

AMENDMENT NO. 3

This Amendment modifies Contract No. 1953-18090 for Juvenile Detention Alternative Initiatives: Shelter Care Program by and between the County of Cook, Illinois, herein referred to as "County" and Heartland Human Care Services, Inc., authorized to do business in the State of Illinois hereinafter referred to as "Contractor":

RECITALS

Whereas, the County and Contractor have entered into a Contract approved by the County Board on October 7, 2021, (hereinafter referred to as the "Contract"), wherein the Contractor is to provide Juvenile Detention Alternative Initiatives: Shelter Care Program (hereinafter referred to as the "Services") from December 1, 2021 through November 30, 2024, in an amount not to exceed \$7,384,319.00, with two (2) one-year renewal options; and

Whereas, Amendment No. 1 was authorized by the County Board on November, 21 2024, to renew the Contract for one (1) year beginning on December 1, 2024 through November 30, 2025, in the amount of \$2,966,150.00 and the Total Contract Amount was revised to \$10,350,469.00; and

Whereas, Amendment No. 2 was executed by the Chief Procurement Officer on December 31, 2025, to renew the Contract for six (6) months beginning on December 1, 2025 through May 31, 2026, in the amount of \$196,895.00 and the Total Contract Amount was revised to \$10,547,364.00; and

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

Whereas, an increase of the Contract amount is required for the continuation of Services; and pursuant to Article 10 Section C of the Contract, the County and Contractor desire to increase the Contract in the amount of \$4,417,713.00; and

Whereas, pursuant to Article 4 Section C of the Contract, the County and Contractor desire to renew the Contract for six (6) months beginning on June 1, 2026 through November 30, 2026.

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, 2026.
2. The Contract is increased by \$4,417,713.00 and the Total Contract Amount is revised to \$14,965,077.00
3. The Contract is hereby amended to incorporate Attachment A and made part of the Contract.
4. The attached updated Identification of Sub-Contractors/Suppliers/Sub-Consultants Form, MBE/WBE Utilization Plan forms, certificate of insurance, and Economic Disclosures Statement under Attachment B are incorporated and made a part of this Contract.
5. All other terms and conditions remain as stated in the Contract.

In witness whereof and pursuant to County Board approval on January 15, 2026, the County and Contractor have caused this Amendment No. 3 to be executed on the date and year last written below.

County of Cook, Illinois

Heartland Human Care Services, Inc.

By: Raffi Sarrafian
Chief Procurement Officer

Digitally signed by Raffi Sarrafian
Date: 2026.01.23 17:07:36 -0600

David Sinski
Signed

Date: _____

David Sinski
Type or print name

By: *Brian Tracy*
State's Attorney (if applicable)
Brian Tracy
Type or print name (if applicable)

Chief Executive and Vision Officer
Title

Date: 1/8/2026

Date: 01/06/2026

Contract No. 1953-18090 Amendment No. 3
Vendor Name: Heartland Human Care Services, Inc.

ATTACHMENT A

*Saura Center – 1-year Extension for FY2026
Scope of Work Amendments*

On Page 2 of the Introduction of Exhibit 1 “Scope of Work” replace the following language, leaving the remaining language of the section unchanged:

~~HHCS proposes to continue our partnership with the Circuit Court of Cook County, to provide a 24-hour Residential Shelter Care Program through our Saura Center for male and female youth participants, which will include 20 beds for 14 males, age 10-17; and 6 females, age 10-17. Programming will be gender-responsive, participant-focused, family-centered, strength-based, and bi-lingual.~~

HHCS proposes to continue our partnership with the Circuit Court of Cook County, to provide a 24-hour Residential Shelter Care Program through our Saura Center for male youth participants, which will include 12 beds for males aged 10-17.

Programming will be gender-responsive, participant-focused, family-centered, strength-based, and bi-lingual.

