

AMENDMENT NO. 3

This Amendment modifies Contract No. 2038-18464B, for Preliminary Engineering and Environmental (Phase I) Services for Sauk Village Multi-Use Path by and between the County of Cook, Illinois, herein referred to as "County" and BLA, 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 April 7, 2022, (hereinafter referred to as the "Contract"), wherein the Contractor is to provide Preliminary Engineering and Environmental (Phase I) Services for Sauk Village Multi-Use Path (hereinafter referred to as the "Services") from May 15, 2022 through May 14, 2024, in an amount not to exceed \$552,718.00; and

Whereas, Amendment No. 1 was executed by the Chief Procurement Officer on June 4, 2024, to extend the contract for Twelve (12) months beginning May 15, 2024 through May 14, 2025,

Whereas, Amendment No. 2 was executed by the Chief Procurement Officer on June 3, 2025, to extend the contract for Twelve (12) months beginning May 15, 2025 through May 14, 2026, in the amount of \$29,075.00 and the Total Contract Amount was revised to \$581,793.00; and

Whereas, the Contract will expire May 14, 2026, and the agreed upon Services are still required; and

Whereas, pursuant to Article 4 of the Contract, the County and Contractor desire to extend the Contract for Twelve (12) months beginning on May 15, 2026 through May 14, 2027.

Whereas, an increase of the Contract amount is required for the continuation of Services; and pursuant to Article 10c of the Contract, the County and Contractor desire to increase the Contract in the amount of \$61,590.00.

Whereas, pursuant to Article 10 Section C of the Contract, the County and Contractor desire to include additional scope of services to the Contract; and

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 extended through May 14, 2027.
2. The Contract is increased by \$61,590.00 and the Total Contract Amount is revised to \$643,383.00.
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 (if applicable and updated), MBE/WBE Utilization Plan forms (if applicable and updated), certificate of insurance (if updated), 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 authority of the Chief Procurement Officer 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

BLA, Inc.

By: Raffi Sarrafian
Chief Procurement Officer

Digitally signed by Raffi Sarrafian
Date: 2026.06.08 11:33:36 -05'00'


Signed

Date: _____

Daniel Bruckelmeyer, P.E.
Type or print name

By: _____
State's Attorney (if applicable)

President/CEO
Title

Type or print name (if applicable)

Date: _____

Date: 4/6/26

ATTACHMENT A



COOK COUNTY
DEPARTMENT OF
Procurement

Scope of Work Development Form

DOWNLOAD THIS FORM BEFORE STARTING.

This form is version controlled,
use the latest version.

**Include this completed form with your
procurement submission.**

Version: v2.0

Version date: 12/20/25

Latest version lives: [SOW Development Form](#)



PLEASE READ

Purpose

The Scope of Work (SOW) Development Form is designed to assist all Cook County Departments in preparing a clear, complete, and **thoughtful Scope of Work for their procurement requests**. It applies to all types of public purchases—both competitive and non-competitive.

The form ensures that Procurement Services receives the essential information needed to:

- Identify the most suitable vendors,
- Process requests efficiently and effectively, and
- Promote competitive bidding that strengthens County services and optimizes taxpayer dollars.

Why This Matters

Using Agencies should carefully complete this form. Well-considered responses help Procurement Services **communicate clearly with the vendor community, increasing the likelihood of receiving high-quality, competitive bids**. The information you provide will first be reviewed by the Procurement Department and then posted for vendors.

Do all solicitations type need an SOW Development Form?

No. A completed SOW Development Form is required for most solicitation types, except for amendments and Job Order Contract (JOC) work orders. Please see the [Getting Started with Procurement](#) to find the **Procurement Submission Reference** to ensure you actually need to complete a SOW Development Form for your procurement request.

Where to Get Help: Please contact your department [Procurement Business Partner](#), your procurement business partner is your go to department expert in procurement. They are trained to navigate procurement resources and have direct contact with Procurement leaders. They will also sign you up for **trainings**, provide **training materials**, and sign you up for **Procurement Office Hours** where you can get specific help.



Structure of the SOW Development Form

The SOW Development Form is organized into **three sections**, each designed to guide Using Agencies in developing a complete Scope of Work.

Once your responses are finalized, **the information you provide will be shared with the vendor community and retained for compliance and public transparency so please be diligent and thoughtful in all your responses.**

Sec	Section	Focus	Importance
1	Scope of Work Development	Outlines the overall scope and clarifies what is being requested, helping buyers understand your department's needs.	Provide clear, detailed, and thoughtful responses. Thorough answers reduce back-and-forth, saving time and avoiding delays in processing.
2	Specifications Development	Defines the technical requirements and details vendors need to successfully deliver—such as pictures, measurements, standards, or other specifics.	Include all relevant exhibits, documents, policies, compliance requirements, and technical details. This ensures vendors have complete clarity and reinforces Section 1.
3	Vendor Selection Preferences	Identifies the vendor qualifications and preferences your department values, and how those factors should be weighed in evaluation.	Helps Procurement and evaluation teams understand your priorities when comparing vendors. While Sections 1 and 2 define the work and deliverables, this section guides how the best vendor is chosen.

Leave no answer blank, instead explain why the question does not apply to your procurement request or why you can't answer it now.



Section 1: Scope of Work

Use this section to tell the Procurement Department exactly what you need. Provide enough detail to clearly describe the product or service, including type, quantity, and service level. Keep your answers concise — more detailed explanations will be requested in **Section 2**. This helps Procurement Department process your request quickly and accurately without confusion.

Clearly describe the **item or service name, quantity, and basic description** (size, model, or service level and type). Avoid technical standards here — those go in Section 2.

Example: “200 traffic safety cones, 28” high, orange with reflective stripes.”

Answer:

Preparation of preliminary engineering and environmental (Phase I) deliverables for the construction of a multi-use path (Sauk Village Multi-Use Path) connecting an elementary school, high school, residential neighborhoods, small businesses and Plum Creek Meadow Forest Preserve. The project corridor traverses Cottage Grove Avenue, Sauk Trail Road, Cornell Avenue, 223rd Street and Burhnam Avenue.

Explain the problem this request solves and what could happen if it is not fulfilled (e.g., safety risks, compliance issues, delays in service). This helps Procurement understand urgency and impact.

Example: “**To** replace damaged cones and ensure safety during road maintenance projects. **Without** these cones, workers and drivers face increased risk of accidents and injuries due to insufficient traffic control.”

Answer:

The Phase I deliverables are needed before the project can move on to detailed design (Phase II) engineering and construction; thus, not completing Phase I in a timely manner will delay construction.

State what success looks like for this request. Whenever possible, give measurable outcomes (e.g., number of units, improved safety rates, reduced downtime, improved service levels)

Example: “Crews will have enough cones to block off work areas, keeping workers and drivers safe, which should reduce accidents at work zones by at least 10%.”

