

### AMENDMENT NO. 3

This Amendment modifies Contract No. 2211-05133, for Leasing of Large Format Printers by and between the County of Cook, Illinois, herein referred to as "County" and Kip America, 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 Chief Procurement Officer on September 14, 2022, (hereinafter referred to as the "Contract"), wherein the Contractor is to provide Leasing of Large Format Printers (hereinafter referred to as the "Services") from September 15, 2022 through September 14, 2025, in an amount not to exceed \$33,000.00, with two (2), one (1) year renewal options; and

Whereas, Amendment No. 1 was executed by the Chief Procurement Officer on January 13, 2023, and the Total Contract Amount was revised to \$53,460.00; and

Whereas, Amendment No. 2 was executed by the Chief Procurement Officer on November 6, 2025, to renew the contract for 1 year beginning September 15, 2025 through September 14, 2026, and increase the contract in the amount of \$9,648.00, and the Total Contract Amount was revised to \$63,108.00; and

Whereas, an increase of the Contract amount is required for the continuation of Services; and pursuant to GC-10 of the Contract, the County and Contractor desire to increase the Contract in the amount of \$9,060.00.

Whereas, pursuant to GC-10 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 increased by \$9,060.00 and the Total Contract Amount is revised to \$72,168.00.
2. The Contract is hereby amended to incorporate Attachment A and made part of the Contract.
3. 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.
4. 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

KIP America, Inc

By: **Raffi Sarrafian** Digitally signed by Raffi Sarrafian  
Date: 2026.05.28 14:08:04 -05'00'  
Chief Procurement Officer

*Thomas Howdell*  
Signed

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

*Thomas Howdell*  
Type or print name

By: \_\_\_\_\_  
State's Attorney (if applicable)

*CFO, Secretary*  
Title

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

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

Date: *March 13, 2026*

**ATTACHMENT A**



**COOK COUNTY**  
**DEPARTMENT OF**  
**Procurement**

# **Scope of Work Development Form**

**DOWNLOAD THIS FORM BEFORE STARTING**  
**This form you will attach in Bonfire with your**  
**submission.**



**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
<b>1</b>	<b>Scope of Work Development</b>	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.
<b>2</b>	<b>Specifications Development</b>	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.
<b>3</b>	<b>Vendor Selection Preferences</b>	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:**

KIP860-Rental Color Printer with  
Controller  
KIP7574-Rental Color Printer with  
Controller  
KIP7584-Rental Color Printer with  
Controller

**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:**

DOTH needs these printers for our reproduction division to function at full capacity.

**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:**

Not having any interruption or lapse of our printing and reproduction services.

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:**

<b>Good Service</b>	<b>Bad Service</b>
<ul style="list-style-type: none"> <li>• <i>The vendor delivers all 200 traffic safety cones, 28” high and orange with reflective stripes, on the agreed delivery date.</i></li> <li>• <i>The cones meet the specified quality standards, with no damage or defects.</i></li> <li>• <i>The vendor communicates promptly if there are any delays or issues.</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>The vendor delivers fewer cones than ordered or cones that don’t match the specifications (wrong size or missing reflective stripes).</i></li> <li>• <i>Delivery is late without notice or explanation.</i></li> <li>• <i>Communication is poor or non-existent.</i></li> </ul>

**Answer:**

<b>Good Service</b>	<b>Bad Service</b>
<ul style="list-style-type: none"> <li>• <b><i>The vendor maintains all three machines in our department.</i></b></li> <li>• <b><i>The vendor keeps the machines maintained and stock with supplies.</i></b></li> <li>• <b><i>The vendor continues warranty software and controllers.</i></b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>The vendor services or interrupted</b></li> </ul>

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:
 
  - Cook County Department of Transportation & Highways
  - 69 W. Washington St., Suite 2200-C, Chicago, IL 60602
  - **Delivery Instructions:** Use the north door for delivery.”*



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- *“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:**

*Deliver Maintenance and supplies to:*

- Cook County Department of Transportation & Highways
- 69 W. Washington St., Suite 2200-C, 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 DOT staff made up of 280 employees will benefit from having our reproduction division running at full capacity with the rental of these three machines.