Section “Phase 1: Intake and Admission” of Exhibit 1 “Scope of Work” has the strikethrough language deleted and replaced with the following language:

Phase 1: Intake and Admission

~~HHCS will accept participants deemed eligible by pre-determined criteria. While we are willing to consider all referrals made by the Cook County Juvenile Courts, cases may be declined to adhere to our licensing standards, protect the youth already in care, and to maintain our commitment to the community in which we reside. Such instances may include the following:~~

- ~~• Minor has been charged with a sex offense, or has a history of sexually acting out behaviors;~~
- ~~• Minor has a history of arson/fire setting;~~
- ~~• Minor has been charged with a serious violent offense (e.g., homicide, attempted murder, manslaughter, etc.);~~
- ~~• Minor is under the influence of illegal drugs or alcohol at the time of admission, or is in need of medical detox;~~
- ~~• Minor has major medical conditions (reviewed on a case-by-case basis); or~~
- ~~• Minor has suicidal or homicidal thoughts or ideations.~~

~~HHCS allows flexibility in certain cases, where rigid adherence to criteria would only serve to delay services to the minors in question. To this end, HHCS will make certain exceptions for minors on a case-by-case basis when expedient placement is considered crucial to the youth’s rehabilitation.~~

HHCS recognizes that youth with varied backgrounds can be referred by the Juvenile Court at a multitude of times, therefore program staff is available to accept and respond to admission and

~~requested releases on a 24-hour, 7-day a week basis. Referrals that are RUR from Juvenile Court will be responded to within one hour during Court hours. The youth referred and admitted to Saura Center are ordered as Non-Secure and Release Upon Request (RUR).~~

Phase 1: Intake and Admission Criteria and Limitations on Refusal

Admission to shelter care shall not be refused for reasons of convenience, diagnostic labels on youth, prior placement history, perceived fit, or anticipated behavioral challenges. Any refusal must be based on a present, articulable, and unmitigable safety risk that cannot be addressed through reasonable measures.

The Juvenile Probation Department (JPD) shall screen youth ordered by the Court for placement in accordance with DCFS licensing standards. There is a **presumption of admission** for all court-ordered youth. Admission shall not be refused except in rare and clearly documented circumstances where an immediate safety risk exists that cannot be addressed through supervision, staffing adjustments, or an individualized safety plan.

JPD staff will work collaboratively with HHCS staff who will create individualized safety planning to mitigate risk factors for youth who may have one of the following, including but not limited to:

- A history of sexual offense behavior or sexual acting-out behaviors
- A history of physical aggression or other assaultive behaviors
- A history of arson/fire setting
- A history of suicidal or homicidal ideation

The presence of any of the above factors, standing alone, shall not constitute grounds for refusal of admission. These factors are to be addressed through immediate safety planning, increased supervision, clinical consultation, and other appropriate interventions by HHCS staff.

Rejection from shelter admission is strictly limited to the following circumstances:

- Youth who present with an immediate and serious risk of harm to themselves or others that cannot be safely managed through reasonable supervision, staffing, or safety planning at the time of admission.
- Youth who arrive acutely intoxicated or under the influence of drugs or alcohol, or who require emergency medical stabilization or detoxification, may be temporarily remitted to emergency medical services solely to ensure appropriate care. Admission shall be reconsidered following medical clearance.
- Youth with acute, untreated medical conditions requiring emergency evaluation may be diverted temporarily for medical care, with the expectation of return once stabilized.
- All licensed beds are occupied and no reasonable alternative accommodation is available.

All refusals must be:

- Documented with specific safety rationale.
- Include a plan for reassessment and admission at the earliest possible time where applicable.
- Communicated immediately to JPD staff and/or the judge presiding in the youth’s case.

A rejection of admission due to inadequate HHCS staffing levels may constitute an event of default under the contract.

Gender Identity, Housing, and LGBTQIA+ Protections:

Housing and placement decisions shall be youth-centered and trauma-informed. A youth’s own perception of where they feel safe must be the primary factor guiding placement decisions. Placement decisions shall never be made without first consulting the youth. Youth shall be housed in a manner consistent with their gender identity, rather than sex assigned at birth, unless the youth request otherwise. Transgender and gender-expansive youth shall be specifically assured that placement will respect and affirm their gender identity. When transgender or gender-expansive youth are placed in congregate care HHCS must ensure staff are affirming and provide culturally competent care. Separate rooms or accommodations may be provided only when requested by the youth. Forced separation or isolation is not permitted (taken from DCFS Procedure 302, Appendix A).

