li>• Complete final documentation reviews and staff interviews</li><li>• Develop recommendations</li><li>• Create assessment report</li></ul> | <ul style="list-style-type: none"><li>• IT Assessment Report</li><li>• Updated Project Plan</li></ul>                                                    |



## 1.2.4 | Phase 3 - Future-State Planning

Note that this phase is optional, but recommended.

Clarity will begin Phase Three based on the foundations established in the previous two phases. This phase will expand on the previous recommendations by looking at potential areas for other systems and potential additional integrations and/or process streamlining in order to achieve additional efficiencies and serve the Public Defender's mission of public service. This phase will also include an approach to IT governance planning that will allow PDO to follow a clear, sustainable IT action plan. Additionally, this phase will include a focus on cybersecurity and business continuity review to ensure maximum data protections where needed.

### Phase 3 Deliverables:

| ID  | Phase Three Activities                                                                                                                                                                                                                                                                                                      | Deliverables                                                                                                                                                                                                                                                                                                                |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.1 | <ul style="list-style-type: none"><li>• Review of alternative systems in conjunction with existing and proposed future integration points</li><li>• Recommend governance guidelines for maintaining an efficient lifecycle for hardware and software upgrades</li><li>• Review of existing data security measures</li></ul> | <ul style="list-style-type: none"><li>• Report detailing potential alternate systems and proposed integration approaches</li><li>• IT governance guidelines, including an outline of business impacts, process changes, and training requirements</li><li>• Report with recommended security hardening approaches</li></ul> |

# 02 Key Personnel

## 2.1 OVERVIEW OF OUR TEAM

As part of our commitment to total client satisfaction, Clarity assembles each project team based on the specific needs of the client and project. Our highly skilled consultants combine comprehensive business and technical expertise with the ability to rapidly acquire in-depth, client-specific knowledge that enables us to deliver cost-effective consulting services that not only meet, but in many cases exceed the expectations of our clients.

The proposed project team, outlined below, includes consultants with the following relevant expertise:

- Business application evaluation and analysis
- Multiple information security and compliance disciplines
- IT procedures best practice
- Business and technical analysis

## 2.2 OUR PROPOSED TEAM

The following table identifies our carefully chosen team for the Public Defender IT assessment project, including a description of the tasks they will be responsible for. In addition, we have included resumes of our proposed team, showing their qualifications, experience, and technical competence, on the following pages.

### Andrew Carpio | Senior Project Manager

16+ years of experience

Responsible for managing Clarity staff engaged in a project and serving as primary contact. Will play a central role in management of all project stakeholders and deliverables.

### Eugene Minon | Infrastructure Consultant

17+ years of experience

Responsible for review of hardware and software assets within the ecosystem of data center operations, network performance, security protocols, and application development.

### Mel Tangonan | Business Analyst

2 years of experience

Responsible for business and technical analysis, requirements gathering, and content writing.

# Andrew Carpio

SENIOR PROJECT MANAGER



## PROFILE

- Senior Project Manager at Clarity
- Has extensive experience leading system implementation projects, including data conversion, integrations, and architecting automation solutions.
- Managed integration efforts between multi-million dollar enterprise systems serving the public sector
- Designs functional and technical documentation

## RELEVANT SKILLSETS

- Management Consulting
- Implementation & Monitoring
- Project Management
- Process Improvement
- Business Analysis

## KEY CLIENT WORK

### Dallas County Clerk

- Oversaw the solution design and development of identified integrations between the Dallas County Clerk and their justice partners
- Served as an integration project manager, technical architect, developer, and technical system material expert

## NOTABLE PROJECTS

### Integrations Lead

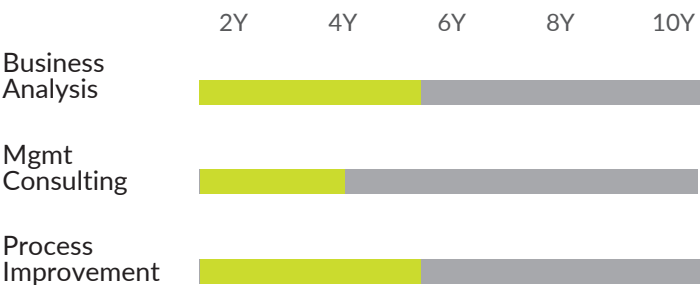
Cook County Clerk of the Circuit Court

- Oversaw the implementation of the integration efforts between CCCCC's new Odyssey system and all justice partners (including multiple Cook County Departments)
- Implemented new inbound and outbound integrations using Odyssey technology
- Developed batch jobs to assist in the automation of data entry into the Odyssey system, which allowed the Clerk's Office to speed up operations and limit the amount of data entry errors that may have occurred
- Supported additional implementation areas requiring technical assistance including court forms development and business process automation

### Technical Business Analyst/Data Team Lead

Cook County Department of Revenue

- Led the data team for the implementation of the Revenue Premier Enterprise (RPE) system to administer Cook County home rule taxes
- Designed the technical process flows for all interfaces
- Used software including MS SQL Server and Visual Studio utilizing SSIS to create ETL packages.



# Eugene Minon

INFRASTRUCTURE CONSULTANT



## PROFILE

- Senior IT Infrastructure Consultant at Clarity
- A seasoned IT professional with end-to-end project management expertise and a proven track record of implementing and supporting system-critical functionality
- Has extensive experience in the management of data center operations, network performance, security protocols, and application development.