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.
- 3-year agreement with renewal at the County’s discretion.
- Other (please specify):

*one year of lease contract with no option to renew*

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



**Answer:**

- Hourly
- Monthly
- Milestone Achievement
- Other (please specify):

## 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:**

Ongoing Rental Agreement for KIP 860 Color Printer/Scanner Copier  
S/N 13561576

Ongoing Rental Agreement for KIP 7574 BW Printer/Scanner Copier  
S/N 14400033

Ongoing Rental Agreement for KIP 7584 BW Printer/Scanner Copier  
S/N 14430111


Controller & Software

a) The KIP embedded controller is a computer designed to be dedicated to image processing device. Using the controller as a print server or for a file repository may cause performance issues. The manufacturer is not liable for any loss of user’s file(s) or accounting data which is stored in the controller regardless of loss event. c) Formatting the hard drive, modifying the system software or installing any additional software on the device voids the products warranty. d) Please review the manuals supplied with each product prior to device use.

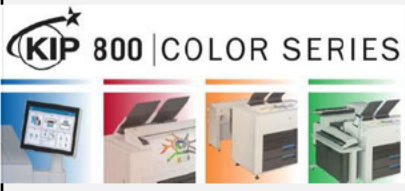
**Do you have reference materials that will help vendors understand your request better?** (Examples: product photos, technical diagrams, sample forms, or training outlines.) **Attach them here.**

**Example:**



Photo of Item wanted with Dimensions	Diagram	Example of Training
	n/a	n/a

**Answer:**

Photo of Item wanted with Dimensions	Diagram	Example of Training
<p>dimensions of <b>63" (W) x 29" (D) x 63" (H).</b> <b>Printer (4 Roll): 587 lbs</b></p> 	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 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:**

These three printing machines are needed to produce all the printing and reproduction services for our department and to provide documents, maps, books, etc.

**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:**

To be successful we need these machines to remain with our department as part of the rental contract.

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.

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.



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**Example:**

<b>Task</b>	<b>Target Date / Order</b>	<b>Notes</b>
<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:**

<b>Task</b>	<b>Target date / order</b>	<b>Notes</b>
Continue rental service	Expired	
Continue maintenance service	Expired	

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:**

<b>Dependencies</b>	<b>Potential Roadblocks</b>
<ul style="list-style-type: none"> <li><i>Delivery schedule depends on resurfacing work being cleared for Phase II by the Department of Transportation and Highways.</i></li> <li><i>Vendor requires 48-hour advance notice from the County before each shipment can be dispatched.</i></li> <li><i>Access to the Pulaski Road staging area requires coordination with the City of Chicago for temporary unloading permits.</i></li> </ul>	<ul style="list-style-type: none"> <li><i>Supply chain delays could affect the availability of reflective tape, which may push back production by up to two weeks.</i></li> <li><i>Severe weather (heavy rain or flooding) could restrict delivery trucks from accessing staging areas on scheduled dates.</i></li> <li><i>Staffing shortages within the vendor’s logistics team could increase delivery times unless backup drivers are assigned</i></li> </ul>

**Answer:**

<b>Dependencies</b>	<b>Potential Roadblocks</b>
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<ul style="list-style-type: none"> <li>• Deliver supplies for printers</li> <li>• Deliver maintenance for printers</li> </ul>	
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**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:**

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



**Answer:**

<b>Area/Task</b>	<b>Vendor Responsibility</b>	<b>Not Vendor Responsibility</b>	<b>Department Responsibility</b>	<b>Not Department Responsibility</b>
<b>Continue Rental of Printers in the Reproduction area</b>	<b>Continue to keep printers in the Reproduction area</b>			
<b>Ongoing Maintenance</b>	<i>Vendor responsible for repairing or replacing printer parts and supplies after delivery Vendor provides quarterly inspections of printers scheduled during normal business hours.</i>			