Answer:



Scope of Work Development Form

Answer:

The Department is providing a major pedestrian improvement which aligns with our 2040 Long Range Transportation Plan and our Complete Streets Policy.

Describe what a **good vendor performance** looks like (on-time delivery, meets specifications, clear communication) and what a **bad performance** looks like (late deliveries, poor communication, defective products). Use simple bullet points.

Example:

Good Service	Bad Service
• <i>The vendor delivers all 200 traffic safety cones, 28" high and orange with reflective stripes, on the agreed delivery date.</i> • <i>The cones meet the specified quality standards, with no damage or defects.</i> • <i>The vendor communicates promptly if there are any delays or issues.</i>	• <i>The vendor delivers fewer cones than ordered or cones that don't match the specifications (wrong size or missing reflective stripes).</i> • <i>Delivery is late without notice or explanation.</i> • <i>Communication is poor or non-existent.</i>

Answer:

Good Service	Bad Service
• The vendor is responsive to calls and emails from the Department • The vendor provides high-quality deliverables that do not require much review • The vendor meets their deadlines to complete Phase I deliverables so the project can be constructed in a timely manner.	• The vendor is unresponsive or slow to respond to calls and emails from the Department • The vendor provides poor-quality deliverables that require lots of comments and multiple re-submittals • The Phase I deliverables are submitted late and result in delays in project implementation.

Provide the **full delivery/service address** (including suite, floor, or unit) and any **special delivery instructions** (e.g., security check-in, loading dock hours). If multiple locations, list each separately.

Example:

- "Deliver 100 traffic cones to:



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- Cook County Department of Transportation & Highways
 - 69 W. Washington St., Suite 2200-C, Chicago, IL 60602
 - **Delivery Instructions:** Use the north door for delivery.”
- “Deliver 100 traffic cones to:
 - Cook County Central Warehouse
 - 1330 S. 54th Ave., Cicero, IL 60804
 - **Delivery Instructions:** Use the back door and check in with the guard for entry.”

Answer:

This professional services contract is managed by the following Department staff member whose office is located at the following address:

Sanjay Joshi, P.E.

Project Studies Manager

Cook County Department of Transportation and Highways

69 W. Washington Street

23rd Floor

Chicago, IL 60602

Identify **who will benefit** (staff, patients, residents, officers, etc.) and **approximately how many people** are impacted. Use ranges if exact numbers are unknown (e.g., “50–100 staff per week,” “approx. 5,000 residents annually”).

Example: “County employees (around 5,000 Cook County workers) and road crews (approximately 1,200 construction personnel) gain the tools and equipment needed to perform their work safely and efficiently, while the public benefits (over 5 million Cook County residents) from improved services and safer environments.”

Answer:

The multi-use path addition done under this contract generally serves to benefit all Cook County residents, but specifically the communities of Sauk Village, Steger and Bloom Township.

What is the desired **duration of this service**? (Length)

Answer:

- ☐ One-time purchase with no renewal.
- ☐ 1-year service contract with option to renew annually.



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☐ 3-year agreement with renewal at the County's discretion.

☒ Other (please specify):

1-year time extension on existing contract

How do you plan to provide compensation payments for the commodity or service?

Answer:

☐ Hourly

☐ Monthly

☐ Milestone Achievement

☒ Other (please specify):

The vendor will be paid using a cost plus fixed fee structure where they bill the Department at established hourly rates for actual work performed. They will also be reimbursed for direct costs incurred such as vehicle rentals, mileage fees, printing fees, etc. as required to complete their Phase I deliverables.

Section 2: Specifications

Provide Technical and Supporting Details to Help the Vendor Experts Understand the Service and Request Needed.

Now that you've explained what you are requesting in Section 1, please provide the technical details. Include dimensions, materials, model numbers, standards, or other specifications that ensure vendors deliver exactly what you need.

Extra tip: Pretend you're explaining it to someone outside your department — would they know what you mean so you get exactly what you are requesting **without mistake**?

Answer:

Preliminary engineering and environmental (Phase I) deliverables need to be prepared to support the construction of the Sauk Village Multi-Use Path. The Phase I deliverables should be prepared in accordance with appropriate County, Illinois Department of Transportation (IDOT), and or Federal Highway Administration (FHWA) standards and guidelines.



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Do you have reference materials that will help vendors understand your request better? (Examples: product photos, technical diagrams, sample forms, or training outlines.) **Attach them here.**

Example:

Photo of Item wanted with Dimensions	Diagram	Example of Training
 Wide: 10" x 10" Height: 18" Weight: 3lbs	n/a	n/a

Answer:

Photo of Item wanted with Dimensions	Diagram	Example of Training
N/A	N/A	N/A

Earlier you explained why this request is needed. **Now describe the specific problem or risks in more detail.** Where does the issue show up? Who is affected? What measurable goals should this procurement achieve?

Extra tip: What exact problem is this request addressing? Describe the issue in detail, including locations, processes, or groups affected. This helps vendors see the context of your need.

Example: "We need to replace damaged and missing traffic cones along Pulaski Road between 31st Street and Cermak Road in Chicago, where an ongoing resurfacing project



Scope of Work Development Form

requires clear lane closures. Current cones are cracked, faded, and no longer meet visibility standards, creating safety risks for both road crews and drivers. Without new cones, work zones cannot be properly marked, delaying the project and increasing the chance of accidents.”

Answer:

The Sauk Village Multi-Use Path is a new path that will connect residents and children to their local community. This path will allow school children a safe route to elementary school and a high school and will allow adult residents to safely walk or bike to small businesses, religious institutions and the forest preserve. If the multi-use path plans do not advance in a timely manner then this connection will not be available for use by Cook County residents.

List 2–5 measurable objectives you expect this request to accomplish. (Think of this as your success checklist: what must happen for this to be considered successful?)

Example:

- “Replace 200 damaged traffic cones currently in use along Pulaski Road (31st St. to Cermak Rd.).”
- “Deliver cones in two shipments of 100 each: the first by May 15, 2025, and the second by June 1, 2025, to align with resurfacing project phases.”
- “Provide cones that meet or exceed Illinois Department of Transportation (IDOT) and OSHA safety standards.”

Answer:

1. The vendor is responsive to calls and emails from the Department
2. The vendor provides high-quality deliverables that do not require much review
3. The vendor meets their deadlines to complete Phase I deliverables so the project can be constructed in a timely manner

Now that you’ve defined success in Section 1, outline the specific deliverables and tasks needed to achieve it. Be clear on timing, dependency, and identify vendor and department responsibilities.



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Focuses on **how the service will be executed** and **what tangible outputs are required**.
This is operational: the tasks, sequence, dependencies, and deliverables.