Section “Phase 4: Discharge and Follow-up” of Exhibit 1 “Scope of Work” has the strikethrough language deleted:

~~Heartland Human Care Services will use the following staffing model, of 27.8 FTEs to support the programming and caseload requirements:~~

Section “Phase 4: Discharge and Follow-up” of Exhibit 1 “Scope of Work” has the following table deleted:

Funded FTE	Staff Title
0	Director, Opportunity Youth Programs
0.5	Associate Director
0.5	Program Manager (OVN)
1	Program Manager (Swing Shift)
1	Program Manager (Swing Shift)
1	Senior Case Manager
1	Senior Case Manager
0	Senior Deputy Director
0	Managing Director, Support Services
0.5	Training Specialist
0.5	Quality Assurance Specialist
0	Director of Clinical Services
0	Associate Dir-Quality & Performance Improvement
0.5	Clinical Supervisor
1	Mental Health Clinical Practitioner
1	Youth Care Workers
0.8	Education and Vocational Specialist/Mentor
1	Environment Control Tech
0.3	Senior Program Assistant
1	Driver
0.2	Senior Maintenance Worker
0.3	Catering Chef

New Section “*Monthly Reporting Requirements*” is added as the new final section of Exhibit 1 “Scope of Work”:

Monthly Reporting Requirements

HHCS will provide monthly updates to the Office of the Chief Judge, which will include, at a minimum:

1. Staffing Levels. Report shall include identifying all filled and unfilled positions, including but not limited to direct care worker positions, director positions, manager positions, and driver positions, at the Saura Center. For any unfilled positions, it will identify how long the position has been vacant and any plan for filling the position.
2. Capacity. Report shall include a report on the number of residents currently at the Saura Center at the time of the report, the current number of open beds, and the Saura Center’s current capacity to accept additional residents. Should there be a difference between the capacity to accept additional residents and the number of open beds, the report will describe such discrepancy.
3. Residents. Report shall describe the number of residents served since the previous report, including admission date and duration of stay.
4. Admissions, Rejections, and Removals. Report shall include all admissions decisions since the previous report. It shall also include any rejected admissions and any participants that were removed from the program with a detailed explanation for each

rejection. “Removed” from the program refers to any youth that were referred out to another facility, including the JTDC, as a result of a determination by Heartland

5. Complaints against staff. Report shall include a summary of complaints made by youth against staff, specifying the total number of complaints and, for each complaint, the date, time, nature of the complaint, and the position of the staff member involved.

The Office of the Chief Judge retains the right to request additional information that is relevant to the performance of the contract to be included in the reports.

The Office of the Chief Judge shall be permitted to conduct site visits to inspect conditions and compliance.

HEARTLAND HUMAN CARE SERVICES (HHCS)
MANUEL SAURA CENTER JUVENILE DETENTION ALTERNATIVE INITIATIVE (JDAI)
 January 1, 2026 - November 30, 2026

		County Budget FY26	
A.	PERSONNEL		
a.	Salaries and Wages	\$	2,537,839.00
b.	Fringe Benefits (30%)	\$	761,351.70
	FTEs 44.5		
	Total Personnel	\$	3,299,190.70
B.	STAFF EXPENSES		
a.	Staff Development		32969
b.	Transportation - Ground		1650
c.	Transportation - Mileage Reimbursement		3300
d.	Office Supplies		4675
e.	Postage		550
	Total Staff Expenses	\$	43,144.00
C.	INSURANCE		
a.	Professional Liability Insurance		11866
b.	Property General Liability Insurance		1100
c.	Vehicle Insurance		4911
	Total Insurance	\$	17,677.00
D.	PROFESSIONAL FEES		
a.	Recruitment		1100
b.	Audit Fees		1375
c.	Contractors		13640
d.	Dental Services		44880
e.	Interpretation		5500
f.	Personnel Compliance		10675
	Total Professional Fees	\$	77,170.00
E.	COMMUNICATIONS		
a.	Communications		19443
b.	Mobile Communications		4400
	Total Communications	\$	23,843.00
F.	OCCUPANCY		
a.	Rent		120098
b.	Utilities		26400
c.	Building Maintenance Repairs		49500
d.	Furniture (Replacement)	\$	-
	Total Occupancy Expense	\$	195,998.00
G.	EQUIPMENT		
a.	Vehicle Maintenance		10890
b.	Office Equipment		3850
c.	Copier Maintenance		3300
d.	Computer Hardware		2750
e.	Computer Software		11586
		\$	-
	Total Equipment	\$	32,376.00
H.	CLIENT COSTS		
a.	Food		48180
b.	Clothing		19800
c.	Personal and Hygiene Items		5500
d.	Medical Supplies		2750
e.	Educational Supplies		3630
f.	Recreational Equipment and Supplies		24750
g.	Client Transportation		1815
	Total Client Costs	\$	106,425.00
I.	TOTAL DIRECT COSTS	\$	3,795,823.70
	Excluded from indirect cost calculation:		
	Building Maintenance	\$	49,500.00
Rev 4/1/19	J. TOTAL INDIRECT COSTS (16.6%)	\$	621,889.00
K.	TOTAL BUDGET - 11 MONTHS Jan. - Nov. 2026	\$	4,417,713.00