## RELEVANT SKILLSETS

- Project & Program Management
- Management Consulting
- Business Analysis
- Process Improvements
- Cybersecurity Specialist
- Infrastructure Specialist

## KEY CLIENT WORK

### Chicago Department of Water Management

- Assessed DWM cyber security and information technology risks and business systems related to DWN operations, including financial infrastructure, billing, HR and customer service
- Oversaw all cyber security analysis with various managers and vendors to determine course of action

## NOTABLE PROJECTS

### Network and Support Engineer

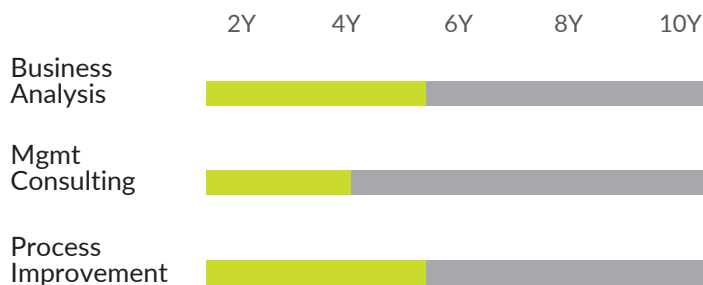
Cook County Bureau of Technology

- Coordinated inspections and executed audits of Cook County infrastructure.
- Inventoried hardware and inspected all County data center locations.
- Performed assessments and provided recommendation in staffing and help desk workflows.

### Technical Consultant

Community and Economic Development Agency of Cook County (CEDA)

- Served as Technical Consultant for a comprehensive security and help desk assessment
- Produced IT road map to tackle security and infrastructure vulnerabilities first and built up to strategic initiatives to overhaul CEDA's current IT program.





# Mel Tangonan

SENIOR BUSINESS ANALYST



## PROFILE

- Business Analyst at Clarity
- Adept at identifying and implementing tailored technology solutions to address complex business challenges and streamline operations
- He excels at connecting the dots to ensure seamless integration of solutions across functions

## RELEVANT SKILLSETS

- Management Consulting
- Certified Anaplan Model Builder
- Product Management
- Microsoft Office
- Discovery & Analysis
- Implementation & Monitoring

## KEY CLIENT WORK

### The Chicago Community Trust

- Assisted in month-end and quarter-end closes of a \$4 billion portfolio of investments
- Third largest community foundation in the country with assets of more than \$3.3 billion

### McKinsey & Co.

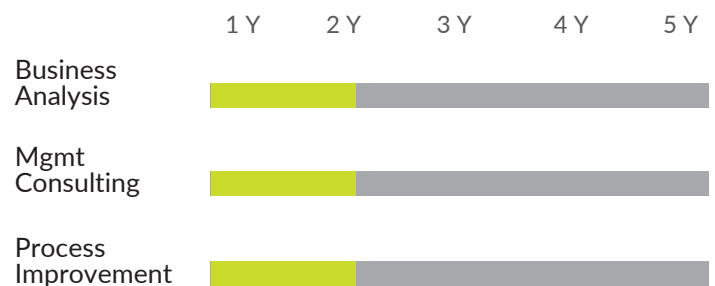
- Built a benchmarking & comparative analysis platform for the capital projects practice

## NOTABLE PROJECTS

### Business Analyst

#### The Rockefeller Foundation

- Assisted in identifying a single Human Resources Information Systems (HRIS) best suited for the HR department
- Participated in discovery calls with stakeholders to identify pain points, define goals, and create requirements
- Conducted comprehensive analyses of the current state & the technology systems in use to identify & prioritize the primary pain points & challenges
- Led knowledge-sharing sessions and defined demo agendas through discovery calls with multiple vendors
- Collaborated with stakeholders to understand their business challenges & goals to help identify a suitable technology solution that supports their processes
- Performed due diligence on potential solutions to find the most fitting solution that addresses the client's most critical needs
- Synthesized exhaustive amounts of data into a clear & concise report to help guide executive-level decision making



# 03 Pricing

## 3.1 PROJECT PRICING

We have provided a total cost for this project based on our understanding of the requirements as we know them at this time. Clarity will perform the work based on assumptions and estimates included in our proposal. Clarity will perform the work on a T&M (Time & Materials) basis.

| TASK NAME                                                                                                   | HOURS | COST      |
|-------------------------------------------------------------------------------------------------------------|-------|-----------|
| 2023 CCPD Information Technology Assessment                                                                 | 688   | \$120,400 |
| <ul style="list-style-type: none"><li>Preliminary IT Needs Assessment</li></ul>                             | 68    | \$11,900  |
| <ul style="list-style-type: none"><li>Detailed Assessment and Development of IT Assessment Report</li></ul> | 316   | \$55,300  |
| <ul style="list-style-type: none"><li>Future-State Planning</li></ul>                                       | 304   | \$53,200  |

## 3.2 HOURLY RATES

If we need to perform any work outside of the scope of this agreement, Clarity Partners will provide those services at a blended hourly rate of \$175/hour.

