



**DEPARTMENT OF PROCUREMENT SERVICES  
NON-COMPETITIVE REVIEW BOARD (NCRB) APPLICATION**

Complete this cover form and the **Non-Competitive Procurement Application Worksheet** in detail. Refer to the page entitled **"Instructions for Non-Competitive Procurement Application"** for completing this application in accordance with its policy regarding NCRB. Complete "other" subject area if additional information is needed. Subject areas must be fully completed and responses merely referencing attachments will not be accepted and will be immediately rejected.

<b>Department</b> 057 POLICE	<b>Originator Name</b> Bonita Amado	<b>Telephone</b> 312-745-5600	<b>Date</b> 02 JUN-2015	<b>Signature of Application Author</b> <i>Bonita Amado</i>
<b>Contract Liaison</b> Joel Brown	<b>Email Contract Liaison</b> joel.brown@chicagopolice.org	<b>Telephone</b> 312-745-5640	<b>Date</b> 02 June 2015	

**List Name of NCRB Attendees/Department**

Bonita Amado  
Joel Brown  
John Pardell

**Request NCRB review be conducted for the product(s) and/or service(s) described herein.**

**Company:** BEST TECHNOLOGY SYSTEMS INC.

<b>Contact Person:</b> Gary Chinn	<b>Phone:</b> 815-254-9554 ext26	<b>Email:</b> gchinn@btsranges.com
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**Project Description:** CLEANING BULLET TRAPS AND SHOOTING RANGES

**This is a request for:**

New Contract       Amendment / Modification

**Contract Type**      **Type of Modification**

Blanket Agreement    Term: 60 (# of mo)       Time Extension       Vendor Limit Increase     Scope Change

Standard Agreement

Contract Number: \_\_\_\_\_  
Specification Number: \_\_\_\_\_  
Modification Number: \_\_\_\_\_

<b>Department Request Approval</b>	<b>Recommended Approval</b>
<i>[Signature]</i> DEPARTMENT HEAD OR DESIGNEE	<i>[Signature]</i> BOARD CHAIRPERSON
<i>[Signature]</i> PRINT NAME	Rich Butler PRINT NAME
DATE: <u>2/15/15</u>	DATE: <u>AUG 10 2015</u>

**(FOR NCRB USE ONLY)**

Recommend Approval/Date: 7-28-15

Return to Department/Date: \_\_\_\_\_

Rejected/Date: \_\_\_\_\_

Approved       Rejected

*[Signature]*  
CHIEF PROCUREMENT OFFICER

DATE: 8-12-15



**DEPARTMENT OF PROCUREMENT SERVICES  
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JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT WORKSHEET**

All applicable information on this worksheet must be addressed using each question found on the "Instructions for Non-Competitive Procurement Application" in this application.

**Justification for Non-Competitive Procurement Worksheet**

**PROCUREMENT HISTORY**

1. The Department needs to have each of the 7 Firing Ranges cleaned/maintained on a regular basis to meet OSHA lead exposure requirements, EPA hazardous waste disposal requirements, comply with the Illinois Law Enforcement Training and Standards Board (ILETSB) requirements as well as ensure there is no disruption of In-Service and Recruit Training. Due to health and safety issues, OSHA standards only allow officers to be exposed to a minimum level of lead buildup in their system. Therefore, lead cleaning must be performed on these ranges on a regular basis to prevent exposure to too much lead on the surfaces and the air in the ranges. ILETSB requires that recruits be trained on a certified range. If the range is not operational causing the recruits to not meet the ILETSB training standards, they cannot be certified as a peace officer. Also, if the time limitation for certification is not met, the recruit would be rendered ineligible to be certified as a Peace officer in the State of IL. For those officers who require in-service training, if the training is not met in a timely fashion, there is liability to the City for lack of training. Annual prescribed weapons qualifications for officers are required and if not met can result in potential de-certification as a peace officer.
2. No. We previously had a 3 year contract with two 1 year extensions that was awarded in June 2011. We are seeking a 5 year contract with three 1 year extensions.
3. Not applicable. Only Best Technology Systems, Inc. is certified and licensed to work on Meggitt Training Systems range equipment.
4. Not applicable. Only Best Technology Systems, Inc. is certified and licensed to work on Meggitt Training Systems range equipment.
5. No. The Department is requesting a 5 year contract with three 1 year extensions to the Sole Source Board.
6. Competitive bidding is not possible. The equipment for the Firing Ranges is Meggitt Training Systems'. Best Technology Systems, Inc. is the only lead abatement vendor who is licensed and certified by Meggitt Training Systems to perform services on their bullet traps including inspecting bullet traps and reporting to Police and Meggitt Training Systems if parts are worn or damaged as well as performing repairs and/or installing replacement bullet trap parts to the manufacturer's specification.

**ESTIMATED COST**

1. \$2.4 million for 5 year contract with three 1 year extensions
2. \$300,000
3. Based on previous annual contract price for set number of service visits plus costs for additional visits if needed due to increased recruit and in-service training plus more frequent breakdown and removal of filters. Also based on request from Department of Fleet & Facilities Management, scope of services now includes changing of range filters resulting in efficiencies as one vendor will be responsible for changing, breaking down and disposing of the range filters. This will shorten downtime of ranges and will result in limited handling of hazardous waste to one vendor.
4. Not applicable. The range parts and equipment are Meggitt Training Systems'. If Best Technology Systems services were not allowed, new bullet trap equipment would have to be installed in 7 ranges costing approximately 1.5 million dollars per range for a total cost of 8.5 million dollars. However, based on the existing footprint of 6 of the ranges, Police would need to continue to utilize the venetian blind type trap as there is not enough room behind the backstop to install a modern bullet trap. Best Technology Systems, Inc breaks down the pre, secondary and HEPA filters prior to disposing them as hazardous waste rather than removing them whole resulting in a smaller footprint with a categorization of a small quantity generator and cost savings.



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5. There is no increase in the vendor's hourly charges. Costs per site have increased dues to more frequent visits to breakdown and dispose of filters as well as their service visits to include changing of the range filters in their contract schedule.

**SCHEDULE REQUIREMENTS**

1. Schedule is based on the operational needs of the Departments Firing Ranges. The Deputy Chief of the Police Training Academy as well as the Deputy's Firearms Range Instructors is consulted regarding the training needs for the Recruits and In-Service training.
2. Lack of drawings and/or specs have no bearing on competitiveness
3. Service visits to perform lead cleaning of the ranges are once per month. Service visits to disassemble, clean and reassemble the deceleration chambers are twice per year. Service visits to HEPA vacuum the accessible intake vents over the bullet traps are four times per year. Service visits to HEPA vacuum and wet wipe the ceiling baffles/deflector shields as well as the target tracks and carrier are four times per year. The above services are not all inclusive with more detailed services denoted in their proposal that includes scope of work. They meet EPA hazardous waste disposal guidelines when removing lead and lead fragments from the bullet traps as well as range filters. They achieve cost efficiencies by breaking down the pre, secondary and HEPA filters versus disposing of them whole resulting in a smaller hazardous waste footprint and being categorized as a small quantity generator. The scheduled lead cleaning is necessary to prevent high lead levels in the officers which can result in serious, permanent health issues. Too much lead build-up in the deceleration chambers can cause bounce back of bullet fragments potentially injuring officers
4. Would need to build 7 ranges with new bullet trap equipment costing approximately 1.5 million per range. Training would be severely impacted as recruits would not meet the ILETSB requirements and therefore, recruits would not be certified as a peace officer. For officers that are required to take in-service training, there would be considerable impact on officer health and safety that could result in potential injuries to officers and citizens and liability to the City.

**EXCLUSIVE OR UNIQUE CAPABILITY**

1. Does not apply. Not seeking a Professional Service contract
2. Yes. They solely work on firing ranges. Their technicians are licensed and certified by Meggitt Training Systems to work on Meggitt Training Systems bullet traps. They have expertise on the disassembly, cleaning and re-assembly of Meggitt Training Systems deceleration chambers and they notify Police and Meggitt Training Systems regarding worn or damaged parts that need to be replaced but cannot be seen by visually looking at the surface components. Discovery of certain worn/damaged parts can only be determined when disassembling the deceleration chambers. They are certified to install new replacement parts per the manufacturer's specs in addition to effect repairs such as tack welding the sidewalls of the bullet trap or leading edge assemblies.
3. Best Technology Systems field technicians only perform work on firing ranges. Their technicians are licensed and certified by Meggitt Training Systems to work on Meggitt Training Systems bullet traps. They possess expertise in the disassembly, cleaning and re-assembly of Meggitt Training Systems deceleration chambers as well as cleaning of target tracks and carriers that have electronics. Their technicians have been performing lead cleaning of the Department's ranges for over 20 years.
4. They possess specialized vacuum equipment for Area 5's granular rubber bullet trap. This equipment separates the lead bullets from the granular rubber trap.
5. Best Technology Systems meets the OSHA regulations regarding lead in the general industry - 29 CFR 1910.1025, OSHA Respirator and Respiratory Use, 29 CFR 1910.134 as well as 40 CFR Parts 261-265 – Commercial vehicles. They also comply with State and Local regulations that govern shooting ranges. They meet EPA requirements concerning disposal of hazardous waste material. They service 60-65% of the Chicagoland Law Enforcement Ranges as well as Cook County Ranges. They also perform services in 40 other states including ranges with Meggitt Training Systems bullet traps as well as ranges with other bullet trap equipment. Based on their intimate knowledge of our ranges and Meggitt Training Systems range equipment as well as their manpower capacity, they are able to meet the Department's needs and maintain efficiencies in the performance of their services.
6. Does not apply as the Range Equipment is Meggitt Training Systems. However, Best Technology Systems, Inc is



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certified and licensed to work on Meggitt Training Systems' bullet traps. They have extensive knowledge on the disassembly, cleaning, lead removal buildup (on deceleration chambers) and reassembly of the bullet trap. They inspect and notify any deficiencies found in the bullet trap to Police and Meggitt Training Systems. They perform temp repairs if needed or install replacement parts of bullet traps

7. Does not apply.

8. a) No.

b) Yes, Best Technology Systems, Inc is the only licensed IDPH lead abatement contractor that is licensed and certified by Meggitt Training Systems to perform services on their bullet traps including installing replacement parts or repairs (welding) in the State of Illinois.

OTHER

**SCOPE OF WORK  
For  
BEST TECHNOLOGY SYSTEMS**

The following scope of work is for cleaning the Chicago Police Department's (Areas 1 - 5 and Training Academy) bullet traps and shooting ranges for the individual ranges is as follows:

**Area 1**

This scope of work is for the individual cleaning of the Chicago Police Department Area 1 bullet trap and parts of the shooting range. This proposal is for one visit per month with 12 visits within the contractual year per shooting range. The scope of work is as follows:

- Set up a decontamination unit and regulate the work area.
- Inspect and empty collection trays.
- Recycle spent lead projectiles.
- Supply containers and package the spent lead projectiles for recycling.
- HEPA vacuum the front of the bullet trap impact plates.
- HEPA vacuum and clean under the bullet trap.
- Wet wipe shooters booth and all horizontal and vertical surfaces from the firing line to the back wall and from the bottom of the safety ceiling to the floor.
- Visually inspect bullet trap components for wear/damage, compare with manufacturer's specifications, and inform the owner of any visual defects.
- Replace and/or tighten any loose or missing nuts and bolts on the accessible exterior parts of the bullet trap.
- HEPA vacuum the shooting range floor.
- HEPA vacuum the first 200 sq. ft. of floor outside the entrance to the shooting range.
- HEPA vacuum the accessible intake vents over the bullet trap. **(4 times / year)**.
- HEPA vacuum the accessible back side surfaces of the over-trap. **(4 times / year)**.
- HEPA vacuum and wet wipe ceiling baffles/deflector shields **(4 times / year)**.
- HEPA vacuum and wet wipe target tracks, carriers, and cross braces. **(4 times / year)**.
- HEPA vacuum the shooting range walls from the floor up to 10 feet. **(4 times / year)**
- Disassemble deceleration chambers as needed to complete our work. **(1 time / year)**.
- Remove the lead build up from the deceleration chambers. **(1 time / year)**.
- Supply containers and package the lead build up from deceleration chambers for recycling. **(1 time / year)**.
- Recycle the spent lead projectiles and lead build up from the deceleration chambers. **(1 time / year)**.
- Spray the deceleration chambers with graphite lubricant. **(1 time / year)**.
- Reassemble deceleration chambers. **(1 time / year)**.
- Set up a wash station and regulate the ventilation room/area with lead danger signs and lead caution tape. **(2x / year)**
- Place 6 mil plastic on the floor in front of the ventilation unit doors. **(2x / year)**
- Create negative pressure in the ventilation room to contain lead dust. **(2x / year)**
- Remove, package, and dispose of 2 used Rollomatic and 10 used HEPA filters from the unit as lead contaminated hazardous waste. **(2x / year)**
- HEPA vacuum the filter tracks and unit floor under the filters being changed out. **(2x / year)**
- Install 2 new Rollomatic and 10 new HEPA filters into the unit. **(2x / year)**
- New filters to be supplied by the owner.
- HEPA vacuum the floor in front of the ventilation unit and walkway to the exit. **(2x / year)**
- Conduct air sampling during the changing of the filters, inside and outside of the work area. **(2x / year)**
- If there is more than the stated amount of filters to be disposed of, or additional visits, a change order will be needed for the additional labor and disposal costs.
- If the ventilation rooms are already contaminated or need wet cleaning, a change order will be needed for the additional labor and waste disposal.
- Dismantle air diffusers for return air in the Ready Area **(1 time / year)**.
- HEPA vacuum and wet wipe the front and back of the air diffuser plates **(1 time / year)**.
- HEPA vacuum and wet wipe the diffuser sidewalls and metal louvers separating the diffusers from the duct work - no cleaning inside of the duct work **(1 time / year)**.