Extra tip: List every task or item the vendor must deliver (for example: delivery equipment, provide training, complete installation). Add a target date or sequence if timing matters.

Example:

Task	Target Date / Order	Notes
<i>Deliver first 100 traffic cones to DOT warehouse.</i>	<i>May 15, 2025</i>	
<i>Deliver second cones to Central Warehouse</i>	<i>June 1, 2025</i>	
<i>Conduct staff training sessions</i>	<i>June 5, 2025</i>	<i>Virtual via Teams, 2 hours</i>

Answer:

Task	Target date / order	Notes
Complete all Phase I deliverables	5/14/2027	

Does the vendor need anything from you (permits, approvals, facility access, scheduling) before they can start? Are there risks that could cause delays (supply shortages, weather, staff availability)? Listing these helps Procurement plan ahead.

Example:

Dependencies	Potential Roadblocks
<i>Delivery schedule depends on resurfacing work being cleared for Phase II by the Department of Transportation and Highways.</i> <i>Vendor requires 48-hour advance notice from the County before each shipment can be dispatched.</i> <i>Access to the Pulaski Road staging area requires coordination with the City of Chicago for temporary unloading permits.</i>	<i>Supply chain delays could affect the availability of reflective tape, which may push back production by up to two weeks.</i> <i>Severe weather (heavy rain or flooding) could restrict delivery trucks from accessing staging areas on scheduled dates.</i> <i>Staffing shortages within the vendor's logistics team could increase delivery times unless backup drivers are assigned</i>



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Answer:

Dependencies	Potential Roadblocks
Other agency approval like IDOT, municipalities, etc.	Unexpected issues that arise during design

Clarify Vendor and Department responsibilities in detail.

(For example: the vendor delivers cones, but your department sets them up.) Also note what your department will do directly. Defining this avoids confusion later.

Example:

Area/Task	Vendor Responsibility	Not Vendor Responsibility	Department Responsibility	Not Department Responsibility
Traffic Cone Installation	Vendor delivers cones only	Does not place or set up at worksites	Department staff will deploy cones at job sites	
Staff Training	Vendor provides manuals and training materials		Department schedules staff and oversees training sessions	
Ongoing Maintenance	Vendor provides quarterly inspections of ____; or Vendor provides quarterly ninety (90) minute refresher training to a minimum of ____ department members,	Vendor not responsible for repairing or replacing cones after delivery	Department handles replacement or repair of damaged cones	



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	<i>scheduled during normal business hours.</i>			
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Answer:

Area/Task	Vendor Responsibility	Not Vendor Responsibility	Department Responsibility	Not Department Responsibility
Preparation of Phase I deliverables	Vendor prepares all Phase I deliverables	N/A	Department reviews and approves Phase I deliverables and handles coordination with other agencies (e.g. IDOT)	N/A

How will you know the vendor did a good job? List 2–5 specific measures (examples: delivery by a certain date, no more than 2% damaged items, compliance with OSHA rules, user satisfaction scores above 85%). These measures become the basis for holding the vendor accountable.

Example:

Physical Tools	IT & Software	
• Cones are delivered by the agreed deadlines (May 15 and June 1, 2025). • All 200 cones meet size (28”), material (PVC), and safety (reflective tape, weighted base) specifications. • No more than 2% of cones arrive damaged; damaged items must be replaced within 48 hours at no cost.	• Software is installed on all 150 workstations within the agreed 30-day rollout schedule. • System passes security compliance checks before launch. • User satisfaction scores average at least 85% in post-implementation survey.	



Scope of Work Development Form

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Answer:

- The vendor submits all Phase I documents and they are reviewed/approved by the Department in advance of May 14, 2027

Are there special safety rules or emergency needs for this request? For example: should the vendor respond within 24 hours if extra items are urgently needed? Must they follow OSHA or County jobsite safety protocols? List any critical safety or emergency requirements.

Examples:

- “Vendor must be able to deliver additional cones within 24 hours if a worksite shortage occurs.”
- “Vendor must provide OSHA-compliant safety gear for all workers handling materials.”
- “Vendor must follow County jobsite safety protocols and document compliance.”

Answer:

N/A

Under what conditions should the County be allowed to end the contract early? Examples: Repeated missed deadlines, failure to meet specifications, safety violations, or failure to fix issues after notice. This protects the County and sets fair expectations for the vendor.

Examples:



Scope of Work Development Form

- *“Failure to deliver key milestones by agreed deadlines without an approved extension.”*
- *“Consistently providing deliverables that do not meet specifications (e.g., materials, size, safety standards).”*
- *“Repeated safety violations or failure to comply with OSHA or County safety protocols.”*
- *“Failure to correct identified issues within a set timeframe (e.g., 10 business days after notice).”*
- *“Failure to replace damaged/non-compliant cones within 48 hours at no additional cost.”*
- *“Repeated missed delivery deadlines without documented justification.”*

Answer:

Article 9c of the original contract outlines the early termination process for this contract. The County may terminate this agreement, or all or any portions of the services to be performed under it, at any time by a notice in writing from the County to the vendor.

Where should the vendor deliver items or perform services? Include exact addresses, contact persons, delivery hours, and any special entry or safety instructions. If there are multiple sites, list each one separately.

Example:

- *Ordering Agency: Cook County Department of Transportation & Highways*
- *Contract Manager: John Smith, Project Manager (312-555-1234 / john.smith@cookcountyil.gov)*
- *Role: Reviews and approves deliverables, verifies invoices, coordinates delivery schedule with vendor, ensures compliance with County standards.*

Answer:



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Phase I deliverables should be sent via email to Tara.Fifer@cookcountyil.gov

Who will use this product/service, and who else benefits from it? (Examples: County staff, residents, businesses, or other departments.) This shows the value of the request and who is impacted.

Example:

- **Cook County Department of Transportation & Highways**
69 W. Washington St., Suite 2200-C, Chicago, IL 60602
Delivery Instructions: Use north entrance loading dock. Deliveries accepted Monday–Friday, 8:00 a.m.–3:00 p.m. Vendor must check in with security desk before unloading.
- **Cook County Central Warehouse**
1330 S. 54th Ave., Cicero, IL 60804
Delivery Instructions: Use back gate, check in with warehouse guard, and unload at Bay 4. Deliveries must be shrink-wrapped and palletized. Hours: Monday–Friday, 7:00 a.m.–2:00 p.m.

Answer:

The Department will use the Phase I deliverables prepared under this contract to support the construction the Sauk Village Multi-Use Path. The multi-use path addition done under this contract generally serves to benefit all Cook County residents, but specifically the communities of Sauk Village, Steger and Bloom Township.