### 3.3 ASSUMPTIONS

1. **Business Hours** – All business will be conducted during normal business hours (Monday through Friday, 9:00 a.m. to 5:00 p.m.) unless a specific exception is required.
2. **The Public Defender Project Manager** – Public Defender will assign an employee to serve as its internal project manager. This person will serve as the Clarity team's main point of contact throughout the project and will work with the Clarity team to align PDO resources and resolve issues in order to maintain the project schedule.
3. **Resource Availability** – Appropriate PDO user representative resources will be identified and scheduled for relevant work activities by the PDO project manager prior to or coincident with the requisite task necessary to complete all items as outlined in the negotiated project plan(s). PDO personnel will be available for quick turnaround on information requests, meetings, and other reasonable needs of the Clarity team to accomplish the project goals in an efficient and effective manner.
4. **Subject Matter Expert Availability** – Participation by the PDO technical and functional experts and users are required to ensure that the solutions meet the needs of the project. The participants should represent PDO experts that are able to contribute to the refinement of the solution analysis, requirements, and design.
5. **Supporting Materials** – The PDO will provide all requested materials and information necessary for project delivery throughout the Project.
6. **Timely Review and Approval of Deliverables** – Relevant PDO personnel involved in this project will be available for all reviews and approvals as required for completion of this project on agreed upon review dates. PDO will provide the Clarity team with written deliverable approval, or acceptance variances, within the timeframe outlined for each task.
7. **Status Meeting Availability** – Appropriate PDO personnel will be available for regular status meetings.
8. **Delivery Dates** – The actual project delivery dates will be mutually determined by Clarity and PDO, and take into account the actual project start-date.
9. **Scope Change** – In the event of a change in scope or delay caused by PDO, Clarity will discuss the impact with PDO before proceeding. Any significant material changes to the Project scope or material delay caused by PDO will be escalated to PDO management and may result in a change order for an increase in project cost and/or schedule change.
10. **Scope** – Any service or deliverable not described in this proposal will be considered out of scope.
11. **PDO Input Responsibility** – PDO will provide all documentation of existing requirements, designs, and constraints at the start of the project in .DOC, .TXT, or .RTF format.
12. **Documentation** – PDO will provide documentation of all existing requirements, business rules, designs, and constraints at the start of the project.

**ATTACHMENT B**

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

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

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

|                                                                                |                                                                                    |
|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Bid/RFP/RFQ No.: 1950-17746 A2                                                 | Date: 12/22/2023                                                                   |
| Total Bid or Proposal Amount: \$868,940.00                                     | Contract Title: Consulting Services for Juvenile Client Services Management System |
| Contractor: Clarity Partners, LLC                                              | Subcontractor/Supplier/<br>Subconsultant to be added or substitute: Not Applicable |
| Authorized Contact for Contractor: Rodney S. Zech, Managing Member             | Authorized Contact for Subcontractor/Supplier/ Subconsultant: Not Applicable       |
| Email Address (Contractor): r.zech@claritypartners.com                         | Email Address (Subcontractor): Not Applicable                                      |
| Company Address (Contractor): 20 N. Clark Street, Suite 3600                   | Company Address (Subcontractor): Not Applicable                                    |
| City, State and Zip (Contractor): Chicago, IL 60602                            | City, State and Zip (Subcontractor): Not Applicable                                |
| Telephone and Fax (Contractor): P: 312-920-0550/F: 312-920-0554                | Telephone and Fax (Subcontractor): Not Applicable                                  |
| Estimated Start and Completion Dates (Contractor): Ongoing - November 30, 2024 | Estimated Start and Completion Dates (Subcontractor): Not Applicable               |

**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> |
|--------------------------------------------|------------------------------------------------------------|
| Not Applicable                             | \$0                                                        |

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.**

Clarity Partners, LLC

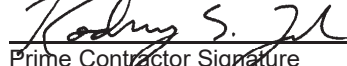
Contractor

Rodney S. Zech

Name

Managing Member

Title



12/22/2023

Prime Contractor Signature

Date



OFFICE OF CONTRACT COMPLIANCE

**Nicole Mandeville**

DIRECTOR

161 N. Clark Street, Suite 2300 • Chicago, Illinois 60601 • (312) 603-5502

**TONI PRECKWINKLE**

PRESIDENT

**Cook County Board  
of Commissioners**

TARA STAMPS  
1st District

DENNIS DEER  
2nd District

BILL LOWRY  
3rd District

STANLEY MOORE  
4th District

MONICA GORDON  
5th District

DONNA MILLER  
6th District

ALMA E. ANAYA  
7th District

ANTHONY J. QUEZADA  
8th District

MAGGIE TREVOR  
9th District

BRIDGET GAINER  
10th District

JOHN P. DALEY  
11th District

BRIDGET DEGNEN  
12th District

JOSINA MORITA  
13th District

SCOTT R. BRITTON  
14th District

KEVIN B. MORRISON  
15th District

FRANK J. AGUILAR  
16th District

SEAN M. MORRISON  
17th District

December 27, 2023

Mr. Raffi Sarrafian  
Chief Procurement Officer  
161 N. Clark Street Suite 2300  
Chicago, IL 60601

Re: Contract No. 1950-17746 Amendment No. 2  
Consulting Services for Juvenile Client Services Management System  
Cook County Public Defender's Office

Dear Mr. Sarrafian,

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

Contractor: Clarity Partners, LLC  
Original Contract Value: \$548,540.00  
Original Contract Term: December 1, 2020 – November 30, 2022  
Increase Contract Value \$200,000.00 and Extend One (1) Year (Amendment No. 1)  
New Contract Value: \$748,540.00  
Revised Contract Term: December 1, 2020 – November 30, 2023  
Increase Contract Value \$120,400.00 and Extend One (1) Year (Amendment 2)  
Revised contract Value: 868,940.00  
Revised Contract Term: December 1, 2020 – November 30, 2024  
Professional Services  
Contract Goal: 0% MBE/WBE

**Original Contract Utilization Plan**

| MBE/WBE               | Status     | Certifying Agency | Commitment (Direct) |
|-----------------------|------------|-------------------|---------------------|
| Clarity Partners, LLC | MBE-AAPI M | City of Chicago   | 100%                |
| Total                 |            |                   | 100%                |

**Amendment 1 Utilization Plan**

| MBE/WBE               | Status     | Certifying Agency | Commitment (Direct) |
|-----------------------|------------|-------------------|---------------------|
| Clarity Partners, LLC | MBE-AAPI M | City of Chicago   | 100%                |
| Total                 |            |                   | 100%                |

## Amendment 2 Utilization Plan

| MBE/WBE               | Status     | Certifying Agency | Commitment (Direct) |
|-----------------------|------------|-------------------|---------------------|
| Clarity Partners, LLC | MBE-AAPI M | City of Chicago   | 100%                |
| Total                 |            |                   | 100%                |

Despite the fact the contract was solicited with a 0% MBE/ WBE Professional Services goal, the contract has 100% MBE participation through the self-performance of the Prime Contractor, Clarity Partners, LLC. Revised MBE/WBE forms were used in the determination of the responsiveness of this amendment.

