

# Local Public Agency Material Proposal or Deliver & Install Proposal

Proposal Submitted By:					
Contractor's Name	1				
Morton Salt, Inc.					
Contractor's Address	City	State Zip Code			
444 West Lake Street, Suite 2900	Chicago	IL    60606			
STATE OF ILLINOIS					
Local Public Agency	County	Section Number			
County of DuPage	DuPage	24-0SALT-01-MS			
Street Name/Road Name		Type of Funds			
2024 Salt Purchase		MFT and other funds			
Material proposal Deliver and Install Proposal Plans					
For a County and Road District Project	For a l	Municipal Project			
Submitted/Approved	Submitted/Approved/Passed				
Highway Commissioner Signature & Date	Signature & Date				
Submitted/Approved  County Engineer/Superintendent of Highways Signature & Date  William C. Cidan 4/10/2024		ent of Transportation oid based on limited review ture & Date			

Note: All proposal documents, including Proposal Guaranty Checks or Proposal Bid Bonds, should be stapled together to prevent loss when bids are processed.

Local I	Public Agency		County	Section N	lumber			
Coun	nty of DuPage	1/1	DuPage	24-0SA	LT-01-MS			
	NOTI	CE TO BIDDERS						
Sealed	d proposals for the project described below will be receive	ed at the office of th	ne DuPage Coun	ty Division of T	ransportation			
421 N	N. County Farm Road, 2nd Floor, Wheaton, IL 6	60187	<sub>until</sub> 2:0		05/14/24			
	Address			Time	Date			
1. Plar	ns and proposal forms will be available in the office of							
online https:	e at ://www.dupagecounty.gov/government/departm	nents/transporta	ition/doing_busin	ess/bids_and_	lettings.php			
2.   F	Prequalification							
all	checked, the 2 low bidders must file within 24 hours after uncompleted contracts awarded to them and all low bids ne original shall be filed with the Awarding Authority and o	pending award for	Federal, State, Cou	nty, Municipal and				
	The Awarding Authority reserves the right to waive technicalities and to reject any or all proposals as provided in BLRS Special Provision for Bidding Requirements and Conditions for Material/Deliver and Install Proposals.							
Ma	A proposal guaranty in the proper amount, as specified in the BLRS Special Provision for Bidding Requirements and Conditions for Material/Deliver and Install Proposals, will be required. See the attached Special Provisions for specific instructions for proposal guaranty for this proposal packet.							
pro	ne successful bidder at the time of execution of the contra- ovided for in the special provisions. Failure on the part of ork specified herein will be considered just cause to forfeit	the contractor to d	leliver the material wi	ithin the time spec	cified or to do the			
6. Pro	oposals shall be submitted on forms furnished by the Awa	arding Authority and	d shall be enclosed in	n an envelope end	dorsed "Material			
Pro	oposal, Section 24-0SALT-01-MS							
By Ord	ler of		Engineer/Superintend	lent of Highways/				
	ing Authority	Municipa [			Date			
Coun	ty of DuPage	William	C. Eidson		04/05/24			
	Material Proposal	or Deliver & Insta	II Proposal					
To Awardi	ing Authority							
	ty of DuPage							
	ing Authority Address	City		State	Zip Code			
	I. County Farm Road	Wheaton		IL	60187			
If this b	oid is accepted within 45 days from the date of opening, thats, at the quoted unit prices, subject to the following:	J	ees to furnish or to d		· · · · · · · · · · · · · · · · · · ·			
	s understood and agreed that the "Standard Specification	s for Road and Brid	dge Construction", ad	dopted 01/01/22	2 and			
the Tra	e "Supplemental Specifications and Recurring Special Pro ansportation, shall govern insofar as they may be applied pplemental specifications attached hereto.	ovisions", adopted	01/01/24	, prepared by t	the Department of			

- 2. It is understood that quantities listed are approximate only and that they may be increased or decrease as may be needed to properly complete the improvement within its present limits or extensions thereto, at the unit prices stated and that bids will be compared on the basis of total price bid for each group.
- 3. Delivery in total or partial shipments as ordered shall be made within the time specified in the special provisions or by the acceptance at the point and in the manner specified in the "Schedule of Prices". If delivery on the job site is specified, it shall mean any place or paces on the road designed by the awarding authority or its authorized representative.
- 4. The contractor and/or local public agency performing the actual material placement operations shall be responsible for providing work zone traffic control, unless otherwise specified in this proposal. Such devices shall meet the requirements of and be installed in accordance with applicable provisions of the "Illinois Manual on Uniform Traffic Control Devices" and any referenced Illinois Highway Standards.