- Package and dispose of cleaning supplies, personal protective equipment, and ventilation filters as lead-contaminated hazardous waste. **(2x / year)**
- Monitor the negative pressure in the shooting range and inform the owner of any deficiencies.
- Notify owner of any wear/damage when performing lead cleaning/removal.
- Contractor is licensed by manufacturer to service all Meggitt Training Systems bullet traps.
- If the bullet trap has defects and the sidewalls need to be anchored or welding of leading edges and/or kick plates; BTS, Inc. will submit a change order for the additional work. The labor and supply cost will be \$145.00 per hour. Bullet trap parts will be supplied by Meggitt Training Systems under a separate contract.
- Conduct work in accordance with the attached specifications.

The shooting range will be closed 1 - 2 days for work to be completed.

## **Area 2**

This scope of work is for the individual cleaning of the Chicago Police Department Area 2 bullet trap and parts of the shooting range. This proposal is for one visit per month with 12 visits within the contractual year per shooting range. The scope of work is as follows:

- Set up a decontamination unit and regulate the work area.
- Inspect and empty collection trays.
- Recycle spent lead projectiles.
- Supply containers and package the spent lead projectiles for recycling.
- HEPA vacuum the front of the bullet trap impact plates.
- HEPA vacuum and clean under the bullet trap.
- Wet wipe shooters booth and all horizontal and vertical surfaces from the firing line to the back wall and from the bottom of the safety ceiling to the floor.
- Visually inspect bullet trap components for wear/damage, compare with manufacturer's specifications, and inform the owner of any visual defects.
- Replace and/or tighten any loose or missing nuts and bolts on the accessible exterior parts of the bullet trap.
- HEPA vacuum the shooting range floor.
- HEPA vacuum the first 200 sq. ft. of floor outside the entrance to the shooting range.
- HEPA vacuum the accessible intake vents over the bullet trap. **(4 times / year)**.
- HEPA vacuum the accessible back side surfaces of the over-trap. **(4 times / year)**.
- HEPA vacuum and wet wipe ceiling baffles/deflector shields **(4 times / year)**.
- HEPA vacuum and wet wipe target tracks, carriers, and cross braces. **(4 times / year)**.
- HEPA vacuum the shooting range walls from the floor up to 10 feet. **(4 times / year)**
- Disassemble deceleration chambers as needed to complete our work. **(1 time / year)**.
- Remove the lead build up from the deceleration chambers. **(1 time / year)**.
- Supply containers and package the lead build up from deceleration chambers for recycling. **(1 time / year)**.
- Recycle the spent lead projectiles and lead build up from the deceleration chambers. **(1 time / year)**.
- Spray the deceleration chambers with graphite lubricant. **(1 time / year)**.
- Reassemble deceleration chambers. **(1 time / year)**.
- Set up a wash station and regulate the ventilation room/area with lead danger signs and lead caution tape. **(2x / year)**
- Place 6 mil plastic on the floor in front of the ventilation unit doors. **(2x / year)**
- Create negative pressure in the ventilation room to contain lead dust. **(2x / year)**
- Remove, package, and dispose of 3 used Rollomatic and 33 used HEPA filters from the unit as lead contaminated hazardous waste. **(2x / year)**
- HEPA vacuum the filter tracks and unit floor under the filters being changed out. **(2x / year)**
- Install 3 new Rollomatic and 33 new HEPA filters into the unit. **(2x / year)**
- New filters to be supplied by the owner.
- HEPA vacuum the floor in front of the ventilation unit and walkway to the exit. **(2x / year)**
- Conduct air sampling during the changing of the filters, inside and outside of the work area. **(2x / year)**
- If there is more than the stated amount of filters to be disposed of, or additional visits, a change order will be needed for the additional labor and disposal costs.

- If the ventilation rooms are already contaminated or need wet cleaning, a change order will be needed for the additional labor and waste disposal.
- Dismantle air diffusers for return air in the Ready Area **(1 time / year)**.
- HEPA vacuum and wet wipe the front and back of the air diffuser plates **(1 time / year)**.
- HEPA vacuum and wet wipe the diffuser sidewalls and metal louvers separating the diffusers from the duct work - no cleaning inside of the duct work **(1 time / year)**.
- Package and dispose of cleaning supplies, personal protective equipment, and ventilation filters as lead-contaminated hazardous waste. **(2x / year)**
- Monitor the negative pressure in the shooting range and inform the owner of any deficiencies.
- Notify owner of any wear/damage when performing lead cleaning/removal.
- Contractor is licensed by manufacturer to service all Meggitt Training Systems bullet traps.
- If the bullet trap has defects and the sidewalls need to be anchored or welding of leading edges and/or kick plates; BTS, Inc. will submit a change order for the additional work. The labor and supply cost will be \$145.00 per hour. Bullet trap parts will be supplied by Meggitt Training Systems under a separate contract.
- Conduct work in accordance with the attached specifications.

The shooting range will be closed 1 - 2 days for work to be completed.

### **Area 3**

This scope of work is for the individual cleaning of the Chicago Police Department Area 3 bullet trap and parts of the shooting range. This proposal is for one visit per month with 12 visits within the contractual year per shooting range. The scope of work is as follows:

- Set up a decontamination unit and regulate the work area.
- Inspect and empty collection trays.
- Recycle spent lead projectiles.
- Supply containers and package the spent lead projectiles for recycling.
- HEPA vacuum the front of the bullet trap impact plates.
- HEPA vacuum and clean under the bullet trap.
- Wet wipe shooters booth and all horizontal and vertical surfaces from the firing line to the back wall and from the bottom of the safety ceiling to the floor.
- HEPA vacuum the shooting range floor.
- HEPA vacuum the first 200 sq. ft. of floor outside the entrance to the shooting range.
- Visually inspect bullet trap components for wear/damage, compare with manufacturer's specifications, and inform the owner of any visual defects.
- Replace and/or tighten any loose or missing nuts and bolts on the accessible exterior parts of the bullet trap.
- HEPA vacuum the accessible intake vents over the bullet trap. **(4 times / year)**.
- HEPA vacuum the accessible back side surfaces of the over-trap. **(4 times / year)**.
- HEPA vacuum and wet wipe ceiling baffles/deflector shields **(4 times / year)**.
- HEPA vacuum and wet wipe target tracks, carriers, and cross braces. **(4 times / year)**.
- HEPA vacuum the shooting range walls from the floor up to 10 feet. **(4 times / year)**
- Disassemble deceleration chambers as needed to complete our work. **(1 time / year)**.
- Remove the lead build up from the deceleration chambers. **(1 time / year)**.
- Supply containers and package the lead build up from deceleration chambers for recycling. **(1 time / year)**.
- Recycle the spent lead projectiles and lead build up from the deceleration chambers. **(1 time / year)**.
- Spray the deceleration chambers with graphite lubricant. **(1 time / year)**.
- Reassemble deceleration chambers. **(1 time / year)**.
- Set up a wash station and regulate the ventilation room/area with lead danger signs and lead caution tape. **(2x / year)**
- Place 6 mil plastic on the floor in front of the ventilation unit doors. **(2x / year)**
- Create negative pressure in the ventilation room to contain lead dust. **(2x / year)**
- Remove, package, and dispose of 3 used Rollomatic and 10 used HEPA filters from the unit as lead contaminated hazardous waste. **(2x / year)**
- HEPA vacuum the filter tracks and unit floor under the filters being changed out. **(2x / year)**
- Install 3 new Rollomatic and 10 new HEPA filters into the unit. **(2x / year)**
- New filters to be supplied by the owner.

- HEPA vacuum the floor in front of the ventilation unit and walkway to the exit. **(2x / year)**
- Conduct air sampling during the changing of the filters, inside and outside of the work area. **(2x / year)**
- If there is more than the stated amount of filters to be disposed of, or additional visits, a change order will be needed for the additional labor and disposal costs.
- If the ventilation rooms are already contaminated or need wet cleaning, a change order will be needed for the additional labor and waste disposal.
- Dismantle air diffusers for return air in the Ready Area **(1 time / year)**.
- HEPA vacuum and wet wipe the front and back of the air diffuser plates **(1 time / year)**.
- HEPA vacuum and wet wipe the diffuser sidewalls and metal louvers separating the diffusers from the duct work - no cleaning inside of the duct work **(1 time / year)**.
- Package and dispose of cleaning supplies, personal protective equipment, and ventilation filters as lead-contaminated hazardous waste. **(2x / year)**
- Monitor the negative pressure in the shooting range and inform the owner of any deficiencies.
- Notify owner of any wear/damage when performing lead cleaning/removal.
- Contractor is licensed by manufacturer to service all Meggitt Training Systems bullet traps.
- If the bullet trap has defects and the sidewalls need to be anchored or welding of leading edges and/or kick plates; BTS, Inc. will submit a change order for the additional work. The labor and supply cost will be \$145.00 per hour. Bullet trap parts will be supplied by Meggitt Training Systems under a separate contract.
- Conduct work in accordance with the attached specifications.

The shooting range will be closed 1 - 2 days for work to be completed.

#### Area 4

This scope of work is for the individual cleaning of the Chicago Police Department Area 4 bullet trap and parts of the shooting range. This proposal is for one visit per month with 12 visits within the contractual year per shooting range. The scope of work is as follows:

- Set up a decontamination unit and regulate the work area.
- Inspect and empty collection trays.
- Recycle spent lead projectiles.
- Supply containers and package the spent lead projectiles for recycling.
- HEPA vacuum the front of the bullet trap impact plates.
- HEPA vacuum and clean under the bullet trap.
- Wet wipe shooters booth and all horizontal and vertical surfaces from the firing line to the back wall and from the bottom of the safety ceiling to the floor.
- HEPA vacuum the first 200 sq. ft. of floor outside the entrance to the shooting range.
- HEPA vacuum the shooting range floor.
- Visually inspect bullet trap components for wear/damage, compare with manufacturer's specifications, and inform the owner of any visual defects.
- Replace and/or tighten any loose or missing nuts and bolts on the accessible exterior parts of the bullet trap.
- HEPA vacuum the accessible intake vents over the bullet trap. **(4 times / year)**.
- HEPA vacuum the accessible back side surfaces of the over-trap. **(4 times / year)**.
- HEPA vacuum and wet wipe ceiling baffles/deflector shields **(4 times / year)**.
- HEPA vacuum and wet wipe target tracks, carriers, and cross braces. **(4 times / year)**.
- HEPA vacuum the shooting range walls from the floor up to 10 feet. **(4 times / year)**.
- Disassemble deceleration chambers as needed to complete our work. **(1 time / year)**.
- Remove the lead build up from the deceleration chambers. **(1 time / year)**.
- Supply containers and package the lead build up from deceleration chambers for recycling. **(1 time / year)**.
- Recycle the spent lead projectiles and lead build up from the deceleration chambers. **(1 time / year)**.
- Spray the deceleration chambers with graphite lubricant. **(1 time / year)**.
- Reassemble deceleration chambers. **(1 time / year)**.
- Set up a wash station and regulate the ventilation room/area with lead danger signs and lead caution tape. **(2x / year)**
- Place 6 mil plastic on the floor in front of the ventilation unit doors. **(2x / year)**