Sincerely,

*JEANETTA CARDINE*

Jeanetta Cardine  
Contract Compliance Deputy Director

JC/db

CC Lorely Ortiz (OCPO)  
Peter Kocerka (Cook County Clerk)



**MBE/WBE UTILIZATION PLAN - FORM 1**

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

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

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



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



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

**II.****Direct Participation of MBE/WBE Firms****Indirect Participation of MBE/WBE Firms**

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

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

MBE/WBE Firm: Clarity Partners, LLC (MBE)

Address: 20 N. Clark St, Suite 3600

E-mail: r.zech@claritypartners.com

Contact Person: Rodney Zech Phone: (312) 920-0550

Dollar Amount Participation: \$ 868,940.00

Percent Amount of Participation: 100 %

\*Letter of Intent attached? Yes ☒ No ☐

\*Current Letter of Certification attached? Yes ☒ No ☐

MBE/WBE Firm: n/a

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Dollar Amount Participation: \$ \_\_\_\_\_

Percent Amount of Participation: \_\_\_\_\_ %

\*Letter of Intent attached? Yes \_\_\_\_\_ No \_\_\_\_\_

\*Current Letter of Certification attached? Yes \_\_\_\_\_ No \_\_\_\_\_

*Attach additional sheets as needed.*

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

**MBE/WBE LETTER OF INTENT - FORM 2**

M/WBE Firm: Clarity Partners, LLC

Certifying Agency: City of Chicago

Contact Person: Rodney Zech

Certification Expiration Date: 05/15/26

Address: 20 N Clark St Suite 3600

Ethnicity: Asian

City/State: Chicago, IL Zip: 60602

Bid/Proposal/Contract #: 1950-17746 A 2

Phone: (312) 920-0550 Fax: (312) 920-0554

FEIN #: 80-0123899

Email: r.zech@claritypartners.com

Participation: ☒ Direct ☐ Indirect

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

☒ No ☐ Yes – Please attach explanation. Proposed Subcontractor(s): \_\_\_\_\_

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

Clarity Partners will provide consulting services, including existing technologies evaluation and assessment, process analysis, and improvement recommendations, to support a new Juvenile Client Services Management System,

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

Dollar Amount = \$868,940.00

Percentage = 100%

Terms of payment = N/A since we are the MBE and prime contractor.

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

Rodney S. Zech  
Signature (M/WBE)

Rodney S. Zech  
Signature (Prime Bidder/Proposer)

Rodney Zech, Managing Member  
Print Name

Rodney Zech Managing Member  
Print Name

Clarity Partners, LLC  
Firm Name

Clarity Partners, LLC  
Firm Name

12/22/2023  
Date

12/22/2023  
Date

Subscribed and sworn before me

Subscribed and sworn before me

this 22<sup>th</sup> day of December, 20 23.

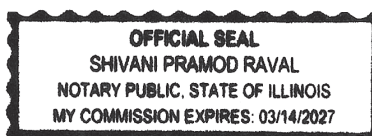
this 22<sup>th</sup> day of December, 20 23.

Notary Public Shivani Raval

Notary Public Shivani Raval

SEAL

SEAL



**PETITION FOR WAIVER OF MBE/WBE PARTICIPATION – FORM 3****A. BIDDER/PROPOSER HEREBY REQUESTS:** Clarity Partners is a certified MBE firm and therefore we do not require a waiver of MBE/WBE participation.☐**FULL MBE WAIVER**☐**FULL WBE WAIVER**☐**REDUCTION (PARTIAL MBE and/or WBE PARTICIPATION)**

\_\_\_\_\_% of Reduction for MBE Participation

\_\_\_\_\_% of Reduction for WBE Participation

**B. REASON FOR FULL/REDUCTION WAIVER REQUEST**

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

☐

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

☐

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

☐

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

☐

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

**C. GOOD FAITH EFFORTS TO OBTAIN MBE/WBE PARTICIPATION**☐

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

☐

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

☐

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

☐

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

☐

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

**D. OTHER RELEVANT INFORMATION**

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



## Cook County M/WBE Certification Reciprocal Affidavit

Firm Name Clarity Partners, LLC

Address 20 N. Clark Street, Suite 3600 City Chicago

County Cook State Illinois Zip 60602

Phone (312) 920-0550 Email d.namkung@claritypartners.com

I David C. Namkung, Managing Member

(Authorized Representative)

(Print Title)

of Clarity Partners, LLC do hereby affirm:

(Name of Firm)

- 1) Clarity Partners, LLC is a Minority and/or Women Business Enterprise currently  
(Name of Firm)  
certified by the City of Chicago as: [ ] Black- [ ] Hispanic- ☒ Asian- [ ] Woman-owned business.
- 2) With respect to Clarity Partners, LLC, the personal net worth of the qualifying  
(Name of Firm)  
(51%) individual(s) does not exceed \$2,689,571.25, excluding the individual's ownership interest in the M/WBE firm and the equity of the owner's primary residence, and otherwise meets the requirements of Chapter 34, Article IV of the Cook County Procurement Code. (As per Section 34-263 of the Cook County Procurement Code, an individual's personal net worth includes only his or her own Share of assets held jointly or as community/marital property with the individual's spouse.)
- 3) The average annual gross receipts of Clarity Partners, LLC,  
(Name of Firm)  
as derived from tax filings over the five most recent years, does not exceed the Small Business Size Standards published by the U.S. Small Business Administration found in Title 13, Code of Federal Regulations, Part 121.  
(<http://www.sba.gov/content/small-business-size-standards>)

Upon penalty of perjury, I David C. Namkung affirm that, to the best of my knowledge

(Authorized Representative)

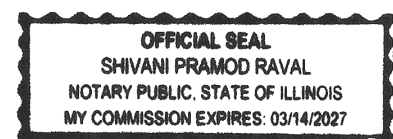
and belief, the information herein is true and accurate.