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:**

<b>Physical Tools</b>	<b>IT &amp; Software</b>	
<ul style="list-style-type: none"> <li>• Cones are delivered by the agreed deadlines (May 15 and June 1, 2025).</li> <li>• All 200 cones meet size (28”), material (PVC), and safety (reflective tape, weighted base) specifications.</li> </ul>	<ul style="list-style-type: none"> <li>• Software is installed on all 150 workstations within the agreed 30-day rollout schedule.</li> <li>• System passes security compliance checks before launch.</li> <li>• User satisfaction scores average at least 85% in post-implementation survey.</li> </ul>	



<p>• <i>No more than 2% of cones arrive damaged; damaged items must be replaced within 48 hours at no cost.</i></p>		
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**Answer:**

Full Service maintenance Repairs are completed on site by factory trained technicians. Preventative maintenance, replacement parts, travel and labor are covered under this agreement. Emergency support covered under this agreement during normal business hours (Monday through Friday, 8:30am-5pm). Toner, paper & original glass parts are not covered by or included in this agreement. Preventative maintenance to be provided per the manufacturer recommended preventative maintenance schedule. Response to emergency maintenance requests are provided within 2 hours via phone response; if phone support does not resolve the issue, remote access response will be provided within 4 hours; if remote access is not available or does not resolve the issue onsite support is available within 24-48 hours. Monthly allowance in Square Feet. Only usage in excess of the monthly allowance will be charged an overage.

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:**

**KIP Standard Warranty**  
The KIP Standard Warranty is 180 days from KIP’s date of invoice, or a specified print volume, whichever occurs first. KIP 2300 / 720 warranty is for specified components.

**KIP Extended Warranty**  
KIP has extended Warranty Coverage on Controllers, LED Heads and Printed Circuit Boards for specific products for 39 months from the invoice date. KIP Warranty Conditions apply to the KIP Extended Warranty policy. The KIP Extended Warranty is for the following specific products purchased from September 2013 onwards:

**KIP Warranty Conditions**  
KIP’s warranty does not cover photoreceptors, glass parts, service parts, preventative maintenance, emergency service, labor, or travel. The warranty covers parts that fail during the warranty period due to manufacturer defects but not including operator misuse. KIP warrants that replacement parts shall be free from defects in materials and workmanship for 90 days from invoice date. KIP’s sole liability on account of being in breach of this warranty is limited to the replacement of defective replacement part at no cost to the customer except that the customer at its expense shall return the defective replacement part (unless otherwise requested by KIP) which shall become KIP’s property at the customer’s expense. KIP’s decision as to whether a replacement part is defective shall be final and binding. The customer shall only return a part if KIP authorizes the return.



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:**

- *“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:**

N/A
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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@cookcountyl.gov](mailto:john.smith@cookcountyl.gov))*
- *Role: Reviews and approves deliverables, verifies invoices, coordinates delivery schedule with vendor, ensures compliance with County standards.*



**Answer:**

*Cook County Department of Transportation & Highways  
69 W. Washington 24<sup>th</sup> floor Reproduction Area  
Chicago, IL. 60602*

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:**

**Reproduction Staff**  
**Cook County Department of Transportation & Highways**  
69 W. Washington St., Suite 2400-Reproduction Area, Chicago, IL 60602



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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:**

- *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:**

*This nothing to do with professional services.*

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.*



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- **Communications Office:** *Issue public safety notices and traffic advisories during road closures.*

**Answer:**

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:**

*Last year of a renewal option 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.	__0__ Points



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<p>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).</p>	<p>___0__Points</p>
<p>3. Qualifications and experience of proposed key personnel, as evidenced by relevant expertise and past performance.</p>	<p>___0__Points</p>
<p>4. Level, quality, and relevance of participation by certified MBE/WBE firms.</p>	<p>___0__Points</p>
<p>5. Financial stability of the potential vendor.</p>	<p>___0__Points</p>

