AMENDMENT NO. 1

This Amendment modifies Contract No. 2525-03111 for Program Administrator for omeowners Relief Fund by and between the County of Cook, Illinois, herein referred to as "County" and AidKit 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 10, 2025 (hereinafter referred to as the "Contract"), wherein the Contractor is to provide Program Administrator for Homeowners Relief Fund (hereinafter referred to as the "Services") from April 14, 2025 through December 31, 2025, in an amount not to exceed $15,000,000.00 with no renewal options; and

Whereas, the Contract will expire December 31, 2025, and the agreed upon Services are still required; and

Whereas, a decrease of the Contract amount is required for the continuation of Services and pursuant to Article 10.C of the Contract, the County and Contractor desire to decrease the Contract in the amount of $58,000.00 in administrative costs.

Whereas, pursuant to Article 10.C of the Contract, the County and Contractor desire to extend the Contract for six months beginning on January 1, 2026, through June 30, 2026.

Whereas, pursuant to Article 10.C of the Contract, the County and Contractor desire to revise the Statement of Work and Schedule of Compensation provided in the Contract.

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 June 30, 2026.
2. The Contract is decreased by $58,000.00 and the Total Contract Amount is revised to $14,942,000,00.
3. The Contract is hereby amended to delete the Exhibit 1 Statement of Work in its entirety and replace it with the attached Attachment A.
4. The Contract is hereby amended to delete the "Total Administrative Cost" table in Exhibit 2 Schedule of Compensation in its entirety and replace it with the attached Attachment B .
5. The attached updated Identification of Sub-Contractors/Suppliers/Sub-Consultants Form, MBE/WBE Utilization Plan forms, Certificate of Insurance, and Economic Disclosures Statement under Attachment C are incorporated and made a part of this Contract.
6. All other terms and conditions remain as stated in the Contract.

In witness whereof and pursuant to authority of the Chief Procurement Officer the County and Contractor have caused this Amendment No. 1 to be executed on the date and year last written below.

County of Cook, Illinois

By: Raffi Sarrafian
Digitally signed by Raffi Sarrafian
Date: 2026.02.11 10:29:04 -06'00'

Chief Procurement Officer

Date:

AidKit Inc.

Katrina Van Gasse (Jan 21, 2026 11:33:02 MST)

Signed

Katrina Van Gasse

Type or print name

By: Brian Tracy

State's Attorney

Brian Tracy

Type or print name

President

Title

Date: 2/5/2026

Date: 01/21/2026

ATTACHMENT A

EXHIBIT 1

Statement of Work

Scope of Work

January 16, 2026 Version

I. Scope of Services

AidKit will provide the following software and services to support Client's Cook CountyHomeowners' Relief Fund activities.

Services	Description
Discovery Consultation	AidKit will hold one (1) virtual 2-hour design consultation workshop with the client and produce a design document for Client approval.
Build custom forms	AidKit will provide one (1) application form. Form contents will be provided by Client in the template format indicated by AidKit. AidKit will construct the form, and facilitate two (2) rounds of revision. After the 2nd revision, the form(s) will be presented to the Client for acceptance testing. After acceptance, any additional changes will be out of scope unless otherwise agreed in writing. During revisions, a user testing workflow will be provided. After the launch of the application cycle, the Parties identified the need to create an additional applicant pathway to accommodate special circumstances. AidKit will update the initial application form to support the Homeowner Conversion Pathway application process, which will enable the named homeowner and the homeowner's spouse to apply in applicable scenarios.

Form distribution	Application forms will be distributed in the following way(s): By email and/or SMS (text message) to a predefined group of referred or likely-qualified people who will apply on their own device. (Administrators can assist in person or over the phone when needed). ● Predefined list likely to be based on tax assessors database for seniors on a fixed income and homeowners with late tax payments in arrears. ● BED to use treasurer data on addresses where property tax assessment has increased by 50% or more to conduct outreach. ● These individuals will likely use their Property Index Number (PIN) when applying in a way that prequalifies them on the basis of property tax change impacts. ● Over 550 applicants were identified for invitation through the Homeowner Conversion Pathway, enabling the named homeowner to complete the application using existing contact information or to provide updated contact details.