there is a discrepancy itted, the total price we a unit price nor a total Bidding Requirements provisions is attached by check, complying would be a complying to the complying to the complying would be a complying to the complete to the complete to the complying to the complete to the c	ill be divided by the al price is shown. s and Conditions for d. with the specification must be equal to the aranty check is place	
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DuPage  Here  oposals, the amount resal. If the proposal gu	must be equal to the aranty check is place	
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oposals, the amount r sal. If the proposal gu	aranty check is place	
s	calendar days	
	State Zip Code	



# Local Public Agency Proposal Bid Bond

Local Public Agency	County	Section Number
County of DuPage	DuPage	24-0SALT-01-MS
WE, Morton Salt, Inc. of 444 W. Lake Street, Suite 2900, Chicago	o, IL 60606	as PRINCIPAL, and
Liberty Mutual Insurance Company of 175 Berkeley Street, Boston, MA (		as SURETY, are held jointly,
severally and firmly bound unto the above Local Public Agency (hereafter price, or for the amount specified in the proposal documents in effect on the bind ourselves, our heirs, executors, administrators, successors, and assisting instrument.  WHEREAS THE CONDITION OF THE FOREGOING OBLIGATI proposal to the LPA acting through its awarding authority for the construct THEREFORE if the proposal is accepted and a contract awarder and the PRINCIPAL shall within fifteen (15) days after award enter into a figure of the work, and furnish evidence of the required insurance of and Bridge Construction" and applicable Supplemental Specifications, the full force and effect.  IN THE EVENT the LPA determines the PRINCIPAL has failed to requirements set forth in the preceding paragraph, then the LPA acting the recover the full penal sum set out above, together with all court costs, all a line to the proposal sum set out above, together with all court costs, all a line tespective officers this and the set of May, 2024  The proposal documents in effect on the proposal document	referred to as "LPA") in the phe date of invitation for bids, wigns, jointly pay to the LPA this ON IS SUCH that, the said Pfition of the work designated as did to the PRINCIPAL by the LP formal contract, furnish surety coverage, all as provided in the in this obligation shall become one enter into a formal contract is rough its awarding authority slattorney fees, and any other esaid SURETY have caused the	enal sum of 5% of the total bid whichever is the lesser sum. We is sum under the conditions of this entry and the above section. A for the above designated section guaranteeing the faithful e "Standard Specifications for Road e void; otherwise it shall remain in an compliance with any hall immediately be entitled to expense of recovery.
Morton Sait, Inc.		
Signature & Date	Signature & Date	
Anthony TV Patton 5-9-2024  Title  Director Bulk Deicing US Government Sales  If Principal is a joint venture of two or more contractors, the company name	Title	s of each contractor must be
affixed.) Surety		
Name of Surety  Liberty Mutual Insurance Company  See Attached Surety Acknowledgment  STATE OF IL  COUNTY OF	Signature of Attorney-in-Fa	Bowser
. 4 . 1 . 0	ry Public in and for said coun	ty do hereby as dify that
(Insert names of individuals signing on bel who are each personally known to me to be the same persons whose name PRINCIPAL and SURETY, appeared before me this day in person and acknown struments as their free and voluntary act for the uses and purposes there	half of PRINCIPAL & SURETY) nes are subscribed to the foreç knowledged respectively, that	going instrument on behalf of
Given under my hand and notarial seal this GTH day of	May 2024 . Morth and Year	
Day		natura & Data
	Notary Public Sign	hature & Date
(SEAL, if required by the LPA)	Man	oli Cz
OFFICIA Notary Public, My Commis	Date commission  LA CRUZ  AL SEAL  State of Illinois sion Expires  4, 2026	on expires <u>4-14-2026</u>