Who will use this product/service, and who else benefits from it? (Examples: County staff, residents, businesses, or other departments.) This shows the value of the request and who is impacted.



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Example:

- *County employees (Department of Transportation Road crews) who will use the cones to secure work zones.*
- *General public (Cook County residents and drivers) who benefit from safer and more efficient road projects.*
- *Local businesses near the work zone that benefit from reduced traffic disruptions and improved safety.*

Answer:

The multi-use path addition done under this contract generally serves to benefit all Cook County residents, but specifically the communities of Sauk Village, Steger and Bloom Township.

Besides your department, are there other offices that must review, approve, or support this request (e.g., IT, Legal, Budget, Risk Management)? Listing them early prevents delays later.

Examples:

- **IT Department:** *Configure and maintain software licenses tied to traffic management systems.*
- **Legal Department:** *Review contract language to ensure liability protections and compliance with County policies.*
- **Budget Office:** *Verify available funding, encumber funds, and authorize payments once deliverables are met.*
- **Risk Management:** *Review OSHA and site safety compliance requirements.*
- **Communications Office:** *Issue public safety notices and traffic advisories during road closures.*

Answer:



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N/A

Is this a one-time purchase or an ongoing service? If ongoing, how long should the contract last, and should it be renewable? Be clear if you want a short-term project, annual renewal, or multi-year agreement.

Examples:

- **One-time purchase:** *Deliver 200 cones by June 1, 2025. No renewal required.*
- **Short-term service:** *6-month contract for warehouse storage of traffic equipment, renewable upon County approval.*
- **Annual service:** *1-year maintenance and repair contract for traffic control equipment, renewable for up to 3 additional years at the County's discretion.*
- **Multi-year contract:** *3-year agreement for IT support services, with annual review checkpoints and option to terminate for poor performance.*

Answer:

Ongoing service. The base contract was two years long from May 15, 2022, to May 14, 2024, and the contract allows amendments that extend beyond one (1) year to be provided upon Board approval. The first amendment extended the contract to 5/14/2025. The second amendment extended the contract to 5/14/2026. This third and final amendment aims to extend the contract to 5/14/2027. Under this amendment the Department is seeking to extend the contract term by one (1) additional year to allow ongoing tasks needed under this contract to continue in compliance with Article 4c of the contract.

Are there any general expectations or parameters of Warranty?

Examples: Initial warranty and extended warranty on essential parts, and/or Support Services (i.e. unlimited software upgrades).



Answer:

N/A

Section 3: Vendor Preferences

This section allows you to define the characteristics of the ideal vendor for your request. The evaluation criteria help you weigh the importance of each factor. These weights will be used by the Evaluation Committee when scoring proposals. Departments should carefully consider their evaluation priorities.

Instructions: You have **100 points** to allocate across the five criteria below. Assign more points to the factors that are most important to your department. The total must equal **100 points**.

Technical evaluation Criteria	Weight
1. Quality of proposed plan or approach, including project management, methodology, implementation schedule, post-implementation support, and understanding of the County's needs, goals, and objectives.	____Points
2. Qualifications and specialized experience of the Respondent, as evidenced by the successful implementation of similar projects in at least three (3) large, complex public sector organizations (preferably city, county, state, or other government entities).	____Points



Scope of Work Development Form

3. Qualifications and experience of proposed key personnel, as evidenced by relevant expertise and past performance.	_____Points
4. Level, quality, and relevance of participation by certified MBE/WBE firms.	_____Points
5. Financial stability of the potential vendor.	_____Points

What skillsets and experience should your vendor have?

Use this section to describe the qualifications, certifications, and expertise you expect from the vendor's team. This helps the selected Evaluation committee evaluate proposals and select the most capable vendor. Include technical skills, relevant project experience, professional certifications, and any other qualifications that are critical for successful performance.

Examples:

- Vendor staff must have **OSHA-certified safety training** and at least 3 years of experience supplying and managing traffic control equipment for public agencies.
- Project managers must hold **PMP certification** and have successfully led at least 2 similar multi-site IT deployment projects within the last 5 years.
- Technical staff must have experience with **County-approved software platforms**, such as OnBase or Microsoft Teams, and demonstrate knowledge of cybersecurity best practices.
- Training personnel must be certified in **adult learning methods** and have delivered at least 5 sessions of comparable size and scope.

Answer:



Scope of Work Development Form

Section not completed since this request is for a contract amendment and the vendor selection process has previously been completed.

Relevant technical expertise or subject-matter knowledge needed to perform the work:

Answer:

Section not completed since this request is for a contract amendment and the vendor selection process has previously been completed.

Prior experience on similar projects, including scale, complexity, or regulatory requirements:

Answer:

Section not completed since this request is for a contract amendment and the vendor selection process has previously been completed.

Any preferred certifications, training, specialized skills, or licenses (e.g., OSHA, PMP, IT security, or software proficiency):

Answer:



Scope of Work Development Form

Section not completed since this request is for a contract amendment and the vendor selection process has previously been completed.

Are there any special regulations, licenses, or compliance requirements the vendor must meet?

Use this section to identify any state or federal regulations, certifications, or licenses that are required for the vendor to legally and safely perform the work. Include any reporting requirements, permits, or compliance documentation.

Examples:

- Vendor must hold a valid **Illinois Contractor License** for public works projects.
- Vendor must comply with **OSHA safety standards** and submit proof of employee training.
- Vendor must follow **IDOT guidelines** for traffic control equipment placement.
- Vendor must maintain **data security certifications** (e.g., HIPAA compliance, ISO 27001) if handling sensitive information.

Answer:

Licensing requirements for Key Personnel included on the contract were included in the original Request for Qualifications (RFQ) published for this solicitation. No additional licensing requirements are proposed to be added at this time.



What criteria would constitute termination of the contract?

Define the specific situations in which the County can terminate the contract early. These criteria protect the County from vendors who fail to deliver, provide poor service, or breach legal or safety requirements.

Examples:

- Failure to meet **delivery deadlines** or agreed-upon milestones.
- Repeated **non-compliance** with safety, licensing, or regulatory requirements.
- Delivery of **substandard products or services** (e.g., damaged equipment, incomplete reports).
- Vendor insolvency, fraud, or ethical violations.
- Three or more material breaches of contract within a 12-month period, after providing a cure period of 15 business days.

Answer:

Article 9 of the original contract outlines the termination process for this contract.