Proposer's Organization Name:	Heartland Human Care Services, Inc.
POC Telephone Number:	Dawnya Underwood - 773-830-5422
POC Email Address:	daunderwood@heartlandalliance.org
Cook County RFP:	1953-18090 Juvenile Detention Alternative Initiatives: Shelter Care Program

Proposer teams (which include partnerships, joint ventures, joint ventures, or subcontractors) should prepare cost proposals on a consolidated basis. It is understood that unforeseen circumstances may necessitate changes to the contract. However, unless such changes are agreed upon by the Department and approved by Cook County in advance, compensation under shall be limited to the proposed contract amounts. All contract modification changes are subject to the procedures outlined in the Professional Services Agreement.

Indicate the Per Diem for the cost of one (1) occupied bed and one (1) unoccupied bed with a minimum of five (5) beds and a maximum of twelve (12) beds per day. The Per Diem shall be an all-inclusive price to operate the program in its entirety.

Pricing Proposal	YEAR FIVE		
	OCCUPIED BED(S)	UNOCCUPIED BED(S)	YEAR ONE TOTAL
Per diem: one (1) bed per day	N/a	n/a	\$ -
Per diem: five (5) beds per day	n/a	n/a	\$ -
Per diem: twelve (12) beds per day	\$1,100.55	\$1,074.00	\$ 1,100.55

ATTACHMENT B

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

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

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

Bid/RFP/RFQ No.: 1953-18090-A3	Date: 01/06/2026
Total Bid or Proposal Amount: \$14,965,077.00	Contract Title: Juvenile Detention Alternative Initiatives: Shelter C
Contractor: Heartland Human Care Services, Inc.	Subcontractor/Supplier/ Subconsultant to be added or substitute: Juvenile Detention Alternative Initiatives: Shelter Care Program
Authorized Contact for Contractor: David Sinski	Authorized Contact for Subcontractor/Supplier/ N/A Subconsultant:
Email Address (Contractor): dsinski@heartlandhumancareservices.org	Email Address (Subcontractor): N/A
Company Address (Contractor): 4822 N. Broadway, Unit 2F	Company Address (Subcontractor): N/A
City, State and Zip (Contractor): Chicago, IL 60640	City, State and Zip (Subcontractor): N/A
Telephone and Fax (Contractor): 312.881.0299	Telephone and Fax (Subcontractor): N/A
Estimated Start and Completion Dates (Contractor):	Estimated Start and Completion Dates (Subcontractor): N/A

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

<u>Description of Services or Supplies</u>	<u>Total Price of Subcontract for Services or Supplies</u>
N/A	N/A

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

Heartland Human Care Services, Inc.