Local Public Agency							County	Section Number					
Cou	nty o	f DuP	age									DuPage	24-0SALT-01-MS
									== EL	ECTR	NIC BID BON	ID	
□ E	lectro	nic bio	l bond i	s allov	wed (	box ı	nust	be cl	necke	d by	PA if electror	ic bid bond is allowed)	
electr Princi of two ventu	onic bi ipal an o or mo re.)	id bond d Sure ore con	ID code ty are fir	e and s mly bo , an ele	signin ound (	ig bel unto f	low, tl the LF	he Pri PA un	incipa ider th	il is er ne cor	uring the iden litions of the b ny/Bidder nan	section of the Proposal Bid B tified electronic bid bond has a d bond as shown above. (If P te title and date must be affixed appany/Bidder Name	been executed and the RINCIPAL is a joint venture
								T	T		<u> </u>	ipany/Diddo: Hamo	
		•	1				•	·	1	1	Sign	nature & Date	

#### STATE OF MISSOURI

#### COUNTY OF St. Charles

On this 7th day of May, 2024 before me, Jane M. Dew a Notary Public, residing within and for said County and State, personally appeared Tamara Bowser to me personally known to be the Attorney-In-Fact of and for Liberty Mutual Insurance Company and acknowledged that he/she executed the said instrument as the free act and deed of said Company.

In witness hereof, I have hereunto set my hand and affixed my official seal.

BY

Jane M. Dew, Notary Public

Jane M. Dew Notary Public - Notary Seal State of Missouri St Charles County My Commission Expires June 24, 2025

Commission #15430895



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

> Liberty Mutual Insurance Company The Ohio Casualty Insurance Company West American Insurance Company

Certificate No: 8211563-905051

#### **POWER OF ATTORNEY** KNOWN ALL BERCONE BY THESE RESENTS. That The Chie Couldby locurous Company is a constitute district and the laws of the Chie of New Horseship the

Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachu under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by author	setts, and West American Irisurance Company is a corporation duly organized rity herein set forth, does hereby name, constitute and appoint, Roxanno
Avila, Lauren Blair, Tamara Bowser, Jane M. Dew, Anne M. Gliedt, Stephanie L. Klearman, De	Anna M. Maurer, Kevin E. McDaniel, Meredith McMillen, Nancy
Singleton	
all of the city of St. Louis state of MO each individuall execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all to of these presents and shall be as binding upon the Companies as if they have been duly signed by the persons.	
IN WITNESS WHEREOF, this Power of Altorney has been subscribed by an authorized officer or official of thereto this $29\text{th}$ day of $March$ , $2024$ .	f the Companies and the corporate seals of the Companies have been affixed
1912 CORPORATE TO THE SUPPLIES OF THE SUPPLIES	Liberty Mutual Insurance Company The Ohio Casualty Insurance Company West American Insurance Company  By:  By:
State of PENNSYLVANIA County of MONTGOMERY ss	David M. Carey, Assistant Secretary
On this 29th day of March , 2024 before me personally appeared David M. Carey, who ac Company, The Ohio Casually Company, and West American Insurance Company, and that he, as such, therein contained by signing on behalf of the corporations by himself as a duly authorized officer.	cknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance being authorized so to do, execute the foregoing instrument for the purposes
IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Me	eting, Pennsylvania, on the day and year first above written.
Commonwealth of Pennsylvania - Notary Seal Teresa Pastella, Notary Public Montgomery County My commission expires March 28, 2025 Commission number 1126044  Member, Pennsylvania Association of Notaries	By: David M. Carey, Assistant Secretary  cknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance being authorized so to do, execute the foregoing instrument for the purposes betting, Pennsylvania, on the day and year first above written.  By: David M. Carey, Assistant Secretary of Liberty Mutual Insurance being authorized so to do, execute the foregoing instrument for the purposes betting, Pennsylvania, on the day and year first above written.  By: David M. Carey, Assistant Secretary  Liberty Mutual Insurance Company, Liberty Mutual Polyment of Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Polyment of The Ohio Casualty Insurance Company, Liberty Mutual Polyment of The Ohio Casualty Insurance Company, Liberty Mutual Polyment of The Ohio Casualty Insurance Company, Liberty Mutual Polyment of The Ohio Casualty Insurance Company, Liberty Mutual Polyment of The Ohio Casualty Insurance Company, Liberty Mutual Polyment of The Ohio Casualty Insurance Company, Liberty Mutual Polyment of The Ohio Casualty Insurance Company, Liberty Mutual Polyment of The Ohio Casualty Insurance Company, Liberty Mutual Polyment of The Ohio Casualty Insurance Company, Liberty Mutual Polyment of The Ohio Casualty Insurance Company, Liberty Mutual Polyment of The Ohio Casualty Insurance Company, Liberty Mutual Polyment of The Ohio Casualty Insurance Company, Liberty Mutual Polyment of The Ohio Casualty Insurance Company, Liberty Mutual Polyment of The Ohio Casualty Insurance Company, Liberty Mutual Polyment of The Ohio Casualty Insurance Company, Liberty Mutual Polyment of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, Liberty Mutual Polyment of The Ohio Casualty Insurance Company, Liberty Mutual Polyment of The Ohio Casualty Insurance Company, Liberty Mutual Polyment of The Ohio Casualty Insurance Company, Liberty Mutual Polyment of The Ohio Casualty Insurance Company, Liberty Mutual Polyment of The Ohio Casualty Insurance Company, Liberty Mutual Polyment of The Ohio Casu
This Power of Attorney is made and executed pursuant to and by authority of the following By-laws an Insurance Company, and West American Insurance Company which resolutions are now in full force and effe	d Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual
ARTICLE IV – OFFICERS: Section 12. Power of Attorney.  Any officer or other official of the Corporation authorized for that purpose in writing by the Chairm President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf o any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, shave full power to bind the Corporation by their signature and execution of any such instruments a instruments shall be as binding as if signed by the President and attested to by the Secretary. Any provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the	subject to the limitations set forth in their respective powers of attorney, shall and to attach thereto the seal of the Corporation. When so executed, such power or authority granted to any representative or attorney-in-fact under the
ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.  Any officer of the Company authorized for that purpose in writing by the chairman or the president, ar shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set Company by their signature and execution of any such instruments and to attach thereto the seal of	nd subject to such limitations as the chairman or the president may prescribe, execute, seal, acknowledge and deliver as surety any and all undertakings, t forth in their respective powers of attorney, shall have full power to bind the