- Create negative pressure in the ventilation room to contain lead dust. **(2x / year)**
- Remove, package, and dispose of 12 used pleated and 12 used HEPA filters from the unit as lead contaminated hazardous waste. **(2x / year)**
- HEPA vacuum the filter tracks and unit floor under the filters being changed out. **(2x / year)**
- Install 12 new pleated and 12 new HEPA filters into the unit. **(2x / year)**
- New filters to be supplied by the owner.
- HEPA vacuum the floor in front of the ventilation unit and walkway to the exit. **(2x / year)**
- Conduct air sampling during the changing of the filters, inside and outside of the work area. **(2x / year)**
- If there is more than the stated amount of filters to be disposed of, or additional visits, a change order will be needed for the additional labor and disposal costs.
- If the ventilation rooms are already contaminated or need wet cleaning, a change order will be needed for the additional labor and waste disposal.
- Dismantle air diffusers for return air in the Ready Area **(1 time / year)**.
- HEPA vacuum and wet wipe the front and back of the air diffuser plates **(1 time / year)**.
- HEPA vacuum and wet wipe the diffuser sidewalls and metal louvers separating the diffusers from the duct work - no cleaning inside of the duct work **(1 time / year)**.
- Package and dispose of cleaning supplies, personal protective equipment, and ventilation filters as lead-contaminated hazardous waste. **(2x / year)**
- Monitor the negative pressure in the shooting range and inform the owner of any deficiencies.
- Notify owner of any wear/damage when performing lead cleaning/removal.
- Contractor is licensed by manufacturer to service all Meggitt Training Systems bullet traps.
- If the bullet trap has defects and the sidewalls need to be anchored or welding of leading edges and/or kick plates; BTS, Inc. will submit a change order for the additional work. The labor and supply cost will be \$145.00 per hour. Bullet trap parts will be supplied by Meggitt Training Systems under a separate contract.
- Conduct work in accordance with the attached specifications.

The shooting range will be closed 1 - 2 days for work to be completed.

### Area 5

This scope of work is for the cleaning of the Department's Area 5, 5 point, LE7500 Gran trap and parts of the shooting range. This proposal is for one visit per month with 12 visits within the contractual year. The scope of work is as follows:

- Set up a decontamination unit and regulate the work area.
- Visually inspect bullet trap components for wear/damage, compare with manufacturer's specifications, and inform the owner of any visual defects.
- Replace and/or tighten any loose or missing nuts and bolts on the accessible exterior parts of the bullet trap.
- Fill the supply and safety bins with granular rubber from the bullet trap. **If the bullet trap is still deficient of rubber, the BTS supervisor will inform the owner on how many bags of rubber will be needed for the next visit.**
- HEPA vacuum and clean under the bullet trap.
- Wet wipe shooters booth and all horizontal and vertical surfaces from the firing line to the back wall and from the bottom of the safety ceiling to the floor.
- HEPA vacuum the shooting range floor.
- HEPA vacuum the first 200 sq. ft. of floor outside the entrance to the shooting range.
- Install new gum rubber curtains **(1 time / year)**.
- Patch holes in gum rubber curtains **(3 times / year)**.
- Owner is to supply 1 roll of gum rubber for patching the rubber curtains. **(1 time / year)**.
- HEPA vacuum the accessible intake vents over the bullet trap. **(4 times / year)**
- HEPA vacuum and wet wipe ceiling baffles/deflector shields **(4 times / year)**.
- HEPA vacuum and wet wipe target tracks, carriers and cross braces. **(4 times / year)**.
- HEPA vacuum the shooting range walls from the floor up to 10 feet. **(4 times / year)**
- Supply containers and package the spent lead projectiles for recycling. **(1 time / year)**.
- Remove spent lead projectiles from 135 cubic feet or 5 cubic yards of granulated rubber per lane. This will constitute that all of the granular rubber has been recycled and separated from most of the spent lead projectiles, and the granular rubber will be recycled back into the bullet trap and put into the recycle bin. The recycling will be completed by use of special vacuums that will separate most of

the spent lead projectiles from the rubber material. The recycle will be completed from behind the bullet trap and from in front of the bullet trap. After the recycle is complete the gum rubber will be put back into position. **(1 time / year)**.

- The owner is to supply 3 rolls of gum rubber to install on the bullet trap prior to the start of the recycling work.
- The spent lead projectiles will be containerized and brought to a metal recycler. **(1 time/ year)**.
- Set up a wash station and regulate the ventilation room/area with lead danger signs and lead caution tape. **(2x / year)**
- Place 6 mil plastic on the floor in front of the ventilation unit doors. **(2x / year)**
- Create negative pressure in the ventilation room to contain lead dust. **(2x / year)**
- Remove, package, and dispose of 1 used Rollomatic, 4 used pleated, and 16 used HEPA filters from the unit as lead contaminated hazardous waste. **(2x / year)**
- HEPA vacuum the tracks and unit floor under the filters being changed out. **(2x / year)**
- Install 1 new Rollomatic, 4 new pleated, and 10 new HEPA filters into the unit. **(2x / year)**
- New filters to be supplied by the owner.
- HEPA vacuum the floor in front of the ventilation unit and walkway to the exit. **(2x / year)**
- Conduct air sampling during the changing of the filters, inside and outside of the work area. **(2x / year)**
- If there is more than the stated amount of filters to be disposed of, or additional visits, a change order will be needed for the additional labor and disposal costs.
- If the ventilation rooms are already contaminated or need wet cleaning, a change order will be needed for the additional labor.
- Dismantle air diffusers for return air in the Ready Area **(1 time / year)**.
- HEPA vacuum and wet wipe the front and back of the air diffuser plates **(1 time / year)**.
- HEPA vacuum and wet wipe the diffuser sidewalls and metal louvers separating the diffusers from the duct work - no cleaning inside of the duct work **(1 time / year)**.
- Package and dispose of cleaning supplies, personal protective equipment, and ventilation filters as lead-contaminated hazardous waste. **(2x / year)**
- Monitor the negative pressure in the shooting range and inform the owner of any deficiencies.
- Notify owner of any wear/damage when performing lead cleaning/removal.
- Contractor is licensed by manufacturer to service all Meggitt Training Systems bullet traps.
- If the bullet trap is deficient of grantex or needs repair to bring it into compliance with the manufacturer's specifications, BTS, Inc. will submit a change order for the additional work. The labor and supply cost will be \$145.00 per hour. Bullet trap parts will be supplied by Meggitt Training Systems under a separate contract.
- Conduct work in accordance with the attached specifications.

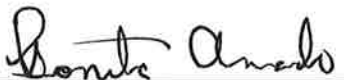
The shooting range will be closed 1-3 days for work to be completed.

### **Training Academy**

This scope of work is for cleaning the Training Academy's shooting ranges, two-10 point, Venetian Blind bullet traps and parts of each shooting range. This proposal is for 1 visit per month with 12 visits within the contractual year. The scope of work is as follows:

- Set up a decontamination unit and regulate the work area.
- Inspect and empty collection trays.
- Supply containers and package the spent lead projectiles for recycling.
- Recycle spent lead projectiles.
- HEPA vacuum the front of the bullet trap impact plates.
- HEPA vacuum and clean under the bullet trap.
- HEPA vacuum the shooting range floor.
- Wet wipe shooters booth and all horizontal and vertical surfaces from the firing line to the back wall and from the bottom of the safety ceiling to the floor.
- HEPA vacuum the first 200 sq. ft. of floor outside the entrance to the shooting range.
- Visually inspect bullet trap components for wear/damage, compare with manufacturer's specifications, and inform the owner of any visual defects.
- Replace and/or tighten any loose or missing nuts and bolts on the accessible exterior parts of the bullet trap.
- HEPA vacuum the accessible intake vents over the bullet trap. **(4 times / year)**.
- HEPA vacuum the accessible back side surfaces of the over trap. **(4 times / year)**.

- HEPA vacuum and wet wipe ceiling baffles/deflector shields **(4 times / year)**.
- HEPA vacuum and wet wipe the target tracks, carriers, and cross braces. **(4 times / year)**.
- HEPA vacuum the shooting range walls from the floor up to 10 feet. **(4 times / year)**.
- Disassemble deceleration chambers as needed to complete our work. **(2 times / year)**.
- Remove the lead build up from the deceleration chambers. **(2 times / year)**.
- Supply containers and package the lead build up from deceleration chambers for recycling. **(2 times / year)**.
- Recycle the spent lead projectiles and lead build up from the deceleration chambers. **(2 times / year)**.
- Spray the deceleration chambers with graphite lubricant. **(2 times / year)**.
- Reassemble deceleration chambers. **(2 times / year)**.
- Set up a wash station and regulate the ventilation rooms/areas with lead danger signs and lead caution tape.
- Place 6 mil plastic on the floor in front of the ventilation unit doors.
- Create negative pressure in the ventilation rooms to contain lead dust.
- Remove and package 38 pre-filters monthly as lead contaminated hazardous waste. **(12 times / year)**
- Install 38 new pre-filters monthly. **(12 times / year)**
- Remove, package, and dispose of 38 HEPA filters every 2 months as lead contaminated hazardous waste. **(6 times / year)**
- Install 38 new HEPA filters every 2 months. **(6 times / year)**
- Dispose of 76 pleated and 38 HEPA filters as lead contaminated hazardous waste. **(6x / year)**
- HEPA vacuum the tracks and unit floor under the filters being changed out. **(12 times / year)**
- New filters to be supplied by the owner.
- HEPA vacuum the floor in front of the ventilation unit and walkway to the exit. **(12 times / year)**
- Conduct air sampling during the changing of the filters, inside and outside of the work area. **(12 times / year)**
- If there is more than the stated amount of filters to be disposed of, or additional visits, a change order will be needed for the additional labor and disposal costs.
- If the ventilation rooms are already contaminated or need wet cleaning, a change order will be needed for the additional labor and waste disposal.
- Dismantle air diffusers for return air in the Ready Area **(1 time / year)**.
- HEPA vacuum and wet wipe the front and back of the air diffuser plates **(1 time / year)**.
- HEPA vacuum and wet wipe the diffuser sidewalls and metal louvers separating the diffusers from the duct work - no cleaning inside of the duct work **(1 time / year)**.
- Notify owner of any wear/damage when performing lead cleaning/removal.
- Package and dispose of cleaning supplies, personal protective equipment, and ventilation filters as lead-contaminated hazardous waste. **(6x / year)**
- Monitor the negative pressure in the shooting range and inform the owner of any deficiencies.
- Contractor is licensed by manufacturer to service all Meggitt Training Systems bullet traps.
- If the bullet trap has defects and the sidewalls need to be anchored or welding of leading edges and/or kick plates; BTS, Inc. will submit a change order for the additional work. The labor and supply cost will be \$145.00 per hour. Bullet trap parts will be supplied by Meggitt Training Systems under a separate contract.
- Conduct work in accordance with the attached specifications.



Bonita Amado



**Rahm Emanuel**  
Mayor

**Department of Police • City of Chicago**  
3510 S. Michigan Avenue • Chicago, Illinois 60653

**Garry F. McCarthy**  
Superintendent of Police

---

Jamie Rhee  
Chief Procurement Officer  
Department of Procurement Services  
121 North LaSalle Street – Room 403  
Chicago, Illinois 60602

2 June 15

**Re: New Sole Source Contract Request for Best Technology Systems**  
**Specification #: 61280A**  
**Requisition: 99954**

CPO Rhee,

The City of Chicago Police Department is requesting a new sole source 5 year contract with 3 (1) one year contract extensions for Sole Source Best Technology Systems Inc in the amount of \$2,400,000.00. Best Technology Systems is the only lead abatement contractor that is licensed and certified to service and maintain their bullet traps. Chicago Police Department will need their services for lead removal, range cleaning, bullet trap inspections, bullet trap repair, and return to service work on all Meggitt Training Systems bullet traps in lead contaminated work areas. Based on a request from Department of Fleet and Facilities Management the scope of services now includes the changing of filters at the ranges. Best Technology Systems will change, breakdown, and dispose of the range filters. This will shorten downtime of ranges and will result in limited handling of hazardous waste to one vendor.

Thank you for your attention in this matter

A handwritten signature in black ink, appearing to read "Jonathan L. Johnson".