Signature David C. Namkung Title Managing Member Date 12/22/2023

Subscribed and sworn to before me this 22th day of December / 2023  
(Month) (Year)

Shivani Raval  
(Notary's Signature)

Notary's Seal



My Commission Expires 3/14/2027

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

Revised 02/2023



CITY OF CHICAGO



DEPARTMENT OF PROCUREMENT SERVICES

MAY 18 2021

David C. Namkung  
Clarity Partners, LLC  
20 N. Clark Street, Suite 3600.  
Chicago, Illinois 60602

Dear Mr. Namkung:

We are pleased to inform you that **Clarity Partners, LLC** is recertified as a **Minority-Owned Business Enterprise ("MBE")** by the City of Chicago ("City"). This **MBE** certification is valid until **5/15/2026**; however, your firm's certification must be revalidated annually. In the past the City has provided you with an annual letter confirming your certification; such letters will no longer be issued. Therefore, we require you to be even more diligent in filing your **annual No-Change Affidavit 60 days** before your annual anniversary date.

It is now your responsibility to check the City's certification directory and verify your certification status. As a condition of continued certification during the five year period stated above, you must file an **annual No-Change Affidavit**. Your firm's annual No-Change Affidavit is due by **5/15/2022, 5/15/2023, 5/15/2024 and 5/15/2025**. Please remember, you have an affirmative duty to file your No-Change Affidavit 60 days prior to the date of expiration. Failure to file your annual No-Change Affidavit may result in the suspension or rescission of your certification.

Your firm's five year certification will expire on **5/15/2026**. You have an affirmative duty to file for recertification **60 days** prior to the date of the five year anniversary date. Therefore, you must file for recertification by **3/15/2026**.

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

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

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

*Handwritten signature/initials*



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

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

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

**NAICS Code(s):**

**518210 – Data Entry Services**

**518210 – Web Hosting**

**541511 – Custom Computer Programming Services**

**541512 – Computer Systems Design Services**

**541611 – Administrative Management and General Management Consulting Services**

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

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

Sincerely,



Monica Jimenez  
Acting Chief Procurement Officer

MJ/lj



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/15/2023

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<br>Launchways<br>5401 W Lawrence Avenue PO Box 300417<br>Chicago, IL 60630                   | CONTACT NAME: <b>Tim Taylor</b>                     |                                      |              |
|                                                                                                       | PHONE (A/C, No, Ext): <b>(312) 867-1100 206</b>     | FAX (A/C, No): <b>(773) 409-5033</b> |              |
|                                                                                                       | E-MAIL ADDRESS: <b>ttaylor@launchways.com</b>       |                                      |              |
| INSURED<br><br><b>Clarity Partners, LLC</b><br><b>20 N Clark St #3600</b><br><b>Chicago, IL 60602</b> | INSURER(S) AFFORDING COVERAGE                       |                                      | NAIC #       |
|                                                                                                       | INSURER A : <b>Twin City Fire Insurance Company</b> |                                      | <b>29459</b> |
|                                                                                                       | INSURER B : <b>Rated by Mutiple Companies</b>       |                                      | <b>00914</b> |
|                                                                                                       | INSURER C : <b>Hartford Fire Insurance Company</b>  |                                      | <b>19682</b> |
|                                                                                                       | INSURER D :                                         |                                      |              |
|                                                                                                       | INSURER E :                                         |                                      |              |
|                                                                                                       | INSURER F :                                         |                                      |              |

|           |                     |                  |
|-----------|---------------------|------------------|
| COVERAGES | CERTIFICATE NUMBER: | 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<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | X         | X        | 83SBAAD5652   | 7/15/2023               | 7/15/2024               | EACH OCCURRENCE \$ <b>1,000,000</b><br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$ <b>10,000</b><br>PERSONAL & ADV INJURY \$ <b>1,000,000</b><br>GENERAL AGGREGATE \$ <b>2,000,000</b><br>PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b><br>\$ |
| A        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                                            | X         |          | 83SBAAD5652   | 7/15/2023               | 7/15/2024               | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b><br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                                                                     |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ <b>10,000</b>                                                                      |           |          | 83SBAAD5652   | 7/15/2023               | 7/15/2024               | EACH OCCURRENCE \$ <b>9,000,000</b><br>AGGREGATE \$<br>\$ <b>9,000,000</b>                                                                                                                                                                                                 |
| B        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                    |           | N / A    | 83WECAD4T8B   | 7/15/2023               | 7/15/2024               | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ <b>1,000,000</b><br>E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b><br>E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>                                             |
| C        | Professional Liabili                                                                                                                                                                                                                                                                                     |           |          | 83TE033848323 | 7/15/2023               | 7/15/2024               | Occurrence \$ <b>5,000,000</b>                                                                                                                                                                                                                                             |
| C        | Cyber Liability                                                                                                                                                                                                                                                                                          |           |          | 83TE033848323 | 7/15/2023               | 7/15/2024               | Occurrence \$ <b>5,000,000</b>                                                                                                                                                                                                                                             |