	An open URL will be shared online for anyone who wants to apply. (Administrators can assist in person or over the phone when needed) Cook County reserves the option to leverage its own resources, outside of this project scope, to provide targeted outreach to eligible participants who may apply.
Form and Notif Translations	Translations included: AidKit-sourced human translation will be provided in English, Spanish, and Polish.
Consent	AidKit will collect a consent to apply and consent to contact from recipients as part of the application process.

Application Review: Eligibility verification and fraud prevention workflows	AidKit will provide custom eligibility verification and fraud prevention workflows. AidKit will identify eligibility edge cases and provide recommended best practices for how to treat them. AidKit will construct the workflow, and facilitate two (2) rounds of revision. After the 2nd revision, the workflow will be presented to the Client for acceptance testing. After acceptance, any additional changes will be out of scope. Relevant Eligibility Verification Criteria: Applicant identity: name, address or tax PIN# (if applicable) Residency criteria: county political boundaries Income criteria: County residents who are income eligible, AMI (80-100%) AND whose property tax bill increased by 50% or more. Custom criteria: ● 50% increase in property tax bills (treasurer has data set) ● Receiving Senior Tax Freeze in the current tax year may negate the need to meet other income requirements. ● Homeowner Conversion Pathway review to include additional documentation in accordance with agreed-upon requirements (e.g., appeal documentation). Fraud detection tools to be used:

	● Verification document similarity checks ● Duplicate identify checks (using facial recognition flags for human review) ● Duplicate address, phone number, email address checks Recollection If an applicant provides eligibility documentation that is flawed (i.e., expired, wrong document, blurry image/scan), AidKit will send the applicant a notification and link to re-upload the problematic document(s).

Applicant Assistance	AidKit will provide technology and staffing to run a support line for call and text and provide a support email address. ● AidKit will identify a local partner who is willing to provide navigation services. ● LIMITATION: Live call answering is not supported. The support phone number will go to a voicemail system with a pre-recorded message encouraging applicants to apply online or through an in person partner if possible. If callers leave a voicemail, they will receive a callback in their preferred language in the order that their call was received.
Selection	AidKit will design and implement an equitable lottery system to support selection across geographic and demographic groups. The specific enrollment targets will be determined in partnership with the Client.
Communications	Unlimited individual communications - Administrator portal will allow Client to send unlimited one-on-one communications to applicants/participants Automatically triggered notifications (sent by SMS and/or email): SMS text messages can be no longer than 160 characters. Messages will include the following notifications: ● Application submitted with link to applicant status page ● Application document/data recollection ● Application approved/denied (selected/not selected) ● Payment issued
Program Pass-through payments	The Client's estimated annual payment volume for this project is $13,600,000. This would include one-time only payments of $1,000 per approved participant, reaching an estimated total of 13,600 participants. Once eligible applicants have been approved,

	AidKit will issue one-time only, rolling single payments to approved end users using the following payment methods: ● ACH transfer (direct deposit) ● Physical Debit Card (with the option to mail end users) ● Virtual Debit Card

End-user Support	AidKit will provide remote support using an integrated AidKit support portal using AidKit assigned email and phone number (supports SMS, call, and email ticketing) in English and Spanish to be staffed by AidKit. The phone line will receive voicemails, but no live call answering will be provided. Instead, calls will be returned once voicemails are properly routed.
Application Review	AidKit will provide both the technology and the staffing to review incoming applications randomly in accordance with a lottery system that fairly distributes slots to eligible applicants through a random process.
Reporting and Dashboards	The following standard dashboards and reports will be included: (Please note that standard dashboards are limited to data elements directly collected through AidKit. Complex derivatives (custom SQL queries) can be achieved through data export and analysis outside of AidKit, or through custom dashboards). ● Application dashboard (i.e. number of submitted applications, applicant demographics, applicant source) ● Applicant Verification dashboard (applications submitted, applications in review, approved, denied, ineligible, etc). This can be filtered by any variable we collect (e.g. race). ● Support dashboard (only available if using AidKit's integrated support portal) ● Payments dashboard (funds available, funds committed, participants approved for payment, monthly payment statements) ● One (1) custom dashboard configured by AidKit for Client featuring metrics requested by Client. A maximum of 20 metrics that have been collected through the AidKit platform can be included in each custom dashboard in charts, tables, hero counts, and bar charts. Additionally, up to 5 custom queries will be included in each custom dashboard. Two rounds of revision included, Client Acceptance Testing required.