**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:**



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*KIP America is registered with SAM as a Small Business*

- *KIP America is registered with the WAWF payment system*
- *KIP Printer products ship with a Windows 10 Operating System & meet the Federal Desktop Core Configuration guidelines (FDCC) & meet the United States Government Configuration Baseline (USGCB)*
- *KIP Printer products can be Common Access Card (CAC) enabled by installing the KIP CAC Connection Kit available for purchase under item number EQACCACKIT*
- *KIP Printer products meet the Department of Defense NISPOM specifications to securely delete (overwrite) all image data after a print, copy or scan job has been completed*
- *All KIP Printer products are Energy Star Certified*

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

**Answer:**

N/A

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

**Answer:**

N/A

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



**Answer:**

N/A

**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:**

N/A



**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:**

N/A
-----

**ATTACHMENT B**



## **Memorandum**

Date: April 2, 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. 2211-05133 Amendment 3  
Leasing of Large Format Printers  
Department of Transportation and Highways  
BID – Goods and Services  
Contractor: Kip America Inc  
Original Contract Value: \$33,000.00  
Original Contract Term: September 15, 2022 – September 14, 2025  
Participation Goal: 0% MBE 0% WBE  
Amendment 1 increased the contract value by \$20,460 and no change to the contract term.  
Revised Contract Value: \$53,460.00  
Amendment 2 increased the contract value by \$9,648 and renewed the contract term for 1 year.  
Revised Contract Value: \$63,108.00  
Revised Contract Term: September 15, 2022 – September 14, 2026  
Amendment 3 increases the contract value by \$9,060 and no change to the contract term.  
Revised Contract Value: \$72,168.00

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

JC/mm

CC: David Crawl, (OCPO)  
Stelios Galis, (DOTH)



**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: \_\_\_\_\_

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

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: \_\_\_\_\_ Certifying Agency: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Certification Expiration Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Bid/Proposal/Contract #: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ FEIN #: \_\_\_\_\_  
 Email: \_\_\_\_\_

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)*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_

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.

\_\_\_\_\_  
Signature (M/WBE)

\_\_\_\_\_  
Signature (Prime Bidder/Proposer)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Firm Name

\_\_\_\_\_  
Firm Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Subscribed and sworn before me

Subscribed and sworn before me

this \_\_\_ day of \_\_\_\_\_, 20\_\_\_.

this \_\_\_ day of \_\_\_\_\_, 20\_\_\_.

Notary Public \_\_\_\_\_

Notary Public \_\_\_\_\_

SEAL

SEAL

**PETITION FOR PARTIAL OR FULL WAIVER – FORM 3**

**Bidder/Proposer:** KIP America, Inc.

**Contract No./Title:** 2211-05133-A3

**A. BIDDER/PROPOSER HEREBY REQUESTS:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> FULL MBE WAIVER | <input type="checkbox"/> PARTIAL MBE WAIVER |
| <input checked="" type="checkbox"/> FULL WBE WAIVER | <input type="checkbox"/> PARTIAL WBE WAIVER |
| <input checked="" type="checkbox"/> FULL DBE WAIVER | <input type="checkbox"/> PARTIAL DBE WAIVER |

**B. REASON FOR PARTIAL/FULL WAIVER REQUEST:**

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

- (1) Lack of sufficient qualified MBEs and/or WBEs capable of providing the goods or services required by the contract.
- (2) The specifications and necessary requirements for performing the contract make it impossible or economically infeasible to divide the contract to enable the contractor to utilize MBEs and/or WBEs in accordance with the applicable participation.
- (3) Price(s) quoted by potential MBEs and/or WBEs are above competitive levels and increase cost of doing business and would make acceptance of such MBE and/or WBE bid economically impracticable, taking into consideration the percentage of total contract price represented by such MBE and/or WBE bid.
- (4) There are other relevant factors making it impossible or economically infeasible to utilize MBE and/or WBE firms.