Certificate of Designation -- The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 7th day of



signed by the president and attested by the secretary.





Renee C. Llewellyn, Assistant Secretary



#### **Material Proposal Schedule of Prices**

Local Public Agency	County	Section Number
DuPage County Division of Transportation	DuPage	24-0SALT-01-MS

Material Proposal Schedule of Prices

Group No.	Item(s)	Delivery	Unit	Quantity	Unit Price	Total
1	ROCK SALT	FOB	TON	15000	\$73.90	\$1,108,500.00
1	ROCK SALT (130% to 150%)	FOB	TON		\$93.90	
	Bidder's Total Proposal for Group 1					\$1,108,500.00

2	ROCK SALT	FOB	TON	47970	\$73.90	\$3,544,983.00
2	ROCK SALT, EARLY DELIVERY	FOB	TON	3800	\$73.90	\$ 280,820.00
2	ROCK SALT (130% to 150%)	FOB	TON		\$93.90	
3	Bidder's Total Proposal for Group 2					\$3,825,803.00

The undersigned firm certifies that it has not been convicted of bribery or attempting to bribe an officer or employee of the State of Illinois, nor has the firm made an admission of guilt of such conduct which is a matter of record, nor has an official, agent, or employee of the firm committed bribery or attempted bribery on behalf of the firm and pursuant to the direction or authorization of a responsible official of the firm. The undersigned firm further certifies that it is not barred from contracting with any unit of State or local government as a result of a violation of State laws prohibiting bid-rigging or bid rotating.