Accounting & Reporting	Accounting/Fiscal Reporting Requirements will illustrate monthly payment reconciliation

II. Timeline: Estimate of 8 weeks from contract signing to system launch.

III. "Instance" means customized Modifications to AidKit's Technology (Consultant Property) which follow County's guidelines as to eligibility, population or other County Data specifications set forth in this SOW. Once the Instance is created under this SOW, it can be reused by the County, in subsequent SOWs or Agreements and County shall be entitled to such use without being charged a Platform Configuration Fee in such future SOWs or Agreements. Any additional material changes or material modifications requested by the County to the Instance for future engagements will be at rates to be agreed by the parties at the time of creating those SOWs.

ATTACHMENT B

EXHIBIT 2

Schedule of Compensation

IV. Total Administrative Cost:

Description	Cost
Platform Configuration Fee ● Custom development to set up the program ($185,000) ● Returning partner discount applied ($-65,000)	$120,000
Monthly Platform Fee - Large County Government ● $10,000 per month x 9 months ● Applies from contract signing until final report is accepted by Client. ● Due to a shift in launch timeline, the initially contracted platform fees will cover use of the AidKit platform through the contract end date of June 30, 2026, including the Homeowner Conversion Pathway. Platform access beyond June 30, 2026 will be subject to an additional monthly fee of $10,000.	$90,000
Variable Fee charged based on Funds Disbursed ● Estimated at $13,600,000 ● 3% fee applies	$408,000
Applicant Assistance and Application Review Staffing *Assumptions* 1. Applicant Support: ○ Estimated 100,000 eligible applicants ○ If 30% of eligible applicants apply, we have 30,000 applications ○ On average we provide 8 minutes of support per application ○ Total hours of support: 4000 ○ Cost at $75/hr: $300,000 2. Application Review ○ Total number of applicants to be selected: 13,600 ○ A 20% buffer is included for application reviews to ensure flexibility in the lottery process. This results in a total of 16,320 applications to review. ○ On average it takes 20 minutes to review an application ○ Total hours of review: 5,440 ○ Cost at $75/hr: $408,000	$708,000

• Subcontract funds remained with the AidKit Train the Trainer to create and lead the CBO Train the Trainer Module and Material Creation ($16,000 Estimated Costs)	$ 16,000
Subtotal	$1,342,000

ATTACHMENT C

OCPO ONLY:
☐ Disqualification
☒ Check Complete

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

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.: 2525-03111 A1	Date: January 21, 2026
Total Bid or Proposal Amount: $14,942,000,00	Contract Title: Cook County Homeowners' Relief Fund
Contractor: AidKit Inc.	Subcontractor/Supplier/ Subconsultant to be added or substitute: N/A
Authorized Contact for Contractor: Brittany Christenson	Authorized Contact for Subcontractor/Supplier/ Subconsultant: N/A
Email Address (Contractor): Brittany@aidkit.cloud	Email Address (Subcontractor): N/A
Company Address (Contractor): 2000 S. Colorado Blvd. BLDG 1 - 2000 - #177	Company Address (Subcontractor): N/A
City, State and Zip (Contractor): Denver, CO 80222	City, State and Zip (Subcontractor): N/A
Telephone and Fax (Contractor): (518) 593-8753	Telephone and Fax (Subcontractor): N/A
Estimated Start and Completion Dates (Contractor): April 14, 2025 - Dec. 31 2027	Estimated Start and Completion Dates (Subcontractor): N/A

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

Description of Services or Supplies	**Total Price of Subcontract for Services or Supplies**
N/A	N/A

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

AidKit Inc.