## GOOD FAITH EFFORT TRANSPARENCY REPORT

### **C. GOOD FAITH EFFORTS TO OBTAIN PARTICIPATION (attach sheets as necessary as Schedule 1)**

Bidder/Proposer shall explain and detail the following Good Faith Efforts undertaken to meet Cook County's contract specific goals.

1. Please attach to this form a detailed list of any and all PCEs, stating the PCE certification (MBE and/or WBE as defined by the Cook County Municipal Code) and with whom from the contacted PCEs the Bidder/Proposer engaged, contacted, and/or communicated with in the County's Market Place;  
Timelines:
  - a. When the Bidder/Proposer knew of the bid;
  - b. When the Bidder/Proposer contacted the PCE(s);
  - c. When the Bidder/Proposer formulated its bid and utilization plan;  
and
  - d. When was the bid request due date.
  
2. The number of timely attempts to contact PCEs providing the type of supplies, equipment, goods, and/or services required for the Procurement, including but not limited to;
  - a. Dates of each contact attempt for each contacted PCE;
  - b. Whom, if anyone, the Bidder/Proposer communicated and/or corresponded (including written, virtual, digital, electronic, and other feasible methods of communication);
  - c. The number of unsuccessful attempts to communicate or correspond with PCEs; and
  - d. Attach copies of all solicitations to contacted PCEs.
  
3. How the Bidder/Proposer proposed to divide the procurement requirements into small tasks and/or quantities into economically feasible units to promote PCE participation.
  
4. Whether and to what degree the requesting party will endeavor to maximize indirect participation.
  
5. Detailed explanation of use, if any, of the Center of Business Enterprise Development Compliance services and staff.
  
6. Detailed explanation of timely notification and usage of services and assistance provided by community, minority, and/or women business organizations.
  
7. Attach any other documentation relative to Good Faith Efforts in complying with MBE and WBE participation.

**GOOD FAITH EFFORT TRANSPARENCY REPORT**

**By signing below, I affirm under penalty of perjury the information provided in the Petition for Full or Partial Waiver/Good Faith Effort Transparency Report is truthful, accurate, and complete, to the best of my knowledge and capacity. I agree any finding of false, fraudulent, and/or otherwise misleading information will automatically disqualify the request for a waiver and County's Center of Business Enterprise Development reserves the right to pursue additional actions and/or remedies against the requesting Bidder/Proposer.**

**Madison Riley**

Digitally signed by Madison Riley  
DN: cn=Madison Riley, o=KIP America, Inc., ou,  
email=mriley@kip.com, c=US  
Date: 2026.02.09 10:49:13 -05'00'

Government Account Specialist

2/9/2026

---

Signature and Title of Bidder/Proposer

Title

Date

## Cook County MBE/WBE Non-Construction Certification Reciprocal Affidavit

Firm Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

I \_\_\_\_\_,  
*(Authorized Representative)* *(Print Title)*

of \_\_\_\_\_ do hereby affirm:  
*(Name of Firm)*

- 1) \_\_\_\_\_ is a Minority and/or Women Business Enterprise currently  
*(Name of Firm)*  
certified by the City of Chicago as: [ ] Black- [ ] Hispanic- [ ] Asian- [ ] Woman-owned business.
- 2) With respect to \_\_\_\_\_, the personal net worth of the qualifying  
*(Name of Firm)*  
(51%) individual(s) does not exceed \$2,767,082.23, excluding the individual's ownership interest in the M/WBE firm and the equity of the owner's primary residence, and otherwise meets the requirements of Chapter 34, Article IV of the Cook County Procurement Code. (As per Section 34-263 of the Cook County Procurement Code, an individual's personal net worth includes only his or her own Share of assets held jointly or as community/marital property with the individual's spouse.)
- 3) The average annual gross receipts of \_\_\_\_\_,  
*(Name of Firm)*  
as derived from tax filings over the five most recent years, does not exceed the Small Business Size Standards published by the U.S. Small Business Administration found in Title 13, Code of Federal Regulations, Part 121. (<http://www.sba.gov/content/small-business-size-standards>)