Contractor
David Sinski

Name
Chief Executive and Vision Officer

Title *David Sinski*

Prime Contractor Signature 01/06/2026

Date



Memorandum

Date: January 8, 2026

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

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

RE: Contract No. 1953-18090 Amendment 3
Juvenile Detention Alternative Initiatives: Shelter Care Program
Juvenile Probation and Court Services Department
BID – Professional Services
Contractor: Heartland Human Care Services, Inc.
Original Contract Value: \$7,384,319.00
Original Contract Term: December 1, 2021 – November 30, 2024
Participation Goal: 0% MWBE
Amendment 1 increased the contract value by \$2,966,150 from \$7,384,319 to a revised contract value of \$10,350,469 and renewed the contract term by 1 year.
Revised Contract Value: \$10,350,469.00
Revised Contract Term: December 1, 2021 – November 30, 2025
Amendment 2 increases the contract value by \$196,895 from \$10,350,469 to a revised contract value of \$10,547,364 and renews the contract term by 6 months.
Revised Contract Value: \$10,547,364.00
Revised Contract Term: December 1, 2021 – May 31, 2026
Amendment 3 increases the contract value by \$4,417,713 from \$10,547,364 to a revised contract value of \$14,965,077 and renew the contract term by 6 months.
Revised Contract Value: \$14,965,077.00
Revised Contract Term: December 1, 2021 – November 30, 2026

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

JC/mm

CC: David May, (OCPO)

Allyson Loftus, (Juvenile Probation)
www.cookcountyil.gov



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/26/2025

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

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

PRODUCER Marsh & McLennan Agency LLC 20 North Martingale Road Suite 100 Schaumburg IL 60173	CONTACT NAME: Veronica Stachura PHONE (A/C, No. Ext): (847) 463-7841 E-MAIL ADDRESS: Veronica.Stachura@MarshMMA.com	FAX (A/C, No): (847) 440-9116	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Heartland Human Care Services 4822 N. Broadway, 2nd Floor Chicago IL 60640	INSURER A : PinnaclePoint Insurance Compan		15137
	INSURER B : CFC Underwriting at Lloyds		
	INSURER C : PHILADELPHIA INDEMNITY INSURAN		18058
	INSURER D : Berkley National Insurance Com		38911
	INSURER E :		
	INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 935759227

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
D	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	HHN851241712	8/1/2025	6/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
D	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	HHN851241712	8/1/2025	6/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$			HHN851241712	8/1/2025	6/1/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WCP7007844	1/1/2025	1/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D B C	Professional Liability Cyber Directors & Officers Liab			HHN851241712 CICCBSOSZRTFZD PHSD1873105001	8/1/2025 6/1/2025 6/1/2025	6/1/2026 6/1/2026 6/1/2026	General Aggregate: \$3,000,000 Limit: \$4,000,000 Limit: \$5,000,000

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

GL Policy includes Abuse or Molestation Coverage

Primary Umbrella policy (HHN851241712) is CLAIMS MADE with a limit of \$1,000,000 per each claim and a \$1,000,000 aggregate limit.

25-26 Excess Liability (\$2M XS Primary \$1M) Policy# XAIL90187 Eff 10/14/2025 - 6/1/2026 Southwest Specialty Insurance Co.

25-26 Excess Liability (\$2M XS \$2M XS Primary) Policy# 9HA7PX000203100 Eff 10/27/2025 - 6/1/2026 Bridgeway Insurance Co.

See Attached...

CERTIFICATE HOLDER**CANCELLATION**

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

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

AUTHORIZED REPRESENTATIVE

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ADDITIONAL REMARKS SCHEDULE

AGENCY Marsh & McLennan Agency LLC		NAMED INSURED Heartland Human Care Services 4822 N. Broadway, 2nd Floor Chicago IL 60640	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

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

Second Workers Compensation Policy:

1/1/2025 - 1/1/2026
 Argonaut Insurance Company
 Policy # WC929188807114
 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? - NO

Employers Liability:
 Bodily Injury by Accident: \$500,000 Each Accident
 Bodily Injury by Disease: \$500,000 Policy Limit
 Bodily Injury by Disease: \$500,000 Each Employee

It is agreed that the Certificate Holder is Additional Insured on a primary non-contributory basis, when required by written contract, on the General and Auto Liability with respect to operations performed by the Named Insured in connection with this contract. A Waiver of Subrogation in favor of the Additional Insured applies to the General and Auto Liability policies, when required by written contract.