Jonathan L. Johnson  
Commander  
Bureau of Support Services  
Chicago Police Department



BEST TECHNOLOGY SYSTEMS

Quality Specialists in Bullet Trap  
and Shooting Range Maintenance

June 2, 2015

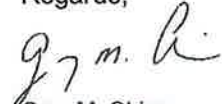
Ms. Bonnie Amado  
Chicago Police Headquarters  
Finance Department Unit 122  
3510 S. Michigan Avenue  
Chicago, IL 60653

RE: Shooting Range Maintenance  
Chicago Police Departments

Dear Ms. Amado:

This letter is in reference to cleaning the shooting ranges, inspecting, and maintaining the bullet traps for the Chicago Police Department ranges. Best Technology Systems, Inc. is a Factory Authorized Service Representative and is the only lead abatement contractor in the State of Illinois that is licensed and certified by Meggitt Training Systems to service and maintain their bullet traps. Our services include lead removal, range cleaning, bullet trap inspections, bullet trap repair, and return to service work on all Meggitt Training Systems in lead contaminated work areas. BTS has specialized equipment to service all bullet traps, such as specialized recycle vacuums to remove the spent lead projectiles from the granular rubber bullet trap at Area 5. BTS takes pride in service and quality workmanship and we hope to work with you in the near future.

Regards,

  
Gary M. Chinn  
President

12024 S. Aero Drive  
Plainfield, IL 60585-8796  
P 815-254-9554 F 815-254-9558

[www.btsranges.com](http://www.btsranges.com)  
E-Mail: [mail@btsranges.com](mailto:mail@btsranges.com)

MBE Contractor  
Asian Minority Owned Business



BEST TECHNOLOGY SYSTEMS

Quality Specialists in Bullet Trap and Shooting Range Maintenance

12024 S. Aero Drive
Plainfield, IL 60585-8796
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MBE Contractor
Asian Minority Owned Business

COST PROPOSAL

The total cost breakdown for this project is as follows:

Table with 2 columns: Description of cost item and Amount. Items include costs for Area 1-5 and Training Academy, totaling \$277,270.00.

Change order costs not associated with this contract will be billed at \$145.00 per hour for labor and supplies. All bullet trap parts will be supplied by Meggitt Training Systems under a separate contract.

With these proposals, you will receive the following:

- 1. Lead licensed supervisor and workers.
2. Both EPA and OSHA guidelines will be implemented.
3. Site specific OSHA compliance plan for range maintenance and waste management.
4. OSHA air monitoring will be analyzed by a third party laboratory.
5. BTS carries commercial general liability insurance of two million dollar limit per occurrence/two million dollar aggregate limit and a two million dollar umbrella policy.
6. BTS and our subcontractors carry a one million dollar workman's compensation insurance policy.
7. A final documentation package will be sent once BTS receives air sampling and final payment.
8. Contractor has over sixteen years servicing bullet traps and shooting ranges.
9. Contractor licensed by manufacturer to work on all Meggitt Training Systems, Inc. bullet traps.

This quotation is valid for 5 years from date of proposal with 3 option year extensions. Any modifications to this contract must be completed in writing and signed by both parties. Failure to properly modify will be considered a breach of contract.

Regards,

Handwritten signature of Gary M. Chinn
Gary M. Chinn
President



**Rahm Emanuel**  
Mayor

**Department of Police • City of Chicago**  
3510 S. Michigan Avenue • Chicago, Illinois 60653

**Garry F. McCarthy**  
Superintendent of Police

---

Jamie Rhee  
Chief Procurement Officer  
Department of Procurement Services  
121 North LaSalle Street - Room 803  
Chicago, Illinois 60616

2 June 2015

Re: MBE and WBE Compliance  
Spec: 61280A  
Rx: 99954

CPO Rhee,

The Chicago Police Department is requesting full compliance of the MBE (95.5%) and WBE (4.5%) requirements for Best Technology Systems for lead removal, range cleaning, bullet trap inspections, and bullet trap repair, on all Meggitt Training Systems bullet traps in lead contaminated work areas. Please find the supporting documentation attached for scheduled C-1's and D-1.

Thank you for your attention to this matter.

A handwritten signature in black ink, appearing to read "Jonathan L. Johnson".

Jonathan L. Johnson  
Commander  
Bureau of Support Services  
Chicago Police Department



DEPARTMENT OF PROCUREMENT SERVICES  
CITY OF CHICAGO

JAN 07 2014

Ms. Jacquelyn Dyess  
Inter-City Supply Co., Inc.  
8830 S. Dobson Ave.  
Chicago, IL 60619

Dear Ms. Dyess:

We are pleased to inform you that **Inter-City Supply Co., Inc.**, has been recertified as a **Minority Business Enterprise ("MBE")** and **Women Business Enterprise ("WBE")** by the City of Chicago ("City"). This **MBE/WBE** certification is valid until **1/15/2019**; however your firm's certification must be revalidated annually. In the past the City has provided you with an annual letter confirming your certification; such letters will no longer be issued. As a consequence, we require you to be even more diligent in filing your **annual No-Change Affidavit 60 days** before your annual anniversary date.

It is now your responsibility to check the City's certification directory and verify your certification status. As a condition of continued certification during the five year period stated above, you must file an annual No-Change Affidavit. Your firm's **annual No-Change Affidavit** is due by **1/15/2015, 1/15/2016, 1/15/2017, and 1/15/2018**. Please remember, you have an affirmative duty to file your **No-Change Affidavit 60 days** prior to the date of expiration. Failure to file your annual No-Change Affidavit may result in the suspension or rescission of your certification.

Your firm's five year certification will expire on **1/15/2019**. You have an affirmative duty to file for recertification **60 days** prior to the date of the five year anniversary date. Therefore, you must file for recertification by **11/15/2018**.

It is important to note that you also have an ongoing affirmative duty to notify the City of any changes in ownership or control of your firm, or any other fact affecting your firm's eligibility for certification **within 10 days** of such change. These changes may include but are not limited to a change of address, change of business structure, change in ownership or ownership structure, change of business operations, gross receipts and or personal net worth that exceed the program threshold. Failure to provide the City with timely notice of such changes may result in the suspension or rescission of your certification. In addition, you may be liable for civil penalties under Chapter 1-22, "False Claims", of the Municipal Code of Chicago.

Please note – you shall be deemed to have had your certification lapse and will be ineligible to participate as a **MBE/WBE** if you fail to:

- File your annual No-Change Affidavit within the required time period;
- Provide financial or other records requested pursuant to an audit within the required time period;
- Notify the City of any changes affecting your firm's certification **within 10 days** of such change; or
- File your recertification within the required time period.

121 NORTH LASALLE STREET, ROOM 806, CHICAGO ILLINOIS 60602



Please be reminded of your contractual obligation to cooperate with the City with respect to any reviews, audits or investigation of its contracts and affirmative action programs. We strongly encourage you to assist us in maintaining the integrity of our programs by reporting instances or suspicions of fraud or abuse to the **City's Inspector General at [chicagoinspectorgeneral.org](http://chicagoinspectorgeneral.org), or 866-IG-TIPLINE (866-448-4754).**

Be advised that if you or your firm is found to be involved in certification, bidding and/or contractual fraud or abuse, the City will pursue decertification and debarment. In addition to any other penalty imposed by law, any person who knowingly obtains, or knowingly assists another in obtaining a contract with the City by falsely representing the individual or entity, or the individual or entity assisted is guilty of a misdemeanor, punishable by incarceration in the county jail for a period not to exceed six months, or a fine of not less than \$5,000 and not more than \$10,000 or both.

Your firm's name will be listed in the City's Directory of Minority and Women-Owned Business Enterprises in the specialty area(s) of:

**NAICS Code(s):**

**423450 – Medical, Dental, and Hospital Equipment and Supplies Merchant Wholesalers**

**423840 – Industrial Supplies Merchant Wholesalers**

**423850 – Service Establishment Equipment and Supplies Merchant Wholesalers**

**424120 – Stationary and Office Supplies Merchant Wholesalers**

**424130 – Industrial and Personal Service Paper Merchant Wholesalers**

**424690 – Other Chemical and Allied Products Merchant Wholesalers**

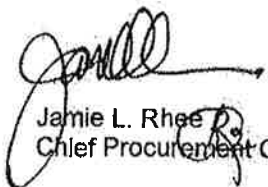
**424990 – Other Miscellaneous Nondurable Goods Merchant Wholesalers**

**First-aid kits; Industrial safety devices (e.g., eye shields, face shields); Industrial supplies; Wiping cloths; Janitorial equipment and supplies; Floor maintenance equipment; Paper, office (e.g., carbon, computer, copier, typewriter); Bags, paper and disposable plastics; Cartons, paper and paperboard; Cups, paper and disposable plastics; Personal sanitary paper products; Shipping supplies; Tableware, disposable; Tissue paper, toilet and facial; Gummed tapes (except cellophane); Deodorants (except personal); Detergents; Janitorial chemicals; Polishes (e.g., automobile, furniture, metal, shoe, stove); Water softening compounds; Pet supplies (except pet food)**

Your firm's participation on City contracts will be credited only toward **Minority Business Enterprise and Women Business Enterprise** goals in your area(s) specialty. While your participation on City contracts is not limited to your area of specialty, credit toward goals will be given only for work that is self-performed and providing a commercially useful function that is done in the approved specialty category.

Thank you for your interest in the City's Minority and Women-Owned Business Enterprise (MBE/WBE) Program.

Sincerely,



Jamie L. Rhee  
Chief Procurement Officer

JLR/cm

**SCHEDULE C-1**

Letter of Intent from MBE/WBE to Perform  
as Subcontractor, Supplier and/or Consultant

Name of Project/Contract: Cleaning bullet traps & shooting ranges  
Specification Number: 61280

From: Inter City Supply Company MBE: Yes \_\_\_; No \_\_\_  
(Name of MBE/WBE Firm) WBE: Yes X; No \_\_\_

To: Best Technology Systems, Inc. and the City of Chicago:  
(Name of Prime Contractor - Bidder/Proposer)

The undersigned intends to perform work in connection with the above projects as a:

X Sole Proprietor  Partnership  
X Corporation  Joint Venture

The MBE/WBE status of the undersigned is confirmed by the attached letter of Certification from the City of Chicago effective date of 1/7/2014 to 1/15/2019 for a period of one year.

The undersigned is prepared to provide the following described services or supply the following described goods in connection with the above named project/contract:

Industrial, Janitorial, Safety, Office Supplies and Equipment

The above described performance is offered for the following price and described terms of payment:  
4.5% of contract value, NET 30 DAYS PAYMENT TERMS

If more space is needed to fully describe the MBE/WBE firm's proposed scope of work and/or payment schedule, attach additional sheets.

The undersigned will enter into a formal written agreement for the above work with you as a Prime Contractor, conditioned upon your execution of a contract with the City of Chicago, and will do so within three (3) working days of receipt of a signed contract from the City of Chicago.

Jackie Byess  
(Signature of Owner or Authorized Agent)  
JACKIE BYESS, PRESIDENT  
Name/Title (Print)

5/6/15  
Date

(773) 731-8007  
Phone



# CERTIFICATE OF LIABILITY INSURANCE

UPDATED INSUR

DATE (MM/DD/YYYY)  
08/08/2014

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 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	BONDING & INSURANCE SPECIALISTS AGENCY, INC. 9340 S. HARLEM AVENUE BRIDGEVIEW, IL 60455 IN CALIFORNIA, DBA BONDS AND INSURANCE SERVICES, LICENSE #0795466	CONTACT NAME	KAREN OCONNELL	
		PHONE (A/C, No, Ext)	708-598-5355	FAX (A/C, No)
		E-MAIL ADDRESS	KOCONNELL@BISA-INC.COM	
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: ARCH SPECIALTY INSURANCE COMPANY		21199
INSURED	BEST TECHNOLOGY SYSTEMS, INC. 12024 S. AERO DRIVE PLAINFIELD, IL 60585	INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES      CERTIFICATE NUMBER: 136482      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 SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CONTRACTORS POLLUTIONS LIABILITY <input checked="" type="checkbox"/> INCLUDES LEAD OPS GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X	X	12 EMP 71932 03	08/18/14	08/18/15	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000 *PER CLAIM \$ 2,000,000
	*AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED \$      RETENTION \$	X	X	12 EMX 71933 03	08/18/14	08/18/15	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS      OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	CONTRACTORS PROFESSIONAL LIABILITY CLAIMS MADE FORM			12 EMP 71932 03	08/18/14	08/18/15	\$2,000,000 - PER CLAIM

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

PROJECT: SHOOTING RANGE - RE: SPECIFICATION #61200

THE CITY OF CHICAGO IS AN ADDITIONAL INSURED AS RESPECTS OPERATIONS AND ACTIVITIES OF, OR ON BEHALF OF THE NAMED INSURED, PERFORMED UNDER CONTRACT WITH OR PERMIT FROM THE CITY OF CHICAGO.