Bidder Signature and Date

Anthony T. Patton, Director Bulk Deicing US Government Sales

Address City State Zip Code
444 West Lake Street, Suite 2900 Chicago IL 60606



# Apprenticeship and Training Program Certification

RETURN WITH BID

Local Public Agency	County		Street Name/Road Name	Section	Number
County of DuPage	DuPage				0SALT-01-MS
All contractors are required to complete		——⊸l ion			
For this contract proposal or for all biddi	-		tall proposal.		
For the following deliver and install biddi	ing groups in this materia	al propo	sal.		
The County of DuPage policy, adopted in act the lowest responsive and responsible bidderesponsibility factors, this contract or deliver participation in apprenticeship or training probureau of Apprenticeship and Training, and are required to complete the following certifications.	er. The award decision i and install proposal requors ograms that are (1) appro (2) applicable to the wor	s subject uires all oved by	ot to approval by the Department bidders and all bidder's subcont and registered with the United S	t. In addition tractors to d States Depa	n to all other disclose artment of Labor's
1. Except as provided in paragraph 4 below, group program, in an approved apprenticeshits own employees.					
2. The undersigned bidder further certifies, time of such bid, participating in an approve performance of work pursuant to this contract work of the subcontract.	d, applicable apprentices	ship or t	raining program; or (B) will, prior	to comme	ncement of
3. The undersigned bidder, by inclusion in the Certificate of Registration for all of the types employees. Types of work or craft that will be	of work or crafts in whic	h the bi	dder is a participant and that will	be perform	
<ol> <li>Except for any work identified above, if an install proposal solely by individual owners, p would be required, check the following box,</li> </ol>	partners or members and	d not by	employees to whom the payme	nt of pre <u>vai</u>	
The requirements of this certification and dis provision to be included in all approved subcleach type of work or craft job category that vafterward may require the production of a collabor evidencing such participation by the cashall not be necessary that any applicable premployment during the performance of the washes.	contracts. The bidder is a vill be utilized on the project on the project on the project of each applicable Contractor and any or all corgram sponsor be curre	respons ect is a ertificate of its sul ntly tak	lible for making a complete repo- ccounted for and listed. The De e of Registration issued by the U ocontractors. In order to fulfill th ing or that it will take application:	rt and shall partment at nited States e participat	make certain that any time before or Department of ion requirement, it
Bidder			Signature	77. 246.	Date
Morton Salt, Inc.			Not required per adden	dum	
Title Director Bulk Deicing US Governm	ent Sales			uum	
L	ent saits	C:L		04-1-	Zin Code
Address 444 West Lake Street, Suite 2900		City Chi	cago	State_	Zip Code
444 West Lake Street, Suite 2900				_IL	60606



## **Affidavit of Illinois Business Office**

Local Public Agency	County	Street Name/Road Name	Section Number
County of DuPage	DuPage		24-0SALT-01-MS
I, Anthony T. Patton	of Chicag		, Illinois ,
Name of Affiant being first duly sworn upon oath, state as follow	/s:	City of Affiant	State of Affiant
Director Bulk Deicing			
1. That I am the US Government Sales	of M	Iorton Salt, Inc.	<u> </u>
Officer or Position  2. That I have personal knowledge of the facts		Bidder	
3. That, if selected under the proposal describe	d above, <u>Mortor</u>	n Salt, Inc. , wil	ll maintain a business office in the
State of Illinois, which will be located in	Cook County	nty, Illinois.	
<ol> <li>That this business office will serve as the print this proposal.</li> </ol>	mary place of employme	nt for any persons employed in the	e construction contemplated by
5. That this Affidavit is given as a requirement of	of state law as provided i	n Section 30-22(8) of the Illinois Pi	rocurement Code.
		Signature	Date
		Not required per adde	ndum
		Print Name of Affiant	
		Anthony T. Patton, D.	irector Bulk Deicing US
		Government Sales	
Notary Public			
State of IL			
County Cook			
Signed (or subscribed or attested) before me o	n (date)	_ by	
Anthony T. Patton			, authorized agent(s) of
	ame/s of person/s)		<del></del>
Morton Salt, Inc Bidder			
		- · · · · · · · · · · · · · · · · · · ·	
		Signature of Notary	Public
(SEAL)		My commission expir	res



## **Required Vendor Ethics Disclosure Statement**

Failure to complete and return this form may result in delay or cancellation of the County's Contractual Obligation.

Date: 5-9-2024

Bid/Contract/PO #: 24-0SALT-01-MS

Company Name:	Morton Salt, Inc.	Company Contact:	Anthony T. Patton	
Contact Phone:	855-645-4540	Contact Email:	bids@mortonsalt.com	

#### The DuPage County Procurement Ordinance requires the following written disclosures prior to award:

1. Every contractor, union, or vendor that is seeking or has previously obtained a contract, change orders to one (1) or more contracts, or two (2) or more individual contracts with the county, shall provide to Procurement Services Division a written disclosure of all political campaign contributions made by such contractor, union, or vendor within the current and previous calendar year to any incumbent county board member, county board chairman, or countywide elected official whose office the contract to be awarded will benefit. The contractor, union or vendor shall update such disclosure annually during the term of a multi-year contract and prior to any change order or renewal requiring approval by the county board. For purposes of this disclosure requirement, "contractor or vendor" includes owners, officers, managers, lobbyists, agents, consultants, bond counsel and underwriters counsel, subcontractors and corporate entities under the control of the contracting person, and political action committees to which the contracting person has made contributions.