Upon penalty of perjury, I \_\_\_\_\_ affirm that, to the best of my knowledge  
*(Authorized Representative)*  
and belief, the information herein is true and accurate.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Year)

\_\_\_\_\_  
*(Notary's Signature)*

Notary's Seal

My Commission Expires \_\_\_\_\_

**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 [cookcountyl.gov/ethics-board-of](http://cookcountyl.gov/ethics-board-of).

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

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

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

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

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

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

## SECTION 2

CERTIFICATIONS

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

**A. PERSONS AND ENTITIES SUBJECT TO DISQUALIFICATION**

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

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

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

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

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

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

**C. DRUG FREE WORKPLACE ACT**

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

**D. DELINQUENCY IN PAYMENT OF TAXES**

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

**E. HUMAN RIGHTS ORDINANCE**

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

**F. ILLINOIS HUMAN RIGHTS ACT**

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

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

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

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

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

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

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

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

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

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

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

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

**SECTION 3**

**REQUIRED DISCLOSURES**

**1. DISCLOSURE OF LOBBYIST CONTACTS**

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

Name	Address
N/A	N/A

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

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

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

Yes:  No:

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

1201 Wiley Rd  
 Suite 113  
 Schaumburg, IL 60173

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): None  
\_\_\_\_\_  
\_\_\_\_\_

(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:

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 KIP America, Inc.

D/B/A: \_\_\_\_\_ FEIN # Only: 38-2368725

Street Address: 39575 W 13 Mile Rd

City: Novi State: MI Zip Code: 48377

Phone No.: 248-474-2900 Fax Number: \_\_\_\_\_ Email: GSA@kip.com

Cook County Business Registration Number: F5937-070-7  
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): 058-0001-3-00CL

**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
Katsuragawa Electric Co	Japan	100%

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

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

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

Name	Address	Percentage of Beneficial Interest	Relationship
Katsuragawa Electric Co	21-1 Shimoaruku Tokyo Japan	100%	Parent Company

**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
Sonny Odom	39575 W 13 Mile Rd. Novi, MI 48377	President	Unlimited
Thomas Houdek	39575 W 13 Mile Rd. Novi, MI 48377	Chief Financial Officer / Secretary	Unlimited

**Declaration (check the applicable box):**

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

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

KIP America, Inc. / Thomas Houdek

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

Thomas Houdek  
Signature

gsa@kip.com; thoudek@kip.com  
E-mail address

CFO, Secretary

Title

March 13, 2026  
Date

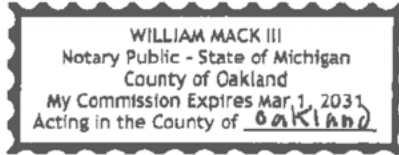
248-474-2900  
Phone Number

Subscribed to and sworn before me  
this 13 day of 3, 2026

X William Mack III  
Notary Public Signature

My commission expires:

3/1/2031  
Notary Seal





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

**FAMILIAL RELATIONSHIP DISCLOSURE PROVISION**

**Nepotism Disclosure Requirement:**

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

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

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

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

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

**Additional Definitions:**

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

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

COOK COUNTY BOARD OF ETHICS  
FAMILIAL RELATIONSHIP DISCLOSURE FORM

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

Name of Person Doing Business with the County: KIP America, Inc.