THE GENERAL AND EXCESS/UMBRELLA LIABILITY POLICIES DESCRIBED PROVIDE FOR SERVERABILITY OF INTEREST (CROSS LIABILITY) APPLICABLE TO THE NAMED INSURED AND THE CITY. THE GENERAL LIABILITY IS ON A PRIMARY AND NON-CONTRIBUTORY BASIS FOR ANY LIABILITY ARISING DIRECTLY OR INDIRECTLY FROM THE WORK. THE GENERAL LIABILITY AND UMBRELLA LIABILITY POLICIES INCLUDE WAIVER OF SUBROGATION IN FAVOR OF THE CITY OF CHICAGO, ITS EMPLOYEES, ELECTED OFFICIALS, AGENTS OR REPRESENTATIVES.

60 DAY NOTICE OF CANCELLATION OR NON-RENEWED.

### CERTIFICATE HOLDER

CHICAGO POLICE DEPT. - AREA 1  
5101 S. WENTWORTH  
CHICAGO, IL 60809

KAO

### 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

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# CERTIFICATE OF LIABILITY INSURANCE

UPDATED INSUR DATE (MM/DD/YYYY)  
08/08/2014

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PRODUCER	BONDING & INSURANCE SPECIALISTS AGENCY, INC. 9340 S. HARLEM AVENUE BRIDGEVIEW, IL 60455 IN CALIFORNIA, DBA BONDS AND INSURANCE SERVICES, LICENSE #0705489	CONTACT NAME	KAREN OCONNELL	
		PHONE (A/C No, Ext)	708-598-5355	FAX (A/C No)
		E-MAIL ADDRESS:	KOCONNELL@BISA-INC.COM	
INSURED	BEST TECHNOLOGY SYSTEMS, INC. 12024 S. AERO DRIVE PLAINFIELD, IL 60585	INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: ARCH SPECIALTY INSURANCE COMPANY		21199
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		

COVERAGES CERTIFICATE NUMBER: 136483 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 SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CONTRACTORS POLLUTIONS LIABILITY <input checked="" type="checkbox"/> INCLUDES LEAD OPS GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X	X	12 EMP 71932 03	08/18/14	08/18/15	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 *PER CLAIM \$ 2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$ <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	X	X	12 EMX 71933 03	08/18/14	08/18/15	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$ WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in RI) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						\$2,000,000 - PER CLAIM
A	<input checked="" type="checkbox"/> CONTRACTORS PROFESSIONAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE FORM			12 EMP 71932 03	08/18/14	08/18/15	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 PROJECT: SHOOTING RANGE - RE: SPECIFICATION #81280  
 THE CITY OF CHICAGO IS AN ADDITIONAL INSURED AS RESPECTS OPERATIONS AND ACTIVITIES OF, OR ON BEHALF OF THE NAMED INSURED, PERFORMED UNDER CONTRACT WITH OR PERMIT FROM THE CITY OF CHICAGO.  
 THE GENERAL AND EXCESS/UMBRELLA LIABILITY POLICIES DESCRIBED PROVIDE FOR SERVERABILITY OF INTEREST (CROSS LIABILITY) APPLICABLE TO THE NAMED INSURED AND THE CITY. THE GENERAL LIABILITY IS ON A PRIMARY AND NON-CONTRIBUTORY BASIS FOR ANY LIABILITY ARISING DIRECTLY OR INDIRECTLY FROM THE WORK. THE GENERAL LIABILITY AND UMBRELLA LIABILITY POLICIES INCLUDE WAIVER OF SUBROGATION IN FAVOR OF THE CITY OF CHICAGO, ITS EMPLOYEES, ELECTED OFFICIALS, AGENTS OR REPRESENTATIVES.  
 60 DAY NOTICE OF CANCELLATION OR NON-RENEWED.

<b>CERTIFICATE HOLDER</b>  CHICAGO POLICE DEPT. - AREA 2 727 E. 111TH STREET CHICAGO, IL 60628  KAO	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/24/2015

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 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  OPTIMA INSURANCE SERVICES, LLC MARK VAN DORN 1400 BATTLEGROUND AVE. SUITE214-A GREENSBORO, NC 27408	CONTACT NAME:	PHONE (A/C, No, Ext): 336-373-8444	FAX (A/C, No):
	E-MAIL ADDRESS:	INSURER(S) AFFORDING COVERAGE	
INSURED  CORPORATE STAFF LEASING INC PO BOX 31088 MYRTLE BEACH, SC 29588	INSURER A: RIVERPORT INSURANCE COMPANY		NAIC #
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/POP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC-12-87-028748-00	12/01/2014	12/01/2015	WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 COVERAGE PROVIDED BY CONTRACT L/C/F BEST TECHNOLOGY SYSTEMS, INC.

CERTIFICATE HOLDER  Chicago Police Dept. - Area 2 727 E 111th St. Chicago, IL 60628	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  
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# CERTIFICATE OF LIABILITY INSURANCE

UPDATED  
INSUR

DATE (MM/DD/YYYY)  
08/08/2014

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.

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PRODUCER	<b>BONDING &amp; INSURANCE SPECIALISTS AGENCY, INC.</b> 9340 S. HARLEM AVENUE BRIDGEVIEW, IL 60455 IN CALIFORNIA, DBA BONDS AND INSURANCE SERVICES, LICENSE #0795409	CONTACT NAME: <b>KAREN OCONNELL</b>	PHONE (A/C, No, Ext): <b>708-598-5355</b>	FAX (A/C, No): <b>708-598-6686</b>
		E-MAIL ADDRESS: <b>KOCONNELL@BISA-INC.COM</b>		
INSURED	<b>BEST TECHNOLOGY SYSTEMS, INC.</b> 12024 S. AERO DRIVE PLAINFIELD, IL 60585	INSURER A: <b>ARCH SPECIALTY INSURANCE COMPANY</b>	NAIC # <b>21199</b>	
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES      CERTIFICATE NUMBER: **136484**      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 SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>CONTRACTORS POLLUTIONS LIABILITY</b> <input checked="" type="checkbox"/> <b>INCLUDES LEAD OPS</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	X	X	12 EMP 71932 03	08/18/14	08/18/15	EACH OCCURRENCE \$ <b>2,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>2,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COM/PROP AGG \$ <b>2,000,000</b> *PER CLAIM \$ <b>2,000,000</b> COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$ <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	X	X	12 EMX 71933 03	08/18/14	08/18/15	EACH OCCURRENCE \$ <b>2,000,000</b> AGGREGATE \$ <b>2,000,000</b> WC STATUTORY LIMITS    OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>CONTRACTORS PROFESSIONAL LIABILITY CLAIMS MADE FORM</b>			12 EMP 71932 03	08/18/14	08/18/15	\$2,000,000 - PER CLAIM

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
PROJECT: SHOOTING RANGE - RE: SPECIFICATION #61280  
THE CITY OF CHICAGO IS AN ADDITIONAL INSURED AS RESPECTS OPERATIONS AND ACTIVITIES OF, OR ON BEHALF OF THE NAMED INSURED, PERFORMED UNDER CONTRACT WITH OR PERMIT FROM THE CITY OF CHICAGO.  
THE GENERAL AND EXCESS/UMBRELLA LIABILITY POLICIES DESCRIBED PROVIDE FOR SERVERABILITY OF INTEREST (CROSS LIABILITY) APPLICABLE TO THE NAMED INSURED AND THE CITY. THE GENERAL LIABILITY IS ON A PRIMARY AND NON-CONTRIBUTORY BASIS FOR ANY LIABILITY ARISING DIRECTLY OR INDIRECTLY FROM THE WORK. THE GENERAL LIABILITY AND UMBRELLA LIABILITY POLICIES INCLUDE WAIVER OF SUBROGATION IN FAVOR OF THE CITY OF CHICAGO, ITS EMPLOYEES, ELECTED OFFICIALS, AGENTS OR REPRESENTATIVES.  
60 DAY NOTICE OF CANCELLATION OR NON-RENEWED.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
<b>CHICAGO POLICE DEPT. - AREA 3</b> <b>2452 W. BELMONT</b> <b>CHICAGO, IL 60618</b>  <b>KAO</b>	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 



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/24/2015

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PRODUCER OPTIMA INSURANCE SERVICES, LLC MARK VAN DORN 1400 BATTLEGROUND AVE. SUITE214-A GREENSBORO, NC 27408	CONTACT NAME:		PHONE (A/C, No, Ext): 336-373-8444		FAX (A/C, No):
	E-MAIL ADDRESS:				
INSURED CORPORATE STAFF LEASING INC PO BOX 31088 MYRTLE BEACH, SC 29588	INSURER(S) AFFORDING COVERAGE				NAIC #
	INSURER A : RIVERPORT INSURANCE COMPANY				
	INSURER B :				
	INSURER C :				
	INSURER D :				
	INSURER E :				

**COVERAGES**      **CERTIFICATE NUMBER:**      **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE	\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED    RETENTIONS						EACH OCCURRENCE	\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WC-12-87-028748-00	12/01/2014	12/01/2015	WC STATUTORY LIMITS	OTH-ER
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 104, Additional Remarks Schedule, if more space is required)  
COVERAGE PROVIDED BY CONTRACT L/C/F BEST TECHNOLOGY SYSTEMS, INC.

<b>CERTIFICATE HOLDER</b> Chicago Police Dept. - Area 3 2452 W Belmont Chicago, IL 60618	<b>CANCELLATION</b> 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 <i>[Signature]</i>
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# CERTIFICATE OF LIABILITY INSURANCE

UPDATED INSUR.

DATE (MM/DD/YYYY)  
08/08/2014

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PRODUCER	BONDING & INSURANCE SPECIALISTS AGENCY, INC. 9340 S. HARLEM AVENUE BRIDGEVIEW, IL 60455 IN CALIFORNIA, DBA BONDS AND INSURANCE SERVICES, LICENSE #0795489	CONTACT NAME: KAREN OCONNELL PHONE (A/C, No, Ext): 708-598-5355 E-MAIL: KOCOONELL@BISA-INC.COM	FAX (A/C, No): 708-598-6686
	INSURED	INSURER(S) AFFORDING COVERAGE	
		INSURER A: ARCH SPECIALTY INSURANCE COMPANY	NAIC # 21199
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES      CERTIFICATE NUMBER: 136485      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 SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CONTRACTORS POLLUTIONS LIABILITY <input checked="" type="checkbox"/> INCLUDES LEAD OPS GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X	X	12 EMP 71932 03	08/18/14	08/18/15	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 *PER CLAIM \$ 2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	X	X	12 EMX 71933 03	08/18/14	08/18/15	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS \$ OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>CONTRACTORS PROFESSIONAL LIABILITY</b> CLAIMS MADE FORM			12 EMP 71932 03	08/18/14	08/18/15	\$2,000,000 - PER CLAIM

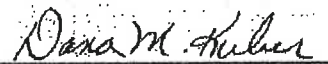
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

PROJECT: SHOOTING RANGE - RE: SPECIFICATION #61280

THE CITY OF CHICAGO IS AN ADDITIONAL INSURED AS RESPECTS OPERATIONS AND ACTIVITIES OF, OR ON BEHALF OF THE NAMED INSURED, PERFORMED UNDER CONTRACT WITH OR PERMIT FROM THE CITY OF CHICAGO.

THE GENERAL AND EXCESS/UMBRELLA LIABILITY POLICIES DESCRIBED PROVIDE FOR SERVERABILITY OF INTEREST (CROSS LIABILITY) APPLICABLE TO THE NAMED INSURED AND THE CITY. THE GENERAL LIABILITY IS ON A PRIMARY AND NON-CONTRIBUTORY BASIS FOR ANY LIABILITY ARISING DIRECTLY OR INDIRECTLY FROM THE WORK. THE GENERAL LIABILITY AND UMBRELLA LIABILITY POLICIES INCLUDE WAIVER OF SUBROGATION IN FAVOR OF THE CITY OF CHICAGO, ITS EMPLOYEES, ELECTED OFFICIALS, AGENTS OR REPRESENTATIVES.