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

Economic Disclosure Statement Recertification Affidavit

Applicant/Holder Name: Heartland Human Care Services, Inc. Contract #: 1953-18090-A3
Address: 4822 N. Broadway, Unit 2F City: Chicago
County: Cook State: IL Zip: 60640
Phone: 773-433-1200 Email: dsinski@heartlandhumancareservices.org

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: Juvenile Detention Alternative Initiatives: Shelter Care Program

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 12/4/2025 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: 01/06/2026
- 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: Heartland Human Care Services, Inc.
(Print or type legal name of Applicant/Holder)

Date: 01/06/2026

David Sinski
President or authorized signatory (Signature)

Print or type name of President or authorized signatory:

David Sinski

Title of signatory:

Chief Executive and Vision Officer

Subscribed and sworn to before me on this 6th day of January, 2026

Notary Public Signature: *Lavonne Morris* 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: Heartland Human Care Services, Inc.

Address of Person Doing Business with the County: 4822 N. Broadway, Unit 2F, Chicago, IL 60640

Phone number of Person Doing Business with the County: 773-433-1200

Email address of Person Doing Business with the County: dsinski@heartlandhumancareservices.org

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

David Sinski, Chief Executive and Vision Officer, dsinski@heartlandhumancareservices.org, 312.881.0299

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: 1953-18090

The aggregate dollar value of the business you are doing or seeking to do with the County: \$ 14,965,077.00

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: David May; Contract Negotiator; david.may@cookcountyil.gov

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

Allyson.Loftus; Quality Management, Data and Contract/Grant Manager; Allyson.Loftus@cookcountyil.gov

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

Check the box that applies and provide related information where needed

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

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

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

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

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*
Carrie Hamilton Sussman	_____	Judge	Board member works for County
_____	_____	_____	_____
_____	_____	_____	_____

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

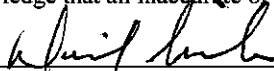
Name of Person Responsible for the General Administration of the Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial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

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

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

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

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


Signature of Recipient

01/06/2026
Date

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

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

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

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

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

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

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

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

Applicant means a person who executes this EDS.

Bidder means any person who submits a Bid.

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

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

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

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

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

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

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

Lobbyist means any person who lobbies.

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

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

Proposal means a response to an RFP.

Proposer means a person submitting a Proposal.

Response means response to an RFQ.

Respondent means a person responding to an RFQ.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SECTION 2

CERTIFICATIONS

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

A. PERSONS AND ENTITIES SUBJECT TO DISQUALIFICATION

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

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

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

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

B. BID-RIGGING OR BID ROTATING

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

C. DRUG FREE WORKPLACE ACT

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

D. DELINQUENCY IN PAYMENT OF TAXES

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

E. HUMAN RIGHTS ORDINANCE

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

F. ILLINOIS HUMAN RIGHTS ACT

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

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

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

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

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

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

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

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

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

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

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

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

SECTION 3

REQUIRED DISCLOSURES

1. DISCLOSURE OF LOBBYIST CONTACTS

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

Name	Address
N/A	

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

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

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

Yes: _____ No: _____

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

4822 N Broadway, Unit 2F

 Chicago, IL 60640

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

Yes: _____ No: _____

3. THE CHILD SUPPORT ENFORCEMENT ORDINANCE (CODE, CHAPTER 34, SECTION 34-172)

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

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

4. REAL ESTATE OWNERSHIP DISCLOSURES.

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

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

PERMANENT INDEX NUMBER(S): _____

See attached

(ATTACH SHEET IF NECESSARY TO LIST ADDITIONAL INDEX NUMBERS)

OR:

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

5. EXCEPTIONS TO CERTIFICATIONS OR DISCLOSURES.

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

N/A

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

**Heartland Human Care Services, Inc.
Real Estate Permanent Index Number**

PIN# 17-34-310-055-0000	3500 South Giles, Chicago, Illinois 60653
PIN# 20-28-218-014-0000	7351 South Princeton Ave., Chicago, Illinois 60621
PIN# 20-28-218-015-0000	7351 South Princeton Ave., Chicago, Illinois 60621
PIN# 11-30-422-029-0000	1620 West Chase Ave., Chicago, Illinois 60626
PIN# 11-31-218-011-0000	1628 West Morse Ave., Chicago, Illinois 60626

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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

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

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

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

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

This Disclosure of Ownership Interest Statement must be submitted by :

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

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

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

This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name Heartland Human Care Services, Inc.