Contractor

Katrina Van Gasse

Name

President and Chief Impact Officer

Title

Katrina Van Gasse (Jan 21, 2026 11:32:13 MST) 01-21-2026

Prime Contractor Signature Date

COOK COUNTY
OFFICE OF THE
Chief Procurement
Officer

161 N. Clark
Suite 2300
Chicago, Illinois 60601

Date: January 27, 2026

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

FROM: JEANETTA CARDINE
Jeanetta Cardine, Deputy Director
Office of the Chief Procurement Officer
Business Enterprise Development (BED)

RE: Contract No. 2525-03111 Amendment 1
Program Administrator for the Homeowners Relief Fund
Bureau of Economic Development
Sole Source – Professional Services
Contractor: AidKit, Inc.
Original Term: April 14, 2025 – December 31, 2025
Original Award Amount: $15,000,000.00
Amendment 1 decreases the contract value by $58,000.00 to a total contract value of $14,942,000.00 and extended through June 30, 2026.
Revised Award Value: $14,942,000.00
Revised Contract Term: April 14, 2025 – June 30, 2026
Participation Goal: 0% MBE/WBE

The Center of Business Enterprise Development is in receipt of the above-referenced sole source contract amendment and has determined a 0% MBE/WBE participation goal 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/ma

CC: Mark Reed, (OCPO)
Dominic Tocci, (Bureau of Economic Development)

COOK COUNTY
OFFICE OF THE
Chief Procurement
Officer

PETITION FOR PARTIAL OR FULL WAIVER – FORM 3

Bidder/Proposer: AidKit, Inc.

Contract No./Title: 2525-0311

A. BIDDER/PROPOSER HEREBY REQUESTS:

X FULL MBE WAIVER	____ PARTIAL MBE WAIVER
X FULL WBE WAIVER	____ PARTIAL WBE WAIVER
X FULL DBE WAIVER	____ 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.

X
____(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 undertook 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.

Signature and Title of Bidder/Proposer	Title	Date
Katrina Van Gasse (Jan 21, 2026 11:31:45 MST)	President and Chief Impact Officer	Jan 21, 2026

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 1/20/2026

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	CONTACT NAME: Brooke Comstock
Arthur J. Gallagher Risk Management Services, LLC 210 University Boulevard, Suite 600 Denver CO 80206	PHONE (A/C, No, Ext): 303-329-5450 FAX (A/C, No): E-MAIL ADDRESS: Brooke_Comstock@ajg.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Hartford Underwriters Insurance Company	30104
INSURER B : Hartford Accident and Indemnity Company	22357
INSURER C : Underwriters at Lloyd's London	15792
INSURER D : Travelers Casualty and Surety Co of America	31194
INSURER E :	
INSURER F :	

INSURED AIDKINC-01
AidKit, Inc.
2000 S. Colorado Blvd - 2000 #177
Denver CO 80222

COVERAGES **CERTIFICATE NUMBER:** 1582080074 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X **COMMERCIAL GENERAL LIABILITY** [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	Y	Y	83SBMAH9FUE	10/8/2025	10/8/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 2,000,000 $ 1,000,000 $ 10,000 $ 2,000,000 $ 4,000,000 $ 4,000,000
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY	Y	Y	83SBMAH9FUE	10/8/2025	10/8/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 2,000,000 $ $ $
A	X **UMBRELLA LIAB** X OCCUR **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 10,000			83SBMAH9FUE	10/8/2025	10/8/2026	EACH OCCURRENCE AGGREGATE	$ 3,000,000 $ 3,000,000
B	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		83WECAH9FV4	10/8/2025	10/8/2026	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
C C D	Cyber Liability Professional Liability Crime			APT1230825 APT1230825 107723970	4/6/2025 4/6/2025 10/25/2025	4/6/2026 4/6/2026 10/25/2028	Limit Limit Limit	$5,000,000 $5,000,000 $1,000,000

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

RE: CONTRACT NO. 2525-03111 Certificate holder is additional insured with respect to General Liability where required by written contract. This insurance is primary & non-contributory in favor of the certificate holder.