60 DAY NOTICE OF CANCELLATION OR NON-RENEWED.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
CHICAGO POLICE DEPT. - AREA 4 3151 W. HARRISON STREET CHICAGO, IL 60612  KAO	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/24/2015

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<b>PRODUCER</b> OPTIMA INSURANCE SERVICES, LLC MARK VAN DORN 1400 BATTLEGROUND AVE. SUITE214-A GREENSBORO, NC 27408	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 336-373-8444 B-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: RIVERPORT INSURANCE COMPANY	FAX (A/C, No): NAIC #
	<b>INSURED</b> CORPORATE STAFF LEASING INC PO BOX 31088 MYRTLE BEACH, SC 29588	

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **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	ADOL	SUBR	INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC								EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PO/ AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS								COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$								EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N			N/A	WC-12-87-028748-00	12/01/2014	12/01/2015	WC STATUTORY LIMITS    OTH-ER E.L. EACH ACCIDENT    \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE    \$ 1,000,000 E.L. DISEASE - POLICY LIMIT    \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 COVERAGE PROVIDED BY CONTRACT L/C/F BEST TECHNOLOGY SYSTEMS, INC.

<b>CERTIFICATE HOLDER</b> Chicago Police Dept. - Area 4 3151 W. Harrison St. Chicago, IL 60612	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

UPDATED INSUR

DATE (MM/DD/YYYY)  
08/08/2014

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 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	BONDING & INSURANCE SPECIALISTS AGENCY, INC. 9340 S. HARLEM AVENUE BRIDGEVIEW, IL 60455 IN CALIFORNIA, DBA BONDS AND INSURANCE SERVICES, LICENSE #0795489	CONTACT NAME: KAREN OCONNELL PHONE (A/C, No, Ext): 708-598-6365 FAX (A/C, No): 708-598-6686 E-MAIL ADDRESS: KOCONNELL@BISA-INC.COM
	INSURED	BEST TECHNOLOGY SYSTEMS, INC. 12024 S. AERO DRIVE PLAINFIELD, IL 60585
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: ARCH SPECIALTY INSURANCE COMPANY		21199
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES CERTIFICATE NUMBER: 136486 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CONTRACTORS POLLUTIONS LIABILITY <input checked="" type="checkbox"/> INCLUDES LEAD OPS GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X	X	12 EMP 71932 03	08/18/14	08/18/15	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000 *PER CLAIM \$ 2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below	X	X	12 EMX 71933 03	08/18/14	08/18/15	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$ WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>CONTRACTORS PROFESSIONAL LIABILITY</b> CLAIMS MADE FORM			12 EMP 71932 03	08/18/14	08/18/15	\$2,000,000 - PER CLAIM

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 PROJECT: SHOOTING RANGE - RE: SPECIFICATION #91280  
 THE CITY OF CHICAGO IS AN ADDITIONAL INSURED AS RESPECTS OPERATIONS AND ACTIVITIES OF, OR ON BEHALF OF THE NAMED INSURED, PERFORMED UNDER CONTRACT WITH OR PERMIT FROM THE CITY OF CHICAGO.  
 THE GENERAL AND EXCESS/UMBRELLA LIABILITY POLICIES DESCRIBED PROVIDE FOR SERVERABILITY OF INTEREST (CROSS LIABILITY) APPLICABLE TO THE NAMED INSURED AND THE CITY. THE GENERAL LIABILITY IS ON A PRIMARY AND NON-CONTRIBUTORY BASIS FOR ANY LIABILITY ARISING DIRECTLY OR INDIRECTLY FROM THE WORK. THE GENERAL LIABILITY AND UMBRELLA LIABILITY POLICIES INCLUDE WAIVER OF SUBROGATION IN FAVOR OF THE CITY OF CHICAGO, ITS EMPLOYEES, ELECTED OFFICIALS, AGENTS OR REPRESENTATIVES.  
 60 DAY NOTICE OF CANCELLATION OR NON-RENEWED.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
CHICAGO POLICE DEPT. - AREA 5 5555 W. GRAND AVENUE CHICAGO, IL 60607  KAO	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 <i>Dana M. Huber</i>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/24/2015

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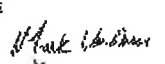
PRODUCER OPTIMA INSURANCE SERVICES, LLC MARK VAN DORN 1400 BATTLEGROUNDAVE. SUITE214-A GREENSBORO, NC 27408	CONTACT NAME:	PHONE (A/C, No., Ext): 336-373-8444		FAX (A/C, No.):
	E-MAIL ADDRESS:	INSURER(S) AFFORDING COVERAGE		
INSURED CORPORATE STAFF LEASING INC PO BOX 31088 MYRTLE BEACH, SC 29588	INSURER A: RIVERPORT INSURANCE COMPANY			NAIC #
	INSURER B:			
	INSURER C:			
	INSURER D:			
	INSURER E:			

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS  <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR  <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WC-12-87-028748-00	12/01/2014	12/01/2015	WC STATU-TORY LIMITS    OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 COVERAGE PROVIDED BY CONTRACT L/C/F BEST TECHNOLOGY SYSTEMS, INC.

<b>CERTIFICATE HOLDER</b>  Chicago Police Dept. - Area 5 5555 W. Grand Ave. Chicago, IL 60639	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  

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ACORD 25 (2010/05)

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# CERTIFICATE OF LIABILITY INSURANCE

UPDATED  
INSUR

DATE (MM/DD/YYYY)  
08/08/2014

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PRODUCER	BONDING & INSURANCE SPECIALISTS AGENCY, INC. 9340 S. HARLEM AVENUE BRIDGEVIEW, IL 60455 IN CALIFORNIA, DBA BONDS AND INSURANCE SERVICES, LICENSE #0705489	CONTACT NAME: KAREN OCONNELL PHONE (A/C No, Ext): 708-598-5355 E-MAIL ADDRESS: KCONNELL@BISA-INC.COM INSURER(S) AFFORDING COVERAGE	FAX (A/C No): 708-598-6686
	INSURED	INSURER A: ARCH SPECIALTY INSURANCE COMPANY INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 21199

COVERAGES CERTIFICATE NUMBER: 136487 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 SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CONTRACTORS POLLUTIONS LIABILITY <input checked="" type="checkbox"/> INCLUDES LEAD OPS GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X	X	12 EMP 71932 03	08/18/14	08/18/15	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000 *PER CLAIM \$ 2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	X	X	12 EMX 71933 03	08/18/14	08/18/15	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$ WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N If yes, describe under DESCRIPTION OF OPERATIONS below.		N/A	12 EMP 71932 03	08/18/14	08/18/15	\$2,000,000 - PER CLAIM

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

PROJECT: SHOOTING RANGE - RE: SPECIFICATION #61280

THE CITY OF CHICAGO IS AN ADDITIONAL INSURED AS RESPECTS OPERATIONS AND ACTIVITIES OF, OR ON BEHALF OF THE NAMED INSURED, PERFORMED UNDER CONTRACT WITH OR PERMIT FROM THE CITY OF CHICAGO.

THE GENERAL AND EXCESS/UMBRELLA LIABILITY POLICIES DESCRIBED PROVIDE FOR SERVERABILITY OF INTEREST (CROSS LIABILITY) APPLICABLE TO THE NAMED INSURED AND THE CITY. THE GENERAL LIABILITY IS ON A PRIMARY AND NON-CONTRIBUTORY BASIS FOR ANY LIABILITY ARISING DIRECTLY OR INDIRECTLY FROM THE WORK. THE GENERAL LIABILITY AND UMBRELLA LIABILITY POLICIES INCLUDE WAIVER OF SUBROGATION IN FAVOR OF THE CITY OF CHICAGO, ITS EMPLOYEES, ELECTED OFFICIALS, AGENTS OR REPRESENTATIVES.

60 DAY NOTICE OF CANCELLATION OR NON-RENEWED.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
CHICAGO POLICE DEPT. - TRAINING CENTER 1300 W. JACKSON BLVD. CHICAGO, IL 60607  KAO	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  <i>Dana M. Huber</i>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/24/2015

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<b>PRODUCER</b> OPTIMA INSURANCE SERVICES, LLC MARK VAN DORN 1400 BATTLEGROUND AVE. SUITE214-A GREENSBORO, NC 27408	<b>CONTACT NAME:</b> PHONE (A/C, No., Ext.): 336-373-8444		<b>PAX (A/C, No.):</b>
	<b>ADDRESS:</b>		
<b>INSURED</b> CORPORATE STAFF LEASING INC PO BOX 31088 MYRTLE BEACH, SC 29588	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A: RIVERPORT INSURANCE COMPANY</b>		
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WC-12-87-028748-00	12/01/2014	12/01/2015	<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 104, Additional Remarks Schedule, if more space is required)  
 COVERAGE PROVIDED BY CONTRACT L/C/F BEST TECHNOLOGY SYSTEMS, INC.

<b>CERTIFICATE HOLDER</b> Chicago Police Dept. - Training Academy 1300 W. Jackson Blvd. Chicago, IL 60607	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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ACORD 25 (2010/05)

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**From:** Worthington, Kimberly [mailto:Kimberly.Worthington@cityofchicago.org]  
**Sent:** Friday, July 17, 2015 1:35 PM  
**To:** Amado, Bonita S.  
**Subject:** Best Technology Systems

Bonnie,

As you know, currently there are two contractors involved with the handling and disposal of the firing range filters with hazardous amounts of lead. By reducing the number of contractors to only Best Technology Systems (BTS), efficiencies will be gained by:

1. Eliminating the need to coordinate hazardous waste storage and disposal between two contractors;
2. Optimizing filter changes to coincide with range cleaning thus reducing the amount of downtime for the ranges; and,
3. Reducing liability for the City by eliminating a change in "ownership" of the hazardous waste.

The savings are expected to be \$34,800 per year of the contract. The sole use of BTS is in the best interest of the City and provides a more seamless service. Thank you for the opportunity to include firing range filter changes in the scope of work.

Sincerely,

Kimberly Worthington, PE, LEED AP | Deputy Commissioner  
City of Chicago | Department of Fleet and Facility Management (2FM) Bureau of Environmental, Health and Safety Management  
30 N. LaSalle St., Suite 300 | Chicago, Illinois 60602-2575  
Tel: 312.744.9139 | Fax: 312.744.6451

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July 16, 2015

Chicago Police Department  
3510 S. Michigan Ave  
Chicago, IL 60653

Attn: Bonita Amado  
[Bonita.amado@chicagopolice.org](mailto:Bonita.amado@chicagopolice.org)

RE: Best Technology Systems Inc.

Ms. Amado,

Currently Best Technology Systems, Inc., located at 12024 S. Aero Dive, Plainfield Illinois is the only company in the continental United States that has been trained and/or authorized to perform installation, maintenance, preventative maintenance, alteration, repair and re-certification of the following bullet trap models manufactured by Meggitt Training systems of Suwanee, GA and installed at the 5 Chicago Police Area ranges and the 2 Chicago Training Academy Ranges.

Systems include: LE5B, LE9C, LE2100, LE2400, LE3500, LE6500, LE7500, AFP4, AFP5, RR-III-53.

Sincerely,



Kyle Barger  
Installation and Field Service Manager  
Meggitt Training Systems, Inc.  
296 Brogdon Road  
Suwanee, GA. 30024  
678-288-1169  
678-288-1503-fax  
[Kyle.barger@meggitt.com](mailto:Kyle.barger@meggitt.com)



# CERTIFICATE OF AUTHORIZATION

THIS ACKNOWLEDGES THAT

***Best Technology Systems, Inc.***  
***12024 S. Aero Drive, Plainfield, Illinois***

is authorized to perform installation, maintenance, preventive maintenance, alteration, repair and re-certification of the following bullet trap models manufactured by **MEGGITT TRAINING SYSTEMS of Suwanee, GA**

LE5B LE9C LE2100 LE2200 LE2400 LE3500 LE6500 LE7500  
AFP4 AFP5 RR-III-53

and is hereby designated as a  
**Factory Authorized Service and Parts Distributor**

MEGGITT TRAINING SYSTEMS  
296 BROGDON ROAD, SUWANEE, GA 30024 PH(800)344-6771

  
Customer Support Manager

Date

7/8/15



**DEPARTMENT OF PROCUREMENT SERVICES**

**CITY OF CHICAGO**

APR 15 2015

Gary Chinn  
Best Technology Systems, Inc.  
12024 South Aero Drive  
Plainfield, IL 60585

Dear Gary Chinn:

We are pleased to inform you that **Best Technology Systems, Inc.** has been recertified as a **Minority Business Enterprise ("MBE")** by the City of Chicago ("City"). This **MBE** certification is valid until **11/01/2015**; however your firm's certification must be revalidated annually. In the past the City has provided you with an annual letter confirming your certification; such letters will no longer be issued. As a consequence, we require you to be even more diligent in filing your **annual No-Change Affidavit 60 days** before your annual anniversary date.