ATTACHMENT B



COOK COUNTY
OFFICE OF THE
Chief Procurement
Officer

161 N. Clark
Suite 2300
Chicago, Illinois 60601

Date: April 9, 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. 2038-18464B Amendment No. 3
Sauk Village Multi-Use Path, Preliminary and Environmental (Phase 1) Services
Department of Transportation and Highways
RFQ: Professional Services
Contractor: BLA, Inc.
Original Contract Value: \$552,718.00
Original Contract Term: 5/15/2022 – 5/14/2024
Amendment 1 renews the extended the contract for one year through May 14, 2025, with no change to the contract value
Revised Contract Term: 5/15/2022 – 5/14/2025
Amendment 2 extends the contract for one year through May 14, 2026, and increases the contract value by \$29,075.00 to a total contract value of \$581,793.00
Revised Contract Value: \$581,793.00
Revised Contract Term: 5/15/2022 – 5/14/2026
Amendment 3 extends the contract for one year through May 14, 2027, and increases the contract value by \$61,590.00 to a total contract value of \$643,383.00
Revised Contract Value: \$643,383.00
Revised Contract Term: 5/15/2022 – 5/14/2027

Participation Goal: 35% DBE participation

The Center of Business Enterprise Development is in receipt of the above-referenced contract amendment and has reviewed this contract for compliance with the Minority- and Women- owned Business Enterprises (MBE/WBE) Ordinance. After careful review of our records as reported by the vendor, it has been determined the vendor is in compliance with the MBE/WBE Ordinance.



COOK COUNTY
OFFICE OF THE
Chief Procurement
Officer

Utilization Plan – Original Award through Amendment 1 (Based on contract value of \$552,718.00)

<u>Subcontractor</u>	<u>Status</u>	<u>Certifying Agency</u>	<u>Commitment (Direct)</u>
GSG Consultants, Inc.	DBE-HA-M	METRA	35%
Total:			35%

Utilization Plan – Amendment 2 (Based on contract value of \$581,793.00)

<u>Subcontractor</u>	<u>Status</u>	<u>Certifying Agency</u>	<u>Commitment (Direct)</u>
GSG Consultants, Inc.	DBE-HA-M	METRA	35%
Total:			35%

Utilization Plan – Amendment 3 (Based on contract value of \$643,383.00)

<u>Subcontractor</u>	<u>Status</u>	<u>Certifying Agency</u>	<u>Commitment (Direct)</u>
GSG Consultants, Inc.	DBE-HA-M	METRA	35%
Total:			35%

Original DBE forms were used in the determination of the responsiveness of this contract amendment.

JC/aj

CC: David Crawl, (OCPO)
Tara Fifer, (DOTH)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/15/2025

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 RSC Insurance Brokerage, Inc. 1745 N. Brown Road Suite 250 Lawrenceville GA 30043	CONTACT NAME: Ashton Weig PHONE (A/C, No, Ext): E-MAIL ADDRESS: aweig@risk-strategies.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: Continental Casualty Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: NAIC # 20443
INSURED BLA, Inc. 333 Pierce Road, #200 Itasca IL 60143	

COVERAGES **CERTIFICATE NUMBER:** CL2571577990 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY						
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N ☐ N/A						PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
A	Professional Liability			AEH004313026	07/16/2025	07/16/2026	Each Claim Annual Aggregate \$3,000,000 \$3,000,000

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

Re: Project: RFQ 2038-18464 B - Sauk Village Multi-Use Path Phase I Engineering.

CERTIFICATE HOLDER**CANCELLATION**

Cook County Department of Transportation And Highways
118 N Clark Street
Room 1018
Chicago IL 60602-0000

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

RSC Insurance Brokerage Inc.

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/16/2025

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 Edgewood Partners Insurance Agency 3780 Mansell Rd. Suite 370 Alpharetta GA 30022		CONTACT NAME: ACEC Certificates PHONE (A/C, No, Ext): 770-552-4225 E-MAIL ADDRESS: ACECcertificates@greyling.com FAX (A/C, No):		
INSURED BLA, Inc. 333 Pierce Road, Suite 200 Itasca IL 60143		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Hartford Accident and Indemnity Company		22357
		INSURER B: Hartford Underwriters Insurance Company		30104
		INSURER C: Hartford Fire Insurance Company		19682
		INSURER D:		
		INSURER E:		
INSURER F:				

COVERAGES**CERTIFICATE NUMBER:** 276013730**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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☐ LOC OTHER:		20SBWBV0316	5/1/2025	5/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY		20UEGEM7703	5/1/2025	5/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ RETENTION \$ 10,000		20SBWBV0316	5/1/2025	5/1/2026	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	20WBGBJ8884	5/1/2025	5/1/2026	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Re: RFQ 2038-18464 B - Sauk Village Multi-Use Path Phase 1 Engineering.
Cook County Department of Transportation and Highway, its officials, employees and agents are named as Additional Insureds on the above referenced liability policies with the exception of workers compensation where required by written contract. Waiver of Subrogation is applicable where required by written contract & allowed by law. The above referenced liability policies with the exception of workers compensation are primary & non-contributory where required by written contract. Umbrella Follows Form with respects to General, Automobile & Employers Liability Policies. Should any of the above described policies be cancelled by the issuing insurer before the expiration date thereof, we will endeavor to provide 30 days' written notice (except 10 days for nonpayment of premium) to the Certificate Holder.

CERTIFICATE HOLDER**CANCELLATION**

Cook County Department of Transportation and Highway
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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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE OF CANCELLATION TO CERTIFICATE HOLDER(S)

This policy is subject to the following additional Conditions:

- A.** If this policy is cancelled by the Company, other than for nonpayment of premium, notice of such cancellation will be provided at least thirty (30) days in advance of the cancellation effective date to the certificate holder(s) with mailing addresses on file with the agent of record or the Company.
- B.** If this policy is cancelled by the Company for nonpayment of premium, or by the insured, notice of such cancellation will be provided within (10) days of the cancellation effective date to the certificate holder(s) with mailing addresses on file with the agent of record or the Company.

If notice is mailed, proof of mailing to the last known mailing address of the certificate holder(s) on file with the agent of record or the Company will be sufficient proof of notice.

Any notification rights provided by this endorsement apply only to active certificate holder(s) who were issued a certificate of insurance applicable to this policy's term.

Failure to provide such notice to the certificate holder(s) will not amend or extend the date the cancellation becomes effective, nor will it negate cancellation of the policy. Failure to send notice shall impose no liability of any kind upon the Company or its agents or representatives.

ADDITIONAL COVERAGES WHEN REQUIRED BY WRITTEN CONTRACT

This is a summary of the coverage provided under the following form (complete form available):

COMMERCIAL AUTOMOBILE COVERAGE FORM HA 99 16 03 12**Additional Insured if Required by Contract**

Paragraph A.1. - WHO IS AN INSURED - of Section II - Liability Coverage is amended to add:

When you have agreed, in a written contract or written agreement, that a person or organization be added as an additional insured on your business auto policy, such person or organization is an "insured", but only to the extent such person or organization is liable for "bodily injury" or "property damage" caused by the conduct of an "insured" under paragraphs a. or b. of Who is and Insured with regard to the ownership, maintenance or use of a covered "auto."