CERTIFICATE HOLDER

The County of Cook, a public body corporate of the State of Illinois
on behalf of Office of the Chief Procurement Offic
118 N. Clark Street, Room 1018
Chicago IL 60601

CANCELLATION

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

Cook County
Office of the Chief Procurement Officer

Economic Disclosure Statement Recertification Affidavit

Applicant/Holder Name: AidKit Inc.

Contract #: 2525-03111

Address: 2000 S. Colorado Blvd. BLDG 1 - 2000 - #177

City: Denver

County: Denver

State: Colorado

Zip: 80222

Phone: 602-329-2829

Email: katrina@aidkit.cloud

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: Program Administrator for the Homeowners Relief Fund

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 May 12, 2025 are true, accurate and complete as of the date furnished to the County and continue to be true, accurate and complete as of the date of this recertification, and (3) reaffirms its acknowledgments.

Recertification of:

☑ Certifications (SECTION 2), if applicable, as updated on: 5/05/2025

☑ Economic and Other Disclosures (SECTION 3), if applicable, as updated on: 5/05/2025

☑ Cook County Child Support Affidavit (Please submit any additional Child Support Obligations as an attachment to this form), if applicable, as updated on: 5/12/2025

☐ 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: 5/12/2025

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: AidKit Inc. Date: 02/06/2026

(Print or type legal name of Applicant/Holder)

Katrina Van Gasse

President or authorized signatory (Signature)

Print or type name of President or authorized signatory:

Katrina Van Gasse

Title of signatory:

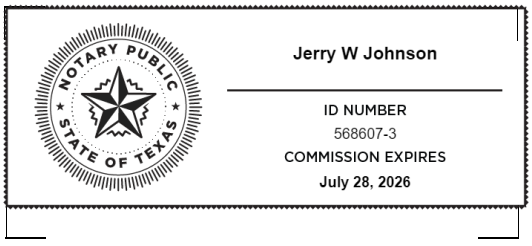
President

State of Texas County of Tarrant

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

Jerry W Johnson

Notary Public Signature: Notary Public, State of Texas Seal:



Electronically signed and notarized online using the Proof platform.

CONTRACT #: 2525-03111

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 AidKit Inc.

D/B/A: _____ FEIN # Only: 85-3095114

Street Address: 2000 S. Colorado Blvd. BLDG 1 - 2000 - #177

City: Denver State: CO Zip Code: 80222

Phone No.: 518-593-8753 Fax Number: _____ Email: brittany@aidkit.cloud

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

Corporate File Number (if applicable): _____

Form of Legal Entity:

[ ] Sole Proprietor [ ] Partnership [ ] Corporation [ ] Trustee of Land Trust

[ ] Business Trust [ ] Estate [ ] Association [ ] Joint Venture

[✔] Other (describe) PUBLIC BENEFIT CORPORATION

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
Brittany Christenson	2000 S. Colorado Blvd. BLDG 1 - 2000 - #177 Denver, Colorado 80222	8.15%
Katrina Van Gasse	2000 S. Colorado Blvd. BLDG 1 - 2000 - #177 Denver, Colorado 80222	13.86%
Mark Newhouse	2000 S. Colorado Blvd. BLDG 1 - 2000 - #177 Denver, Colorado 80222	13.86%
Benjamin Newhouse	2000 S. Colorado Blvd. BLDG 1 - 2000 - #177 Denver, Colorado 80222	13.86%
Andrew Marshall	2000 S. Colorado Blvd. BLDG 1 - 2000 - #177 Denver, Colorado 80222	13.86%
Blueprint Equity II LP	1025 Prospect St, Suite 300 La Jolla, CA 92037	18.48%

2. and 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 address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address
NONE		