Your firm's five year certification will expire on **11/01/2015**. You have an affirmative duty to file for recertification **60 days** prior to the date of the five year anniversary date. Therefore, you must file for recertification by **09/01/2015**.

It is important to note that you also have an ongoing affirmative duty to notify the City of any changes in ownership or control of your firm, or any other fact affecting your firm's eligibility for certification **within 10 days** of such change. These changes may include but are not limited to a change of address, change of business structure, change in ownership or ownership structure, change of business operations, gross receipts and or personal net worth that exceed the program threshold. Failure to provide the City with timely notice of such changes may result in the suspension or rescission of your certification. In addition, you may be liable for civil penalties under Chapter 1-22, "False Claims", of the Municipal Code of Chicago.

Please note – you shall be deemed to have had your certification lapse and will be ineligible to participate as a **MBE** if you fail to:

- File your annual No-Change Affidavit within the required time period;
- Provide financial or other records requested pursuant to an audit within the required time period;
- Notify the City of any changes affecting your firm's certification **within 10 days** of such change; or
- File your recertification within the required time period.

Please be reminded of your contractual obligation to cooperate with the City with respect to any reviews, audits or investigation of its contracts and affirmative action programs. We strongly encourage you to assist us in maintaining the integrity of our programs by reporting instances or suspicions of fraud or abuse to the **City's Inspector General at [chicagoinspectorgeneral.org](http://chicagoinspectorgeneral.org), or 866-IG-TIPLINE (866-448-4754).**

Be advised that if you or your firm is found to be involved in certification, bidding and/or contractual fraud or abuse, the City will pursue decertification and debarment. In addition to any other penalty imposed by law, any person who knowingly obtains, or knowingly assists another in obtaining a contract with the City by falsely representing the individual or entity, or the individual or entity assisted is guilty of a misdemeanor, punishable by incarceration in the county jail for a period not to exceed six months, or a fine of not less than \$5,000 and not more than \$10,000 or both.

Your firm's name will be listed in the City's Directory of Minority and Women-Owned Business Enterprises in the specialty area(s) of:

**NAICS Code(s):**

**561720 - Janitorial Services**

**562910 - Asbestos Abatement Services**

**713990 - Shooting Ranges**

Your firm's participation on City contracts will be credited only toward **Minority Business Enterprise** goals in your area(s) specialty. While your participation on City contracts is not limited to your area of specialty, credit toward goals will be given only for work that is self-performed and providing a commercially useful function that is done in the approved specialty category.

Thank you for your interest in the City's Minority and Women-Owned Business Enterprise (MBE/WBE) Program.

Sincerely,



Jamie L. Rhee  
Chief Procurement Officer

JLR/sl



CERTIFICATE OF FILING FOR  
CITY OF CHICAGO ECONOMIC DISCLOSURE STATEMENT

EDS Number: 71257

Date of This Filing:07/07/2015 12:18 PM

Certificate Printed on: 07/07/2015

Original Filing Date:07/07/2015 12:18 PM

Disclosing Party: Best Technology Systems, Inc. Title:President

Filed by: Mr. Gary M. Chinn

Matter: Shooting Range Maintenance  
Applicant: Best Technology Systems, Inc.  
Specification #: 61280A  
Contract #:

The Economic Disclosure Statement referenced above has been electronically filed with the City. Please provide a copy of this Certificate of Filing to your city contact with other required documents pertaining to the Matter. For additional guidance as to when to provide this Certificate and other required documents, please follow instructions provided to you about the Matter or consult with your City contact.

A copy of the EDS may be viewed and printed by visiting <https://webapps1.cityofchicago.org/EDSWeb> and entering the EDS number into the EDS Search. Prior to contract award, the filing is accessible online only to the disclosing party and the City, but is still subject to the Illinois Freedom of Information Act. The filing is visible online to the public after contract award.



CITY OF CHICAGO  
ECONOMIC DISCLOSURE STATEMENT and AFFIDAVIT  
Related to Contract/Amendment/Solicitation  
EDS # 71257

**SECTION I -- GENERAL INFORMATION**

A. Legal name of the Disclosing Party submitting the EDS:

Best Technology Systems, Inc.

Enter d/b/a if applicable:

The Disclosing Party submitting this EDS is:

the Applicant

B. Business address of the Disclosing Party:

12024 S. Aero Drive  
Plainfield, IL 60585  
United States

C. Telephone:

815-254-9554

Fax:

815-254-9558

Email:

mail@btsranges.com

D. Name of contact person:

Mr. Gary M. Chinn

1.a.3 List below the full names and titles of all executive officers and all directors, if any, of the entity. Do not include any directors who have no power to select the entity's officers.

**Officer/Director:** Mr. Gary M. Chinn  
**Title:** President  
**Role:** Officer

---

## 2. Ownership Information

Please provide ownership information concerning each person or entity having a direct or indirect beneficial interest in excess of 7.5% of the Disclosing Party. Examples of such an interest include shares in a corporation, partnership interest in a partnership or joint venture, interest of a member or manager in a limited liability company, or interest of a beneficiary of a trust, estate, or other similar entity. Note: Pursuant to Section 2-154-030 of the Municipal code of Chicago, the City may require any such additional information from any applicant which is reasonably intended to achieve full disclosure.

- Mr. Gary M Chinn - 100%

### Owner Details

Name	Address
Mr. Gary M Chinn	12024 S. Aero Drive Plainfield, IL 60585 United States

## **SECTION III -- BUSINESS RELATIONSHIPS WITH CITY ELECTED OFFICIALS**

Has the Disclosing Party had a "business relationship," as defined in Chapter 2-156 of the Municipal Code, with any City elected official in the 12 months before the date this EDS is signed?

No

## **SECTION IV -- DISCLOSURE OF SUBCONTRACTORS AND OTHER RETAINED PARTIES**

The Disclosing Party must disclose the name and business address of each subcontractor, attorney, lobbyist, accountant, consultant and any other person or

- supervision for, any criminal offense involving actual, attempted, or conspiracy to commit bribery, theft, fraud, forgery, perjury, dishonesty or deceit against an officer or employee of the City or any sister agency; and
- ii. the Applicant understands and acknowledges that compliance with Article I is a continuing requirement for doing business with the City.

NOTE: If Article I applies to the Applicant, the permanent compliance timeframe in Article I supersedes some five-year compliance timeframes in certifications 2 and 3 below.

I certify the above to be true

2. The Disclosing Party and, if the Disclosing Party is a legal entity, all of those persons or entities identified in Section II.B.1. of this EDS:

- a. are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from any transactions by any federal, state or local unit of government;
- b. have not, within a five-year period preceding the date of this EDS, been convicted of a criminal offense, adjudged guilty, or had a civil judgment rendered against them in connection with: obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction; a violation of federal or state antitrust statutes; fraud; embezzlement; theft; forgery; bribery; falsification or destruction of records; making false statements; or receiving stolen property;
- c. are not presently indicted for, or criminally or civilly charged by, a governmental entity (federal, state or local) with committing any of the offenses set forth in clause B.2.b. of this Section V;
- d. have not, within a five-year period preceding the date of this EDS, had one or more public transactions (federal, state or local) terminated for cause or default; and
- e. have not, within a five-year period preceding the date of this EDS, been convicted, adjudged guilty, or found liable in a civil proceeding, or in any criminal or civil action, including actions concerning environmental violations, instituted by the City or by the federal government, any state, or any other unit of local government.

I certify the above to be true

3. Neither the Disclosing Party, nor any Contractor, nor any Affiliated Entity of either the Disclosing Party or any Contractor nor any Agents have, during the five years before the date this EDS is signed, or, with respect to a Contractor, an Affiliated Entity, or an Affiliated Entity of a Contractor during the five years before the date of such Contractor's or Affiliated Entity's contract or engagement in connection with the Matter:

None

8. To the best of the Disclosing Party's knowledge after reasonable inquiry, the following is a complete list of all gifts that the Disclosing Party has given or caused to be given, at any time during the 12-month period preceding the execution date of this EDS, to an employee, or elected or appointed official, of the City of Chicago. For purposes of this statement, a "gift" does not include: (i) anything made generally available to City employees or to the general public, or (ii) food or drink provided in the course of official City business and having a retail value of less than \$20 per recipient.

None

#### C. CERTIFICATION OF STATUS AS FINANCIAL INSTITUTION

The Disclosing Party certifies that, as defined in [Section 2-32-455\(b\) of the Municipal Code](#), the Disclosing Party

is not a "financial institution"

#### D. CERTIFICATION REGARDING INTEREST IN CITY BUSINESS

Any words or terms that are defined in [Chapter 2-156 of the Municipal Code](#) have the same meanings when used in this Part D.

1. In accordance with [Section 2-156-110 of the Municipal Code](#): Does any official or employee of the City have a financial interest in his or her own name or in the name of any other person or entity in the Matter?

No

#### E. CERTIFICATION REGARDING SLAVERY ERA BUSINESS

If the Disclosing Party cannot make this verification, the Disclosing Party must disclose all required information in the space provided below or in an attachment in the "Additional Info" tab. Failure to comply with these disclosure requirements may make any contract entered into with the City in connection with the Matter voidable by the City.

The Disclosing Party verifies that the Disclosing Party has searched any and all records of the Disclosing Party and any and all predecessor entities regarding records of investments or profits from slavery or slaveholder insurance policies during the slavery era (including insurance policies issued to slaveholders that provided coverage for damage to or injury or death of their slaves), and the Disclosing Party has found no such records.

I can make the above verification



and any attachments to this EDS may be made available to the public on the Internet, in response to a Freedom of Information Act request, or otherwise. By completing and signing this EDS, the Disclosing Party waives and releases any possible rights or claims which it may have against the City in connection with the public release of information contained in this EDS and also authorizes the City to verify the accuracy of any information submitted in this EDS.

- E. The information provided in this EDS must be kept current. In the event of changes, the Disclosing Party must supplement this EDS up to the time the City takes action on the Matter. If the Matter is a contract being handled by the City's Department of Procurement Services, the Disclosing Party must update this EDS as the contract requires. NOTE: With respect to Matters subject to Article I of Chapter 1-23 of the Municipal Code (imposing PERMANENT INELIGIBILITY for certain specified offenses), the information provided herein regarding eligibility must be kept current for a longer period, as required by Chapter 1-23 and Section 2-154-020 of the Municipal Code.

I acknowledge and consent to the above

The Disclosing Party represents and warrants that:

F.1. The Disclosing Party is not delinquent in the payment of any tax administered by the Illinois Department of Revenue, nor are the Disclosing Party or its Affiliated Entities delinquent in paying any fine, fee, tax or other charge owed to the City. This includes, but is not limited to, all water charges, sewer charges, license fees, parking tickets, property taxes or sales taxes.

I certify the above to be true

F.2 If the Disclosing Party is the Applicant, the Disclosing Party and its Affiliated Entities will not use, nor permit their subcontractors to use, any facility listed by the U.S. E.P.A. on the federal Excluded Parties List System ("EPLS") maintained by the U.S. General Services Administration.

I certify the above to be true

F.3 If the Disclosing Party is the Applicant, the Disclosing Party will obtain from any contractors/subcontractors hired or to be hired in connection with the Matter certifications equal in form and substance to those in F.1. and F.2. above and will not, without the prior written consent of the City, use any such contractor/subcontractor that does not provide such certifications or that the Disclosing Party has reason to believe has not provided or cannot provide truthful certifications.

I certify the above to be true

List of vendor attachments uploaded by City staff

None .

List of attachments uploaded by vendor

None .

## **CERTIFICATION**

Under penalty of perjury, the person signing below: (1) warrants that he/she is authorized to execute this EDS on behalf of the Disclosing Party, and (2) warrants that all certifications and statements contained in this EDS are true, accurate and complete as of the date furnished to the City.

/s/ 07/07/2015

Mr. Gary M. Chinn

President

Best Technology Systems, Inc.


This is a printed copy of the Economic Disclosure Statement, the original of which is filed electronically with the City of Chicago. Any alterations must be made electronically, alterations on this printed copy are void and of no effect.