Primary and Non-Contributory

Only with respect to insurance provided to an additional insured in 1.D. - Additional Insured If Required by contract, the following provisions apply:

- 1) **Primary Insurance When Required By Contract:** This insurance is primary if you have agreed in a written contract or written agreement that this insurance be primary. If other insurance is also primary, we will share with all that other insurance by the method described in Other Insurance Clause.
- 2) **Primary and Non-Contributory To Other Insurance When Required By Contract:** If you have agreed in a written contract or written agreement that this insurance is primary and non-contributory with the additional insured's own insurance, this insurance is primary and we will not seek contribution from that other insurance.

Paragraphs (1) and (2) do not apply to other insurance to which the additional insured has been added as an additional insured.

When this insurance is excess, we will have no duty to defend the insured against any "suit" if any other insurer has a duty to defend the insured against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.

When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:

- (1) The total amount that all such other that this insurance would pay for the loss in the absence of this insurance; and
- (2) The total of all deductible and self-insured amounts under all that other insurance.

We will share the remaining loss, if any, by method described in Other Insurance 5.d.

Waiver of Subrogation

We waive any right of recovery we may have against any person or organization with whom you have a written contract that requires such waiver because of payment we make for damages under the Coverage Form.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE OF CANCELLATION TO CERTIFICATE HOLDER(S)

This policy is subject to the following additional Conditions:

- A. If this policy is cancelled by the Company, other than for non-payment of premium, notice of such cancellation will be provided at least thirty (30) days in advance of the cancellation effective date to the certificate holder(s) with mailing addresses on file with the agent of record or the Company.
- B. If this policy is cancelled by the company for non-payment of premium, or by the insured, notice of such cancellation will be provided within ten (10) days of the cancellation effective date to the

certificate holder(s) with mailing addresses on file with the agent of record or the Company.

Any notification rights provided by this endorsement apply only to active certificate holder(s) who were issued a certificate of insurance applicable to this policy's term.

If notice is mailed, proof of mailing to the last known mailing address of the certificate holder(s) on file with the agent of record or the Company will be sufficient proof of notice.

ADDITIONAL COVERAGES BY WRITTEN CONTRACT, AGREEMENT OR PERMIT

This is a summary of the coverage provided under the following form (complete form available):

BUSINESS LIABILITY COVERAGE FORM SS 00 08 04 05**Additional Insured When Required by Written Contract, Written Agreement or Permit**

WHO IS AN INSURED under Section C. is amended to include as an additional insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- (a) In the performance of your ongoing operations;
- (b) In connection with your premises owned by or rented to you; or
- (c) In connection with "your work" and included within the "products completed operations hazard", but only if
 - (i) The written contract or written agreement requires you to provide such coverage to such additional insured; and
 - (ii) This Coverage Part provides coverage for "bodily injury" or "property damage" included within the "products completed operations hazard".

The person(s) or organization(s) are additional insureds when you have agreed, in a written contract, written agreement or because of a permit issued by a state or political subdivision, that such person or organization be added as an additional insured on your policy, provided the injury or damage occurs subsequent to the execution of the contract or agreement, or the issuance of the permit.

A person or organization is an additional insured under the provision only for *that period of time* required by the contract, agreement or permit.

With respect to the insurance afforded to the additional insured, this insurance does not apply to: "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or failure to render, any professional architectural, engineering or surveying services, including:

- (a) The preparing, approving, or failure to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders, designs or drawings and specification; or
- (b) Supervisory, inspection, architectural or engineering activities.

The limits of insurance that apply to additional insureds are described in Section D. Limits Of Insurance.

How this insurance applies when other insurance is available to an additional insured is described in the Other Insurance Condition in Section E. Liability And Medical Expenses General Conditions.

No person or organization is an insured with respect to the conduct of any current or past partnership, joint venture or limited liability company that is not shown as a Named Insured in the Declarations.

Other Insurance

If other valid and collectible insurance is available for a loss we cover under this Coverage Part, our obligations are limited as follows:

When You Add Others As An Additional Insured To This Insurance: That is other insurance available to an additional insured. However, the following provisions apply to other insurance available to any person or organization who is an additional insured under this Coverage Part:

- (a) **Primary Insurance When Required By Contract:** This insurance is primary if you have agreed in a written contract, written agreement or permit that this insurance be primary. If other insurance is also primary, we will share with all that other insurance by the method described in c. below.
- (b) **Primary And Non-Contributory To Other Insurance When Required By Contract:** If you have agreed in a written contract, written agreement or permit that this insurance is primary and non-contributory with the additional insured's own insurance, this insurance is primary and we will not seek contribution from that other insurance.

Paragraphs (a) and (b) do not apply to other insurance to which the additional insured has been added as an additional insured.

c. Method Of Sharing

If all the other insurance permits contribution by equal shares, we will follow this method also. Under this approach, each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

Waiver of Subrogation

If you have waived any rights of recovery against any person or organization for all or part of any payment, including Supplementary Payments, we have made under this Coverage Part, we also waive that right, provided you waived your rights of recovery against such person or organization in a contract, agreement or permit that was executed prior to the injury or damage



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE OF CANCELLATION TO CERTIFICATE HOLDER(S)

Policy Number: 20WBGBJ8884

Endorsement Number:

Effective Date: 05/01/2025

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: BLA, Inc.
333 Pierce Road, Suite 200
Itasca, IL 60143

This policy is subject to the following additional Conditions:

- A. If this policy is cancelled by the Company, other than for non-payment of premium, notice of such cancellation will be provided at least thirty (30) days in advance of the cancellation effective date to the certificate holder(s) with mailing addresses on file with the agent of record or the Company.
- B. If this policy is cancelled by the Company for non-payment of premium, or by the insured, notice of such cancellation will be provided within ten (10) days of the cancellation effective date to the certificate holder(s) with mailing addresses on file with the agent of record or the Company.

If notice is mailed, proof of mailing to the last known mailing address of the certificate holder(s) on file with the agent of record or the Company will be sufficient proof of notice.

Any notification rights provided by this endorsement apply only to active certificate holder(s) who were issued a certificate of insurance applicable to this policy's term.

Failure to provide such notice to the certificate holder(s) will not amend or extend the date the cancellation becomes effective, nor will it negate cancellation of the policy. Failure to send notice shall impose no liability of any kind upon the Company or its agents or representatives.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF OUR RIGHT TO RECOVER
FROM OTHERS ENDORSEMENT**

Policy Number: 20WBGBJ8884

Effective Date: 05/01/2025

Named Insured and Address: BLA, Inc.
333 Pierce Road, Suite 200
Itasca, IL 60143

Endorsement Number:

Effective hour is the same as stated on the Information Page of the policy.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule.