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

Cook County, its officials, employees and agents as additional insureds for the Commercial General Liability and Automobile Liability policies, with respect to operations performed on a primary and non-contributory basis with any insurance maintained by Cook County

|                    |              |
|--------------------|--------------|
| CERTIFICATE HOLDER | CANCELLATION |
|--------------------|--------------|

|                                                                  |                                                                                                                                                                |
|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cook County<br>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<br><i>Timothy Taylor</i>                                                                                                             |





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

**Economic Disclosure Statement Recertification Affidavit**

Applicant/Holder Name: Clarity Partners, LLC

Contract #: 1950-17746 A2

Address: 20 N. Clark Street, Suite 3600

City: Chicago

County: Cook

State: Illinois

Zip: 60602

Phone: (312) 920-0550

Email: r.zech@claritypartners.com

**Instructions**

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

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

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

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

This recertification is being submitted in connection with

Contract Name: Consulting Services for Juvenile Client Services Management System

Under penalty of perjury, the person signing below: (1) warrants that he/she is authorized to execute this Economic Disclosure Statement ("EDS") recertification on behalf of the Applicant/Holder, (2) warrants that all certifications and statements contained in the Applicant/Holder's last submitted EDS dated 4/21/2020 are true, accurate and complete as of the date furnished to the County and continue to be true, accurate and complete as of the date of this recertification, and (3) reaffirms its acknowledgments.

Recertification of:

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

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

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

By: Clarity Partners, LLC

Date: 12/22/2023

(Print or type legal name of Applicant/Holder)

Rodney S. Zech  
President or authorized signatory (Signature)

Print or type name of President or authorized signatory:

Rodney S. Zech

Title of signatory:

Managing Member

Subscribed and sworn to before me on this 22th day of December, 2023

Notary Public Signature: Shivani Raval 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: Clarity Partners, LLC

Address of Person Doing Business with the County: 20 N. Clark Street, Suite 3600, Chicago, IL 60602

Phone number of Person Doing Business with the County: (312) 920-0550

Email address of Person Doing Business with the County: r.zech@claritypartners.com

If Person Doing Business with the County is a Business Entity, provide the name, title and contact information for the individual completing this disclosure on behalf of the Person Doing Business with the County:

Rodney Zech, Managing Member, (312) 920-0550, r.zech@claritypartners.com

**B. DESCRIPTION OF BUSINESS WITH THE COUNTY**

*Append additional pages as needed and for each County lease, contract, purchase or sale sought and/or obtained during the calendar year of this disclosure (or the proceeding calendar year if disclosure is made on January 1), identify:*

The lease number, contract number, purchase order number, request for proposal number and/or request for qualification number associated with the business you are doing or seeking to do with the County: \_\_\_\_\_

1950-17746 A2

The aggregate dollar value of the business you are doing or seeking to do with the County: \$ 868,940.00

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: Lorely Ortiz, Senior Contract Negotiator

Lorely.Ortiz@cookcountyil.gov, 161 N Clark Street, Suite 2300, 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: Peter Kocerka, CFO

**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:**

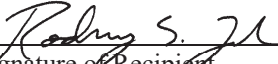
| Name of Member of Board of Director for Business Entity Doing Business with the County | Name of Related County Employee or State, County or Municipal Elected Official | Title and Position of Related County Employee or State, County or Municipal Elected Official | Nature of Familial Relationship* |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

12/22/2023  
 \_\_\_\_\_  
 Date

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

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



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

**Economic Disclosure Statement Recertification Affidavit**

Applicant/Holder Name: Clarity Partners, LLC

Contract #: 1950-17746

Address: 20 N. Clark Street, Suite 3600

City: Chicago

County: Cook

State: Illinois

Zip: 60602

Phone: (312) 920-0550

Email: r.zech@claritypartners.com

**Instructions**

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

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

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

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

This recertification is being submitted in connection with

Contract Name: Consulting Services for Juvenile Client Services Management System

Under penalty of perjury, the person signing below: (1) warrants that he/she is authorized to execute this Economic Disclosure Statement ("EDS") recertification on behalf of the Applicant/Holder, (2) warrants that all certifications and statements contained in the Applicant/Holder's last submitted EDS dated 4/21/2020 are true, accurate and complete as of the date furnished to the County and continue to be true, accurate and complete as of the date of this recertification, and (3) reaffirms its acknowledgments.



Recertification of:

- ☒ Certifications (SECTION 2), if applicable, as updated on:
- ☒ Economic and Other Disclosures (SECTION 3), if applicable, as updated on:
- ☒ Cook County Child Support Affidavit (Please submit any additional Child Support Obligations as an attachment to this form), if applicable, as updated on:
- ☒ Cook County Disclosure of Ownership Interest Statement, if applicable, as updated on:
- ☒ Cook County Board of Ethics Familial Relationship Disclosure Form, if applicable, as updated on: 8/24/2022
- ☒ Cook County Affidavit for Wage Theft Ordinance (SECTION 4), if applicable, as updated on:

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

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

By: Clarity Partners, LLC

Date: 8/24/2022

(Print or type legal name of Applicant/Holder)

Rodney S. Zech  
President or authorized signatory (Signature)

Print or type name of President or authorized signatory:

Rodney S. Zech

Title of signatory:

Managing Member

Subscribed and sworn to before me on this 24th day of August, 2022

Notary Public Signature: [Signature] Seal:





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

**FAMILIAL RELATIONSHIP DISCLOSURE PROVISION**

**Nepotism Disclosure Requirement:**

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

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

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

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

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

**Additional Definitions:**

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

- |                                  |                                          |                                       |
|----------------------------------|------------------------------------------|---------------------------------------|
| <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: Clarity Partners, LLC