Address of Person Doing Business with the County: 39575 W 13 Mile Rd. Novi, MI 48377

Phone number of Person Doing Business with the County: 248-474-2900

Email address of Person Doing Business with the County: gsa@kip.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:

Madison Riley, Government Account Specialist, gsa@kip.com; Mriley@kip.com, 248-474-2900

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: \_\_\_\_\_

2211-05133-A3

The aggregate dollar value of the business you are doing or seeking to do with the County: \$ 72,168.00

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

David Crawl, David.Crawl2@cookcountyil.gov, 312 603-0831

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: \_\_\_\_\_

Oscar Valenzuela (DOTH) <oscar.valenzuela@cookcountyil.gov>

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

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

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

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

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

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

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

 CFO  
 Signature of Recipient: Thomas Houdek Date: March 13, 2026

**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: 2211-05133-A3  
 County Using Agency (requesting Procurement): Department of Transportation and Highways

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

Person (Corporate Entity Name): KIP America, Inc.  
 Substantial Owner Complete Name: Katsuragawa Electric Company  
 FEIN# 38-2368725  
 Date of Birth: N/A Corporation E-mail address: gsa@kip.com  
 Street Address: 39575 W 13 Mile Rd  
 City: Novi State: MI Zip: 48377

**III. Compliance with Wage Laws:**

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

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

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

**IV. Request for Waiver or Reduction**

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

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

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

**V. Affirmation**

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

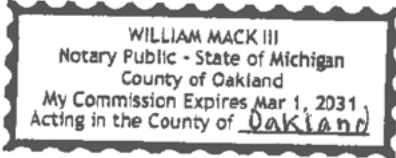
Signature: Thomas Houdek Date: March 13, 2020

Name of Person signing (Print): Thomas Houdek Title: CFO, Secretary

Subscribed and sworn to before me this 13 day of March, 20 2020

X William Mack III my commission expires 3/1/2031  
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

KIP America Inc  
Corporation's Name  
248-474-2900  
Telephone  
[Signature]  
Secretary Signature

Thomas Houdak  
President's Printed Name and Signature  
CFO  
Thoudak@kip.com  
Email  
March 13, 2026  
Date

Execution by LLC

\_\_\_\_\_  
LLC Name  
\_\_\_\_\_  
Date

\_\_\_\_\_  
\*Member/Manager Printed Name and Signature  
\_\_\_\_\_  
Telephone and Email

Execution by Partnership/Joint Venture

\_\_\_\_\_  
Partnership/Joint Venture Name  
\_\_\_\_\_  
Date

\_\_\_\_\_  
\*Partner/Joint Venturer Printed Name and Signature  
\_\_\_\_\_  
Telephone and Email

Execution by Sole Proprietorship

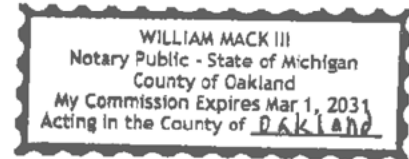
\_\_\_\_\_  
Printed Name Signature  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Assumed Name (if applicable)  
\_\_\_\_\_  
Telephone and Email

Subscribed and sworn to before me this  
13 day of 3, 2026

[Signature]  
Notary Public Signature

My commission expires:  
3/1/2031  
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.

**SECTION 6  
COOK COUNTY SIGNATURE PAGE**

ON BEHALF OF THE COUNTY OF COOK, A BODY POLITIC AND CORPORATE OF THE STATE OF ILLINOIS, THIS CONTRACT IS HEREBY EXECUTED BY:

\_\_\_\_\_  
Cook County Chief Procurement Officer

\_\_\_\_\_  
Date

APPROVED AS TO FORM:

\_\_\_\_\_  
Assistant State's Attorney  
(Required on contracts over \$1,000,000)

\_\_\_\_\_  
Date

**CONTRACT TERM & AMOUNT**

\_\_\_\_\_  
Contract #

\_\_\_\_\_  
Original Contract Term

\_\_\_\_\_  
Renewal Options (If Applicable)

\_\_\_\_\_  
Contract Amount

\_\_\_\_\_  
Cook County Board Approval Date (If Applicable)