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

SCHEDULE

ANY PERSON OR ORGANIZATION FROM WHOM YOU ARE REQUIRED BY WRITTEN CONTRACT OR AGREEMENT TO OBTAIN THIS WAIVER OF RIGHTS FROM US.

Countersigned by

Jeff Connelly

Authorized Representative



MBE/WBE UTILIZATION PLAN - FORM 1

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

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

☐

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

☐

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

☒

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

II.

☒

Direct Participation of MBE/WBE Firms

☐

Indirect Participation of MBE/WBE Firms

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

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

MBE/WBE Firm: GSG Consultants, Inc.

Address: 735 Remington Rd, Schaumburg, IL 60173

E-mail: asassila@gsg-consultants.com

Contact Person: Ala Sassila, Ph.D., P.E. Phone 630-994-2600

Dollar Amount Participation: \$ \$219,386.00

Percent Amount of Participation: 35% %

*Letter of Intent attached?

Yes

☒

No

☐

*Current Letter of Certification attached?

Yes

☒

No

☐

MBE/WBE Firm: _____

Address: _____

E-mail: _____

Contact Person: _____ Phone: _____

Dollar Amount Participation: \$ _____

Percent Amount of Participation: _____ %

*Letter of Intent attached?

Yes

☐

No

☐

*Current Letter of Certification attached?

Yes

☐

No

☐

Attach additional sheets as needed.

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



MBE/WBE LETTER OF INTENT - FORM 2

M/WBE Firm: GSG Consultants, Inc.
Contact Person: Ala Sassila, Ph.D., P.E.
Address: 735 Remington Rd
City/State: Schaumburg, IL Zip: 60173
Phone: 630-994-2600 Fax: _____
Email: asassila@gsg-consultants.com

Certifying Agency Metra
Certification Expiration Date 6/1/2026
Ethnicity Hispanic/Latino
Bid/Proposal/Contract # 2038-18464B A3
FEIN # 36-3844476

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)

Geotechnical, wetland and tree surveys, crash analysis, public involvement, and geometric design.

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

\$219,386.00, 35%, Within 15 days of payment from the County

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.

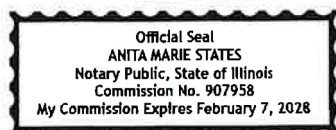
Ala Sassila
Signature (M/WBE)
Ala Sassila, Ph.D., P.E.
Print Name
GSG Consultants, Inc.
Firm Name
4/1/2026
Date

Daniel Bruckelmeyer
Signature (Prime Bidder/Proposer)
Daniel Bruckelmeyer, P.E.
Print Name
BLA Inc.
Firm Name
4/6/26
Date

Subscribed and sworn before me

this 1st day of April, 20 26.

Notary Public Anita Marie States



SEAL

Subscribed and sworn before me

this 6th day of April, 20 26

Notary Public Kathleen Formas



SEAL



March 19, 2026

Guillermo Garcia
GSG Consultants, Inc.
735 Remington Road
Schaumburg, IL 60173

Dear Mr. Garcia:

Metra has reviewed the Personal Narrative(s) and Personal Net Worth Statement(s) submitted for your firm for reevaluation under the October 3, 2025, United State Department of Transportation (USDOT) Interim Final Rule (IFR). We are pleased to inform you that your firm has met the eligibility standards set forth in 49 CFR Part 26 for social and economic disadvantage and your firm will be recertified as a Disadvantaged Business Enterprise (DBE).

This recertification will allow your firm to continue to participate as a Disadvantaged Business Enterprise (DBE) in the Illinois Unified Certification Program (IL UCP). The participating agencies include the City of Chicago, Chicago Transit Authority, Illinois Department of Transportation, Metra, and Pace.

When the Illinois Unified Certification Program (IL UCP) completes its reevaluation process, your firm will be listed in the IL UCP directory and your participation on USDOT assisted contracts will count toward DBE contract goals. Please note that no goals will be included on new contracts until the IL UCP completes reevaluation of all DBE firms. The IL UCP will provide notification once the reevaluation process is finalized.

If you have any questions or concerns, please contact our office via email at metradbe@metrarr.com or call (312) 322-6323.

Sincerely,

Adriana Mena

Adriana Mena
Sr. DBE Certification Specialist
Office of Diversity & Business Enterprise

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

OCPO ONLY	
☐	Disqualification
☐	Check Complete

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

Bid/RFP/RFQ No.:	2038-18464B A3	Date	4/1/2026
Total Bid or Proposal Amount:	\$639,799.00	Contract Title	Sauk Village Multi-Use Path
Contractor:	BLA, Inc.	Subcontractor/Supplier/ Subconsultant to be added or substitute	GSG Consultants, Inc.
Authorized Contact for Contractor:	Daniel Bruckelmeyer	Authorized Contact for Subcontractor/Supplier/ Subconsultant	Ala Sassila, Ph.D., P.E.
Email Address (Contractor):	dbruckelmeyer@bla-inc.com	Email Address (Subcontractor)	asassila@gsg-consultants.com
Company Address (Contractor):	333 Pierce Rd, Suite 200	Company Address (Subcontractor)	735 Remington Rd
City, State and Zip (Contractor):	Itasca, IL 60143	City, State and Zip (Subcontractor)	Schaumburg, IL 60173
Telephone and Fax (Contractor):	630-438-6400	Telephone and Fax (Subcontractor)	630-994-2600
Estimated Start and Completion Dates (Contractor):	5/15/2022 - 5/14/2027	Estimated Start and Completion Dates (Subcontractor)	5/15/2022 - 5/14/2027

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>
Geotechnical, wetland and tree surveys, crash analysis, PI, and geometric design	\$219,386.00

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.**

BLA, Inc.

Contractor

Daniel Bruckelmeyer, P.E.

Name

President / CEO

Title

Prime Contractor Signature

Date

**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).

SECTION 3**REQUIRED DISCLOSURES****1. DISCLOSURE OF LOBBYIST CONTACTS**

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

Name Address
None

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

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

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

Yes: ☐ No: ☒

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

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

Yes: ☐ No: ☒

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

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

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

4. REAL ESTATE OWNERSHIP DISCLOSURES.

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

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

PERMANENT INDEX NUMBER(S): _____

(ATTACH SHEET IF NECESSARY TO LIST ADDITIONAL INDEX NUMBERS)

OR:

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

5. EXCEPTIONS TO CERTIFICATIONS OR DISCLOSURES.

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

None

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

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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

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

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

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

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

This Disclosure of Ownership Interest Statement must be submitted by :

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

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

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

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

Identifying Information:

Name BLA, Inc.