D/B/A: _____ FEIN # Only: 36-4053244

Street Address: 4822 N. Broadway, Unit 2F

City: Chicago State: IL Zip Code: 60640

Phone No.: 773-433-1200 Fax Number: _____ Email: dsinski@heartlandhumancareservices.org

Cook County Business Registration Number: N/A
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): 588445479

Form of Legal Entity:

Sole Proprietor Partnership Corporation Trustee of Land Trust

Business Trust Estate Association Joint Venture

Other (describe) Not-For-Profit

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
N/A		

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 Sinski	4822 N. Broadway, Chicago, IL 60640	Chief Executive	Indefinite
Melissa McElwee	4822 N. Broadway, Chicago, IL 60640	Chief of Staff	Indefinite

Declaration (check the applicable box):

- I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.
- I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

David Sinski

Chief Executive and Vision Officer

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

Title

Signature

Date

dsinski@heartlandhumancareservices.org

12/04/2025

E-mail address

312-881-0299

Phone Number

Subscribed to and sworn before me
this 4th day of December 2025

My commission expires: March 25, 2027

Lavonne Morris
Notary Public Signature

Notary Seal





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

FAMILIAL RELATIONSHIP DISCLOSURE PROVISION

Nepotism Disclosure Requirement:

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

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

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

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

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

Additional Definitions:

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

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

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

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

Name of Person Doing Business with the County: Heartland Human Care Services, Inc.

Address of Person Doing Business with the County: 4822 N. Broadway, Unit 2F, Chicago, IL 60640

Phone number of Person Doing Business with the County: 773-433-1200

Email address of Person Doing Business with the County: dsinski@heartlandhumancareservices.org

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

David Sinski, Chief Executive and Vision Officer, Phone: 312-881-0299, 4822 N. Broadway, Unit 2F, Chicago, IL 60640

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: 1953-18090

The aggregate dollar value of the business you are doing or seeking to do with the County: \$ 10,547,364.00

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: Oumaima Khalil-Elouadghiri, Contract negotiator, Oumaima.khalil-elouadghiri@cookcountyl.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: Allyson Loftus, Juvenile Probation, Allyson.Loftus@cookcountyl.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*
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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*
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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*
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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.

<i>Walter Smith</i>	12/04/2025
Signature of Recipient	Date

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

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

SECTION 4

COOK COUNTY AFFIDAVIT FOR WAGE THEFT ORDINANCE

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

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

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

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

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

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

I. Contract Information:

Contract Number: 1953-18090

County Using Agency (requesting Procurement): Juvenile Probation

II. Person/Substantial Owner Information:

Person (Corporate Entity Name): Heartland Human Care Services, Inc.

Substantial Owner Complete Name: _____

FEIN# 36-4053244



E-mail address: dsinski@heartlandhumancareservices.org

Street Address: 4822 N. Broadway, Unit 2F

City: Chicago State: IL Zip: 60640



III. Compliance with Wage Laws:

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

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

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

IV. Request for Waiver or Reduction

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

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

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

V. Affirmation

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

Signature: David Sinski Date: 12/04/2025

Name of Person signing (Print): David Sinski Title: Chief Executive and Vision Officer

Subscribed and sworn to before me this 4th day of December, 2025

Lavonne Morris
Notary Public Signature

Notary Seal

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



SECTION 5

CONTRACT AND EDS EXECUTION PAGE

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

Execution by Corporation

Heartland Human Care Services, Inc.

Corporation's Name

773-433-1200

Telephone

x *Melissa Pittwee*

Secretary Signature

David Sinski
President's Printed Name and Signature

dsinski@heartlandhumancareservices.org

Email

x 12/04/2025

Date

Execution by LLC

LLC Name

*Member/Manager Printed Name and Signature

Date

Telephone and Email

Execution by Partnership/Joint Venture

Partnership/Joint Venture Name

*Partner/Joint Venturer Printed Name and Signature

Date

Telephone and Email

Execution by Sole Proprietorship

Printed Name Signature

Assumed Name (if applicable)

Date

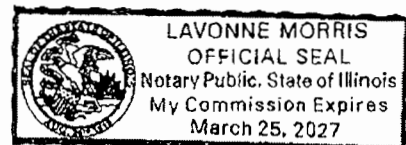
Telephone and Email

Subscribed and sworn to before me this
4th day of December 2025

Lavonne Morris
Notary Public Signature

My commission expires:

Notary Seal



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