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

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

Name	Address	Percentage of Beneficial Interest	Relationship
NONE			

Corporate Officers, Members and Partners Information:

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

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Brittany Christenson	2000 S. Colorado Blvd. BLDG 1 - 2000 - #177 Denver, Colorado 80222	Chief Executive Officer	2023-Present
Katrina Van Gasse	2000 S. Colorado Blvd. BLDG 1 - 2000 - #177 Denver, Colorado 80222	President of the Board and Chief Impact Officer	2023-Present
Mark Newhouse	2000 S. Colorado Blvd. BLDG 1 - 2000 - #177 Denver, Colorado 80222	Secretary of the Board and Chief Strategy Officer	2023-Present

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

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

President
Title

Katrina Van Gasse
Signature

01/21/2026
Date

katrina@aidkit.cloud
E-mail address

602-329-2829
Phone Number

Subscribed to and sworn before me
this 21st day of January, 2026.

My commission expires: 02/11/2029

X _____
Notary Public Signature

Notary Seal

SETH RIGGS
Notary Public - State of Florida
Commission # HH639513
Expires on February 11, 2029

The above-name person produced ~~DRIVER LICENSE~~ identification

Notarized remotely online using communication technology via Proof.

COOK COUNTY BOARD OF ETHICS
FAMILIAL RELATIONSHIP DISCLOSURE FORM

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

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

Address of Person Doing Business with the County: 2000 S Colorado Blvd. BLDG 1 - 2000 - # 177 Denver, CO 80222

Phone number of Person Doing Business with the County: (518) 593-8753

Email address of Person Doing Business with the County: brittany@aidkit.cloud

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:

Brittany Christenson, CEO (brittany@aidkit.cloud)

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: 2525-03111 A1

The aggregate dollar value of the business you are doing or seeking to do with the County: $14,942,000.00

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: Mark Reed. Assistant Procurement Office mark.reed@cookcountyil.govr

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: Dominic Tocci, Deputy Bureau Chief dominic.tocci@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*

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

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

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

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

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

Brittany Christenson
Brittany Christenson (Jan 28, 2026 20:46:31 CST)
Signature of Recipient

01/28/26
Date

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

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

COOK COUNTY
ECONOMIC DISCLOSURE STATEMENT
AND EXECUTION DOCUMENT
INDEX

SECTION 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 sub-paragraphs (1) through (6) above.

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

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

B. BID-RIGGING OR BID ROTATING

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

C. DRUG FREE WORKPLACE ACT

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

D. DELINQUENCY IN PAYMENT OF TAXES

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

E. HUMAN RIGHTS ORDINANCE

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

F. ILLINOIS HUMAN RIGHTS ACT

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

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

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

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

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

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

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

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

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

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

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

1) Not-For Profit Organizations (defined as a corporation having tax exempt status under Section 501(C)(3) of the United State Internal Revenue Code and recognized under the Illinois State not-for -profit law);

2) Community Development Block Grants;

3) Cook County Works Department;

4) Sheriff's Work Alternative Program; and

5) Department of Correction inmates.

SECTION 3

REQUIRED DISCLOSURES

1. DISCLOSURE OF LOBBYIST CONTACTS

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

Name	Address
N/A	N/A

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

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

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

Yes: ☐ No: ☑

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

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

Yes: ☐ No: ☑

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

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

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

4. REAL ESTATE OWNERSHIP DISCLOSURES.

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

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

PERMANENT INDEX NUMBER(S): _____

_____

_____

(ATTACH SHEET IF NECESSARY TO LIST ADDITIONAL INDEX NUMBERS)

OR:

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

5. EXCEPTIONS TO CERTIFICATIONS OR DISCLOSURES.

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

N.A

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

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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

D/B/A: _____ FEIN # Only: 85-3095114

Street Address: 2000 S. Colorado Blvd. BLDG 1 - 2000 - #177

City: Denver State: CO Zip Code: 80222

Phone No.: 518-593-8753 Fax Number: _____ Email: brittany@aidkit.cloud

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

Corporate File Number (if applicable): _____

Form of Legal Entity:

[ ] Sole Proprietor [ ] Partnership [ ] Corporation [ ] Trustee of Land Trust

[ ] Business Trust [ ] Estate [ ] Association [ ] Joint Venture [ ] LLC

[✔] Other (describe) PUBLIC BENEFIT CORPORATION

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	Email Address
BRITTANY CHRISTENSON	2000 S. Colorado Blvd. BLDG 1-2000 - #177 Denver, CO 80222	8.15%	brittany@aidkit.cloud
KATRINA VAN GASSE	2000 S. Colorado Blvd. BLDG 1-2000 - #177 Denver, CO 80222	13.86%	katrina@aidkit.cloud
MARK NEWHOUSE	2000 S. Colorado Blvd. BLDG 1-2000 - #177 Denver, CO 80222	13.86%	mark@aidkit.cloud
BENJAMIN NEWHOUSE	2000 S. Colorado Blvd. BLDG 1-2000 - #177 Denver, CO 80222	13.86%	ben@aidkit.cloud
ANDREW MARSHALL	2000 S. Colorado Blvd. BLDG 1-2000 - #177 Denver, CO 80222	13.86%	andy@aidkit.cloud
BLUEPRINT EQUITY II LP	2000 S. Colorado Blvd. BLDG 1-2000 - #177 Denver, CO 80222	18.48%	contact@blueprint.com

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

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
BRITTANY CHRISTENSON	2000 S. Colorado Blvd. BLDG 1-2000 - #177 Denver, CO 80222	Chief Executive Officer	May 2023-Present
KATRINA VAN GASSE	2000 S. Colorado Blvd. BLDG 1-2000 - #177 Denver, CO 80222	President of the Board & Chief Impact Officer	May 2023-Present
MARK NEWHOUSE	2000 S. Colorado Blvd. BLDG 1-2000 - #177 Denver, CO 80222	Secretary of the Board & Chief Strategy Officer	May 2023-Present
BENJAMIN NEWHOUSE	2000 S. Colorado Blvd. BLDG 1-2000 - #177 Denver, CO 80222	Chief Technical Advisor	May 2023-Present
ANDREW MARSHALL	2000 S. Colorado Blvd. BLDG 1-2000 - #177 Denver, CO 80222	Chief operational Intelligence Officer	May 2023-Present

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

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

Chief Strategy Officer
Title

Signature

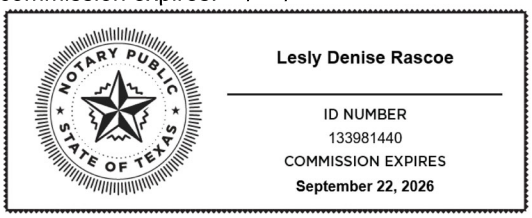
05/12/2025
Date

mark@aidkit.cloud
E-mail address

(607) 654-9714
Phone Number My

Subscribed to and sworn before me
this 12th day of May, 2025.

commission expires:09/22/2026



X Lesly Denise Rascoe
Notary Public Signature

Notary Seal

Electronically signed and notarized online using the Proof platform.

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	☐ Half-brother
☐ Nephew	☐ Sister-in-law	☐ Half-sister

COOK COUNTY BOARD OF ETHICS
FAMILIAL RELATIONSHIP DISCLOSURE FORM

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

Name of Person Doing Business with the County: AidKit Inc.