D/B/A: Bollinger, Lach & Associates

FEIN # Only: 36-4263432

Street Address: 333 Pierce Road, Suite 200

City: Itasca

State: IL

Zip Code: 60143

Phone No.: 630-438-6400

Fax Number: 630-438-6444

Email: dbruckelmeyer@bla-inc.com

Cook County Business Registration Number: n/a

(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): D 6025-386-2

Form of Legal Entity:

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

☐ Business Trust ☐ Estate ☐ Association ☐ Joint Venture

☐ Other (describe) _____

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
Daniel Bruckelmeyer	333 Pierce Road, Suite 200 Itasca, IL 60143	64.43%
Joel Ihde	333 Pierce Road, Suite 200 Itasca, IL 60143	11.41%
Matthew Cesario	333 Pierce Road, Suite 200 Itasca, IL 60143	8.05%
James Combs	8720 Castle Creek Pwky, Suite 329 Indianapolis, IN 46250	6.71%
Frederick Page	333 Pierce Road, Suite 200 Itasca, IL 60143	6.08%

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
Daniel Bruckelmeyer	333 Pierce Road, Suite 200	President/CEO	1 Yr/Renewed Annually
Joel Ihde	333 Pierce Road, Suite 200	Vice President	1 Yr/Renewed Annually
John P. O'Neill	333 Pierce Road, Suite 200	Vice President	1 Yr/Renewed Annually

(see additional Corporate Officers below)

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.

Frederick Page	333 Pierce Road, Suite 200 Itasca, IL 60143	Vice President	1 Yr/Renewed Annually
James Combs	8720 Castle Creek Pkwy, Suite 329 Indianapolis, IN 46250	Vice President	1 Yr/Renewed Annually
Kerry Field	333 Pierce Road, Suite 200 Itasca, IL 60143	Vice President	1 Yr/Renewed Annually

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Daniel Bruckelmeyer

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

Signature

dbruckelmeyer@bla-inc.com

E-mail address

President/CEO

Title

02/22/2022

Date

630-438-6400

Phone Number

Subscribed to and sworn before me
this 22 day of 2, 2022

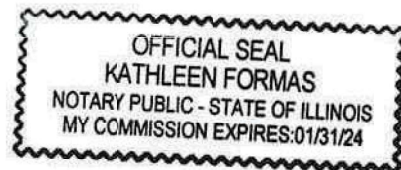
x *Kathleen Formas*

Notary Public Signature

My commission expires:

01/31/24

Notary Seal



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

A. PERSON DOING OR SEEKING TO DO BUSINESS WITH THE COUNTYName of Person Doing Business with the County: BLA, Inc.Address of Person Doing Business with the County: 333 Pierce Rd, Suite 200, Itasca, IL 60143Phone number of Person Doing Business with the County: 630-438-6400Email address of Person Doing Business with the County: dbruckelmeyer@bla-inc.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:

Daniel Bruckelmeyer, P.E., President/CEO, dbruckelmeyer@bla-inc.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: 2038-18464B A3

The aggregate dollar value of the business you are doing or seeking to do with the County: \$ 639,799.00

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: _____

Tara Fifer, Project Manager, tara.fifer@cookcountyiil.gov / David Crawl, Contract Negotiator, david.crawl2@cookcountyiil.com

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: _____

Cho Ng, Contracts Manager, cho.ng@cookcountyiil.com

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

Check the box that applies and provide related information where needed

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

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

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

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

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

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

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

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

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

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

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

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

Signature of Recipient

Date

4/6/26

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: BLA, Inc.

Contract #: 2038-18464B A3

Address: 333 Pierce Rd, Suite 200

City: Itasca, IL

County: DuPage

State: IL

Zip: 60143

Phone: 630-438-6400

Email: dbruckelmeyer@bla-inc.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: Sauk Village Multi-Use Path

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 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:

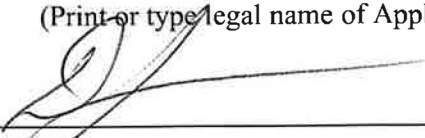
If your recertification of any of the above is related to information contained in an updated form submitted after the last submitted full EDS, please indicate the date such information was updated.

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: Daniel Bruckelmeyer

Date: 4/6/26

(Print or type legal name of Applicant/Holder)


President or authorized signatory (Signature)

Print or type name of President or authorized signatory:

Daniel Bruckelmeyer

Title of signatory:

President/CEO

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

Notary Public Signature:  Seal:





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

FAMILIAL RELATIONSHIP DISCLOSURE PROVISION

Nepotism Disclosure Requirement:

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

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

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

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

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

Additional Definitions:

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

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

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

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

Name of Person Doing Business with the County: Daniel Bruckelmeyer

Address of Person Doing Business with the County: 333 Pierce Road, Suite 200 Itasca, IL 60143

Phone number of Person Doing Business with the County: 630-438-6400

Email address of Person Doing Business with the County: dbruckelmeyer@bla-inc.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:

BLA, Inc. Daniel Bruckelmeyer President/CEO 333 Pierce Road, Suite 200 Itasca, IL 60143

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: 2038-18464 B

The aggregate dollar value of the business you are doing or seeking to do with the County: \$ 552,718

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: Michael Schieve, Michael.Schieve@cookcountyll.gov - 312-603-5380

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: Katie Bell - Katie.Bell@cookcountyll.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:**

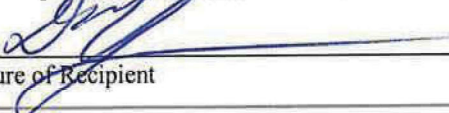
Name of Member of Board of Director for Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
n/a			

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  Date 2/22/22

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: 2038-18464B

County Using Agency (requesting Procurement): Cook County Division of Transportation and Highways

II. Person/Substantial Owner Information:

Person (Corporate Entity Name): BLA, Inc.

Substantial Owner Complete Name: Daniel Bruce Bruckelmeyer

FEIN# 36-4263432

E-mail address: dbruckelmeyer@bla-inc.com

Street Address: 333 Pierce Road, Suite 200

City: Itasca State: IL Zip: 60143

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:

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

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

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

V. Affirmation

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

Signature:

Date: _____

Name of Person signing (Print): Daniel Bruckelmeyer

Title: **President/CEO**

Subscribed and sworn to before me this

22

day of

February

20

22

X

Subscribed and sworn to before me this _____ day of _____, 20____.

Kathleen [Signature]

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

BLA, Inc.

Corporation's Name

630-438-6400

Telephone

Secretary Signature

President's Printed Name and Signature

Daniel Bruckelmeyer

Email

dbruckelmeyer@bla-inc.com

Date

2/22/22

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

22 day of 2, 2022

Kathleen Formas

Notary Public Signature

My commission expires:

01/31/24

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.