Address of Person Doing Business with the County: 20 N. Clark Street, Suite 3600, Chicago, IL 60602

Phone number of Person Doing Business with the County: (312) 920-0550

Email address of Person Doing Business with the County: r.zech@claritypartners.com

If Person Doing Business with the County is a Business Entity, provide the name, title and contact information for the individual completing this disclosure on behalf of the Person Doing Business with the County:

Rodney Zech, Managing Member, (312) 920-0550, r.zech@claritypartners.com

**B. DESCRIPTION OF BUSINESS WITH THE COUNTY**

*Append additional pages as needed and for each County lease, contract, purchase or sale sought and/or obtained during the calendar year of this disclosure (or the proceeding calendar year if disclosure is made on January 1), identify:*

The lease number, contract number, purchase order number, request for proposal number and/or request for qualification number associated with the business you are doing or seeking to do with the County: \_\_\_\_\_

1950-17746 A1

The aggregate dollar value of the business you are doing or seeking to do with the County: \$748,540.00

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: \_\_\_\_\_

Anna Epps, Senior Contract Negotiator, 312-603-5818, anna.epps@cookcountylil.gov

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

LaTova Hoines, Director of Finance & Administration, 312-603-0804, latova.hoines@cookcountylil.gov

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

*Check the box that applies and provide related information where needed*

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



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

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

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

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

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

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

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

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

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

N/A

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

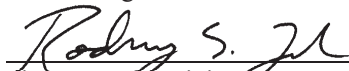
N/A

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

N/A

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

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

  
 Signature of Recipient

8/24/2022

Date

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

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

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

| <b>Section</b> | <b>Description</b>                                                                                                                                 | <b>Pages</b> |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
|                |                                                                                                                                                    |              |
| 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 15-17    |
| 6              | Cook County Signature Page                                                                                                                         | EDS 18       |



**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](http://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](http://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 sub-paragraphs (1) through (6) above.

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

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

**B. BID-RIGGING OR BID ROTATING**

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

**C. DRUG FREE WORKPLACE ACT**

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

**D. DELINQUENCY IN PAYMENT OF TAXES**

**THE APPLICANT HEREBY CERTIFIES THAT:** *The Applicant is not an owner or a party responsible for the payment of any tax or fee administered by Cook County, by a local municipality, or by the Illinois Department of Revenue, which such tax or fee is delinquent, 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](http://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](http://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 |         |

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**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:

20 N. Clark Street, Suite 3600

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Chicago, IL 60602

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- 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): NA

\_\_\_\_\_  
\_\_\_\_\_  
(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.

**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 the 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 Clarity Partners, LLC

D/B/A: N/A

FEIN # Only: 80-0123899

Street Address: 20 N. Clark Street, Suite 3600

City: Chicago

State: IL

Zip Code: 60602

Phone No.: (312) 920-0550

Fax Number: (312) 920-0554

Email: d.namkung@claritypartners.com

Cook County Business Registration Number: N/A

(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): Illinois LLC File Number - 01141198

**Form of Legal Entity:**

☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Trustee of Land Trust

☐ Business Trust ☐ Estate ☐ Association ☐ Joint Venture

☒ Other (describe) Limited Liability Company

**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 |
|------|---------|-----------------------------------------|
|------|---------|-----------------------------------------|

|                  |                                                   |     |
|------------------|---------------------------------------------------|-----|
| David C. Namkung | 20 N. Clark Street, Suite 3600, Chicago, IL 60602 | 51% |
|------------------|---------------------------------------------------|-----|

|                |                                                   |     |
|----------------|---------------------------------------------------|-----|
| Rodney S. Zech | 20 N. Clark Street, Suite 3600, Chicago, IL 60602 | 49% |
|----------------|---------------------------------------------------|-----|

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

Name of Agent/Nominee

Name of Principal

Principal's Address

N/A

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

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

Name

Address

Percentage of  
Beneficial Interest

Relationship

N/A

### Corporate Officers, Members and Partners Information:

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

Name

Address

Title (specify title of  
Office, or whether manager  
or partner/joint venture)

Term of Office

David C. Namkung 20 N. Clark Street, Suite 3600, Chicago, IL 60602 Managing Member Perpetual

Rodney S. Zech 20 N. Clark Street, Suite 3600, Chicago, IL 60602 Managing Member Perpetual

### 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.

David C. Namkung

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

Managing Member

Title

*David C. Namkung*

Signature

4/21/2020

Date

d.namkung@claritypartners.com

E-mail address

(312) 920-0550

Phone Number

Subscribed to and sworn before me  
this 21 day of April, 2020.

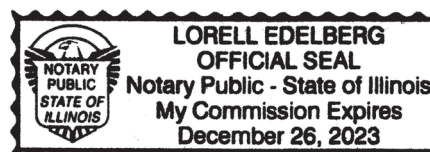
My commission expires: 12/26/23

x *Lorell Edelberg*

Notary Public Signature

Notary Seal

EDS-9



March/2017





**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"/> Half-brother |
| <input type="checkbox"/> Nephew  | <input type="checkbox"/> Sister-in-law   | <input type="checkbox"/> Half-sister  |

**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: Clarity Partners, LLC

Address of Person Doing Business with the County: 20 N. Clark Street, Suite 3600, Chicago, IL 60602

Phone number of Person Doing Business with the County: (312) 920-0550

Email address of Person Doing Business with the County: d.namkung@claritypartners.com

If Person Doing Business with the County is a Business Entity, provide the name, title and contact information for the individual completing this disclosure on behalf of the Person Doing Business with the County:

David Namkung, Managing Member, (312) 920-0550, d.namkung@claritypartners.com

**B. DESCRIPTION OF BUSINESS WITH THE COUNTY**

*Append additional pages as needed and for each County lease, contract, purchase or sale sought and/or obtained during the calendar year of this disclosure (or the proceeding calendar year if disclosure is made on January 1), identify:*

The lease number, contract number, purchase order number, request for proposal number and/or request for qualification number associated with the business you are doing or seeking to do with the County: \_\_\_\_\_

1950-17746

The aggregate dollar value of the business you are doing or seeking to do with the County: \$589,700.00

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: \_\_\_\_\_

Jorge Robles, Senior Contract Negotiator, 118 N. Clark Street, Room 1018, 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: TBD

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

*Check the box that applies and provide related information where needed*

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

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

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

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

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

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

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

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



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

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

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

  
Signature of Recipient

4/21/2020  
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.