approval by the coundobbyists, agents, con	ty board. For purposes of this dis sultants, bond counsel and unde	g the term of a multi-year contract an sclosure requirement, "contractor or v erwriters counsel, subcontractors and o which the contracting person has m	endor" includes corporate entit	owners, officers, n ies under the conti	nanagers,			
X NONE (check here) Recipient	- If no contributions have bee	Description (e.g. cash, ty kind services, etc.)	ype of item, in-	Amount/Value	Date Made			
their lobbyists, agenthe contractor bid ar  NONE (check here)	ts and representatives and all ind and shall update such disclosure v - If no contacts have been mad							
	nd Representatives and all indiv ntact with county officers or em ract or bid		Telephone Email					
Continuing disclosur  If in  30 c  Ann  With	lation of the contract and possib re is required, and I agree to up formation changes, within five (stays prior to the optional renewant that a disclosure for multi-year cort than any request for change order e	ntracts on the anniversary of said cont except those issued by the county for a ent policies and ordinances are avail	ntracts. s: ction, whicheve ract administrative a	er is sooner	re not limited to,			
I hereby acknowledge Authorized Signature Printed Name Title	Anthony 7. Patton Director, Bulk Operations,	ead, and understand these requirement.  US Government Sales	nents.					
Date	5-9-2024							

(total number of pages)

of

Attach additional sheets if necessary. Sign each sheet and number each page. Page

## **REFERENCES**

All bidders must provide three (3) projects of a similar nature as being performed in the immediate past five (5) years with the name, address and telephone number of the contact person having knowledge of the project or three (3) references (name, address, and telephone number) with knowledge of the integrity and business practices of the contractor.

PROJECT	Not required per addendum	
FIRM		
ADDRESS		
CONTACT		
TELEPHONE		
PROJECT		
FIRM		
ADDRESS		
CONTACT		
TELEPHONE		
PROJECT		
FIRM		
ADDRESS		
CONTACT		
TELEPHONE		

# Form W-9 (Rev. March 2024) Department of the Treasury Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before	e yo	i <b>u begin.</b> For gi	uidance relate	d to the pu	urpose of	i Form '	W-9, se	ee Pui	rpose o	of Form,	below.										
1	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)																				
		Business name/o	•	ty name, if d	different fro	om abov	ve.	_								-					
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.  Individual/sole proprietor  C corporation  S corporation  Partnership  Trust/estate								4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):												
		LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)									Exempt payee code (if any)										
	Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.								Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)												
<u>.</u>		Other (see instructions)									Code	(II ally)									
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions								(Applies to accounts maintained outside the United States.)												
		•	dress (number, street, and apt. or suite no.). See instructions.  Nest Lake Street, Suite 2900							name	e and address (optional)										
		City, state, and ZIP code Chicago, IL 60606																			
Ì	7 List account number(s) here (optional)												_								
Par	11	Taxpaye	r Identifica	ation Nu	mber (	TIN)															
Enter \	our/	TIN in the app	ropriate box.	The TIN pro	ovided m	iust ma	atch the	e name	e aiven	on line	1 to avo	oid	So	cial se	curity number						
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other						_		]-[													
entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i> or <i>TIN</i> , later.									-												
Employer							r identification number														
Note: If the account is in more than one name, see the instructions for line 1. See also What Name and Number To Give the Requester for guidelines on whose number to enter.							- 3	1 4	6	1	7	4									
Part		Certifica	tion																		
Under	pen	alties of perjury	, I certify that	:																	
1. The	nun	nber shown on	this form is m	y correct to	axpayer id	identific	cation r	numbe	er (or I a	am wait	ing for a	a numbe	er to	be is:	sued t	o me);	and				
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3. I am	a U	J.S. citizen or o	ther U.S. pers	on (defined	;(woled t	and															
4. The	FAT	CA code(s) ent	tered on this fo	orm (if any)	) indicatin	ng that	l am ex	xempt	t from F	ATCA r	eportino	g is corr	ect.								
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#### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to <a href="https://www.irs.gov/FormW9">www.irs.gov/FormW9</a>.

#### What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

#### **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they