Address of Person Doing Business with the County: 2000 S. Colorado Blvd. BLDG 1 - 2000 - #177 Denver, CO 80222

Phone number of Person Doing Business with the County: (607) 654-9714

Email address of Person Doing Business with the County: mark@aidkit.cloud

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:
Mark Newhouse (607) 654-9714

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: 2525-03111

The aggregate dollar value of the business you are doing or seeking to do with the County: $ 15,000,000.00

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: DOMINIC TOCCI, DEPUTY BUREAU CHIEF AT COOK COUNTY

Email: dominic.tocci@cookcountyil.gov; Phone: (312) 603-1048

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: RYAN TRIPP BURBON, PROJECT DIRECTOR AT COOK COUNTY

Email: ryan.tripp@cookcountyil.gov; Phone: (312) 603-2003

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*

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

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

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

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

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

Signature of Recipient

05/12/2025
Date

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

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

SECTION 4

COOK COUNTY AFFIDAVIT FOR WAGE THEFT ORDINANCE

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

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

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

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

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

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

I. Contract Information:

Contract Number: 2525-03111

County Using Agency (requesting Procurement): _____

II. Person/Substantial Owner Information:

Person (Corporate Entity Name): AIDKIT INC.

Substantial Owner Complete Name: N.A.

FEIN# 85-3095114

Date of Birth: N/A E-mail address: N/A

Address: 2000 S. Colorado Blvd. BLDG 1 - 2000 - #177

City: Denver State: Colorado Zip: 80222

Home Phone: ( ) -

III. Compliance with Wage Laws:

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

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*** *Employee*

No *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: _____ Date: 05/12/2025

Name of Person signing (Print): Mark Newhouse Title: Chief Strategy Officer

Subscribed and sworn to before me this 12th day of May , 2025

05/12/2025

X _____

Notary Public Signature

Lesly Denise Rascoe
ID NUMBER
133981440
COMMISSION EXPIRES
September 22, 2026

Notary Seal

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

Electronically signed and notarized online using the Proof platform.

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

AidKit, Inc.	Katrina Van Gasse Katrina Lynn Van Gasse
Corporation's Name	President's Printed Name and Signature
6023292829	Katrina Van Gasse
Telephone	Email
04/30/2025	05/01/2025
Secretary Signature	Date

Execution by LLC

LLC Name	*Member/Manager Printed Name and Signature
Date	Telephone and Email

Execution by Partnership/Joint Venture

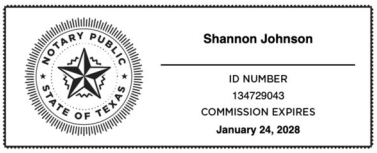
Partnership/Joint Venture Name	*Partner/Joint Venturer Printed Name and Signature
Date	Telephone and Email

Execution by Sole Proprietorship

Printed Name Signature	Assumed Name (if applicable)
Date	Telephone and Email

State of Texas
County of Tarrant
Subscribed and sworn to before me this
30th day of April, 2025.
by Mark Newhouse

My commission expires: 01/24/2028



Notary Public Signature Shannon Johnson
Notary Public, State of Texas

Notary Seal

Electronically signed and notarized online using the Proof platform.

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: CONTRACT AND EDS EXECUTION PAGE

Document Date: 05/01/2025

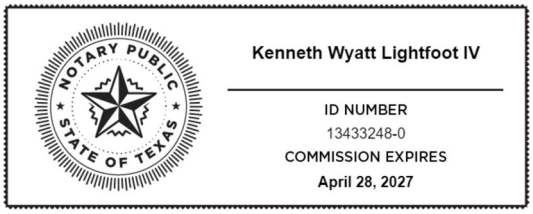
Number of Pages (including notarial certificate): 105

State of Texas

County of Galveston

Sworn to and subscribed before me

on 05/01/2025 by Katrina Lynn Van Gasse.



Electronically signed and notarized online using the Proof platform.

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:

Raffi Sarrafian Digitally signed by Raffi Sarrafian Date: 2025.05.19 14:30:55 -05'00'

Cook County Chief Procurement Officer

Date

APPROVED AS TO FORM:

Brian Tracy

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

5/5/2025

Date

CONTRACT TERM & AMOUNT

2525-03111

Contract #

April 14, 2025 - December 31, 2025

Original Contract Term

Renewal Options (If Applicable)

$15,000,000.00

Contract Amount

April 10, 2025

Cook County Board Approval Date (If Applicable)

APPROVED BY THE BOARD OF
COOK COUNTY COMMISSIONERS
APR 10 2025
COM _____