**I. Contract Information:**

Contract Number: 1950-17746

County Using Agency (requesting Procurement): Cook County, Public Guardian Office

**II. Person/Substantial Owner Information:**

Person (Corporate Entity Name): Clarity Partners, LLC

Substantial Owner Complete Name: N/A

FEIN# 80-0123899

Date of Birth: N/A

E-mail address: d.namkung@claritypartners.com

Street Address: 20 N. Clark Street, Suite 3600

City: Chicago

State: IL Zip: 60602

Home Phone: [REDACTED]

**III. Compliance with Wage Laws:**

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

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

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

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

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

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

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

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



**IV. Request for Waiver or Reduction**

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

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

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

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

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

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

**V. Affirmation**

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

Signature: David C. Namkung

Date: 4/21/2020

Name of Person signing (Print): David C. Namkung

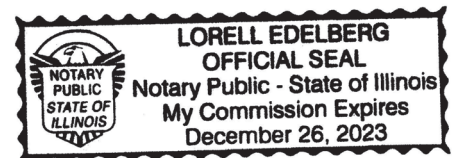
Title: Managing Member

Subscribed and sworn to before me this 21 day of April, 2020

x Lorell Edelberg  
Notary Public Signature

Notary Seal

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



## SECTION 4

**COOK COUNTY AFFIDAVIT FOR WAGE THEFT ORDINANCE**

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

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

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

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

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

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

**I. Contract Information:**

Contract Number: 1950-17746

County Using Agency (requesting Procurement): Cook County, Public Guardian Office

**II. Person/Substantial Owner Information:**

Person (Corporate Entity Name): Clarity Partners, LLC

Substantial Owner Complete Name: David C. Namkung

FEIN# 80-0123899

E-mail address: d.namkung@claritypartners.com

Street Address: 20 N. Clark Street, Suite 3600

State: IL Zip: 60602

**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: David C. Namkung

Date: 4/21/2020

Name of Person signing (Print): David C. Namkung

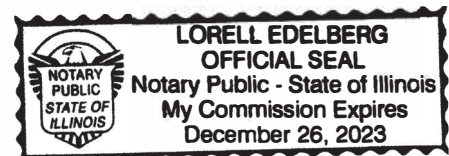
Title: Managing Member

Subscribed and sworn to before me this 21 day of April, 2020

x Lorell Edelberg  
Notary Public Signature

Notary Seal

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



## SECTION 4

**COOK COUNTY AFFIDAVIT FOR WAGE THEFT ORDINANCE**

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

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

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

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

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

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

**I. Contract Information:**

Contract Number: 1950-17746

County Using Agency (requesting Procurement): Cook County, Public Guardian Office

**II. Person/Substantial Owner Information:**

Person (Corporate Entity Name): Clarity Partners, LLC

Substantial Owner Complete Name: Rodney S. Zech

FEIN# 80-0123899

Date of Birth: [REDACTED]

E-mail address: r.zech@claritypartners.com

Street Address: 20 N. Clark Street, Suite 3600

City: Chicago State: IL Zip: 60602

Home Phone: [REDACTED]

**III. Compliance with Wage Laws:**

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

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

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

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

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

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

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

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



**IV. Request for Waiver or Reduction**

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

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

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

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

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

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

**V. Affirmation**

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

Signature: Rodney S. Zech

Date: 4/21/2020

Name of Person signing (Print): Rodney S. Zech

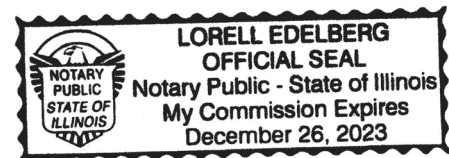
Title: Managing Member

Subscribed and sworn to before me this 21 day of April, 2020

x Lorell Edelberg  
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**

N/A  
Corporation's Name

N/A  
Telephone

N/A  
Secretary Signature

N/A  
President's Printed Name and Signature

N/A  
Email

N/A  
Date

**Execution by LLC**

Clarity Partners, LLC  
LLC Name

4/21/2020  
Date

David C. Namkung  
\*Member/Manager Printed Name and Signature

(312) 920-0550, d.namkung@claritypartners.com  
Telephone and Email

**Execution by Partnership/Joint Venture**

N/A  
Partnership/Joint Venture Name

N/A  
Date

N/A  
\*Partner/Joint Venturer Printed Name and Signature

N/A  
Telephone and Email

**Execution by Sole Proprietorship**

N/A  
Printed Name Signature

N/A  
Date

N/A  
Assumed Name (if applicable)

N/A  
Telephone and Email

Subscribed and sworn to before me this

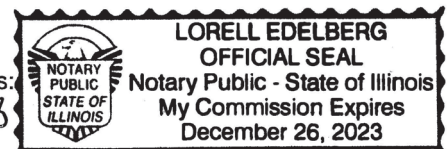
21 day of April, 2020.

*Lorell Edelberg*  
Notary Public Signature

My commission expires:

12/26/23

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.