# Project Checklist

Attach required forms for each procurement type and detailed scope of services and/or specifications and forward original documents to the Chief Procurement Officer; City Hall, Room 806.

<b>Date:</b> 08 JULY 2015	
<b>Department Name:</b> CHICAGO POLICE DEPARTMENT	
<b>Requisition No:</b> 99954	<b>Specification No:</b> 61280A
<b>PO No:</b>	<b>Modification No:</b>
<b>Contract Liaison:</b> Joel Brown	
<b>Telephone:</b> 312-745-5640	
<b>Email:</b> joel.brown@chicagopolice.org	
<b>Project / Program Manager:</b> Joel Brown	
<b>Telephone:</b> 312-745-5640	
<b>Email:</b> joel.brown@chicagopolice.org	

For blanket agreements, original or lead department must consult with other potential departments who may want to participate on the blanket agreement. If grant funded, attach copy of the approved grant application and other terms and conditions of the funding source. Note: 1) **Funding:** Attach information if multiple funding lines; 2) **Individual Contract Services:** Include approval form signed by Department Head and OBM; 3) **ITGB:** IT project valued at \$100,000.00 or more, attach approval transmittal sheet.

**\*Contract Liaison Signature**  


**\*By signing this form, I attest that all information provided is true and accurate.**

**Project Title:**  
NEW SOLE SOURCE CONTRACT REQUEST FOR FIVE (5) YEAR WITH BEST TECHNOLOGY SYSTEMS.

**Project Description:**  
The Chicago Police Department is requesting a Five (5) year Sole Source Contract for Best Technology System in the amount of \$1,500,000.00 for the removal of lead, cleaning of bullet traps, inspections and repair of bullet traps and return all ranges to service via Meggitt System Specification.

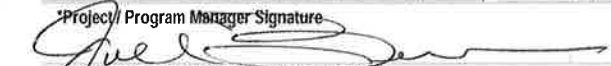
**Funding:**


<input checked="" type="checkbox"/> Corporate	<input type="checkbox"/> Bond	<input type="checkbox"/> Enterprise	<input type="checkbox"/> Grant	<input type="checkbox"/> Other:
<input type="checkbox"/> IDOT/Transit	<input type="checkbox"/> IDOT/Highway	<input type="checkbox"/> FHWA	<input type="checkbox"/> FTA	<input type="checkbox"/> FAA

LINE	FY	FUND	DEPT	ORGN	APPR	ACTV	PROJECT	RPTG	ESTDOLLAR AMOUNT
	016-020	100	57	1005	0360	0360			1,500,000.00

**Check One:**  
 **New Contract Request**

*\*By signing below, I attest the estimates provided for this contract are true and accurate.*

**\*Project / Program Manager Signature**  


**\*Commissioner/Authorized Designee Signature**  


**Purchase Order Type:**  
 Blanket/Purchase Order (DUR)  
 Master Consultant Agreement (Task Order)  
 Standard/One-Time Purchase

**Procurement Method:**  
 Bid  RFP  RFQ  RFI  
 Small Order

**Special Approvals Required:**

Emergency  
 Non-Competitive Review Board (NCRB)  
 Request for Individual Contract Services  
 Information Technology Governance Board (ITGB)

**Purchase Order Information:**

**Contract Term (No. of Months):** 60

**Extension Options (Rate of Recurrence):** 0

**Estimated Spend/Value:** \$ 1,500,000.00

**Grant Commitment / Expiration Date:**

**Pre-Bid/Submittal Conference:**  Yes  No  
 Mandatory  Site Visit

**Contract Type:**

Architect Engineering  Commodity  Construction  JOC  SBI  
 Professional Services  Revenue Generating  Vehicle & Heavy Equipment  
 Work Service  Joint Procurement  Reference Contract

**Modification or Amendment**

**Modification Information:**

PO Start Date: \_\_\_\_\_  
 PO End Date: \_\_\_\_\_

Amount (Increase/Reduction): \_\_\_\_\_

**MBE/WBE/DBE Analysis: (Attach MBE/WBE/DBE Goal Setting Memo)**

Full Compliance  Contract Specific Goals  
 No Stated Goals  Waiver Request

**Modification/Amendment Type:**

Time Extension  Scope Change/Price Increase /Additional Line Item(s)  
 Vendor Limit Increase  Requisition Encumbrance Adjustment  
 Other (specify): \_\_\_\_\_

**Risk Management / EDS**

Insurance Requirements (included)  Yes  No  
 EDS Certification of Filing (included)  Yes  No

**Vendor Info:**

Name: BEST TECHNOLOGY SYSTEMS

Contact: GRAY M. CHINN

Address: 12024 SOUTH AERO DRIVE, PLAINFIELD ,IL 60585

E-mail: mail@btsranges.com

Phone: 1-815-854-9554

Section I: General Contract Information	
Department Name	Chicago Police Department
Department Contact Name	Roslyn Joshua
Department Contact Number	(312) 745-5640
Department Contact Email	Roslyn.Joshua@chicagopolice.org
Contract Number	
Contract Subject Name	Best Technology Systems
Contract Initiation Date	
Original Contract Amount	
Budgeted amount for current year	
Year to date expenditure	
Are funds <input checked="" type="checkbox"/> _Operating <input type="checkbox"/> _Capital <input type="checkbox"/> _TIF <input type="checkbox"/> _Grant	
What is the funding strip?	015-100-0571005-0360-220360 016-100-0571005-0360-220360 017-100-0571005-0360-220360 018-100-0571005-0360-220360 019-100-0571005-0360-220360
If contract modification or task request is approved, will department have enough funds to cover new	Yes

expenditure?	
If no, what is the plan to address the short fall?	Does not apply
<b>Section II: Contract Modifications</b>	
Complete this section if you are modifying the value of an existing contract.	
Contract Value Increase	
New total contract amount	
New total expiration date	
Goods/services provided by this contract	CLEANING BULLET TRAPS AND SHOOTING RANGES
Justification of need to modify this contract	Service visits to perform lead cleaning of the ranges are once per month. Service visits to disassemble clean and reassemble the deceleration chambers are twice per year. Service visits to HEPA vacuum the accessible in take vents over the bullet traps are four times per year. Service visits to HEPA vacuum and wet wipe the ceiling baffles/deflector shields as well as the target tracks and carrier are four times per year. The above services are not all inclusive with more detailed services denoted in their proposal that includes scope of work. They meet hazardous waste disposal guidelines when removing lead and lead fragments from the bullet traps as well as range filters from various ranges. They achieve cost efficiencies by breaking down the filters versus disposing of them whole resulting in less hazardous waste generated. The scheduled lead cleaning is necessary to prevent high lead levels in the officers which can result in serious, permanent health issues. Too much lead build-up in the deceleration chambers can cause bounce back of bullet fragments potentially injuring officers
Impact of denial	Training would be severely impacted as recruits would not meet the Illinois Law Enforcement Training and Standards Board requirements and therefore, officers would not be able to carry a gun. This would have a considerable impact on the officer's health and safety and could result in potential injuries to officers and citizens.
<b>Section III. Issue a Request for Services to a Master Consulting Agreement</b>	
Complete this section if you want to issue a request for services to a Master Consulting Agreement	

Value of planned task order request	DNA
Expiration date of planned task order request	DNA
Scope of services	DNA
Justification of need to issue request for services	DNA
Impact of denial	DNA
<b>Section IV: Assessment of Office of Budget and Management Analyst</b>	
Approve/Deny	Reason <i>APPROVED 6/4/15</i>
OBM Analyst Initials	<i>EP</i>
OBM Analyst Name/number	<i>EVAN PHILLIPS 2-9601</i>

### SCHEDULE D-1

#### Affidavit of MBE/WBE Goal Implementation Plan

Contract Name: Cleaning bullet traps & shooting ranges  
Specification No.: 61280

State of Illinois

County (City) of Will

I HEREBY DECLARE AND AFFIRM that I am duly authorized representative of:

Best Technology Systems, Inc.

Name of Prime Consultant/Contractor

and that I have personally reviewed the material and facts set forth herein describing our proposed plan to achieve the MBE/WBE goals of this contract.

All MBE/WBE firms included in this plan have been certified as such by the City of Chicago (Letters of Certification Attached).

#### I. Direct Participation of MBE/WBE Firms

(Note: The bidder/proposer shall, in determining the manner of MBE/WBE participation, first consider involvement with MBE/WBE firms as joint venture partners, subcontractors, and suppliers of goods and services directly related to the performance of this contract.)

- A. If bidder/proposer is a certified MBE or WBE firm, attach copy of the City of Chicago Letter of Certification. (Certification of the bidder/proposer as a MBE satisfies the MBE goal only. Certification of the bidder/proposer as a WBE satisfies the WBE goal only.)
- B. If bidder/proposer is a joint venture and one or more joint venture partners are certified MBEs or WBEs, attach copies of Letters of Certification and a copy of Joint Venture Agreement clearly describing the role of the MBE/WBE firm(s) and its ownership interest in the joint venture.
- C. MBE/WBE Subcontractors/Suppliers/Consultants:

1. Name of MBE/WBE: Best Technology Systems, Inc.  
 Address: 12024 S. Aero Drive Plainfield, IL 60585  
 Contact Person: Gary M. Chinn Phone: 815-254-9554  
 Dollar Amount Participation: \$ 1,432,500.00  
 Percent Amount of Participation: 95.5 %  
 Schedule C-1 attached? Yes X No     \* (see next page)

2. Name of MBE/WBE: Inter City Supply Co. Inc.  
 Address: 8830 South Dobson Avenue Chicago, IL 60619  
 Contact Person: Jackie Dyess Phone: 773-731-8007  
 Dollar Amount Participation: \$ 67,500.00  
 Percent Amount of Participation: 4.5 %  
 Schedule C-1 attached? Yes X No     \*

3. Name of MBE/WBE: N/A  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dollar Amount Participation: \$ \_\_\_\_\_  
 Percent Amount of Participation: \_\_\_\_\_ %  
 Schedule C-1 attached? Yes \_\_\_\_\_ No \_\_\_\_\_ \*

4. Name of MBE/WBE: N/A  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dollar Amount Participation: \$ \_\_\_\_\_  
 Percent Amount of Participation: \_\_\_\_\_ %  
 Schedule C-1 attached? Yes \_\_\_\_\_ No \_\_\_\_\_ \*

5. Name of MBE/WBE: N/A  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dollar Amount Participation: \$ \_\_\_\_\_  
 Percent Amount of Participation: \_\_\_\_\_ %  
 Schedule C-1 attached? Yes \_\_\_\_\_ No \_\_\_\_\_ \*

6. Attach additional sheets as needed

\*All Schedule C-1s and Letters of Certification not submitted with bid/proposal must be submitted so as to assure receipt by the Contract Administrator within three (3) business days after bid opening (or proposal due date.)

**II. Indirect Participation of MBE/WBE Firms**

(Note: This section need not be completed if the MBE/WBE goals have been met through the direct participation outlined in Section I. If the MBE/WBE goals have not been met through direct participation, Contractor will be expected to demonstrate that the proposed MBE/WBE direct participation represents the maximum achievable under the circumstances. Only after such a demonstration will indirect participation be considered.)

MBE/WBE Subcontractors/Suppliers/Consultants proposed to perform work or supply goods or services where such performance does not directly relate to the performance of this contract:

A. Name of MBE/WBE: N/A  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dollar Amount Participation: \$ \_\_\_\_\_  
 Percent Amount of Participation: \_\_\_\_\_ %  
 Schedule C-1 attached? Yes \_\_\_\_\_ No \_\_\_\_\_ \* (see next page)



B. Name of MBE/WBE: N/A  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dollar Amount Participation: \$ \_\_\_\_\_  
 Percent Amount of Participation: \_\_\_\_\_ %  
 Schedule C-1 attached? Yes \_\_\_ No \_\_\_ \* (see next page)

C. Name of MBE/WBE: N/A  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dollar Amount Participation: \$ \_\_\_\_\_  
 Percent Amount of Participation: \_\_\_\_\_ %  
 Schedule C-1 attached? Yes \_\_\_ No \_\_\_ \* (see next page)

D. Name of MBE/WBE: N/A  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dollar Amount Participation: \$ \_\_\_\_\_  
 Percent Amount of Participation: \_\_\_\_\_ %  
 Schedule C-1 attached? Yes \_\_\_ No \_\_\_ \* (see next page)

E. Attach additional sheets as needed.

\*All Schedule C-1s and Letters of Certification not submitted with bid/proposal must be submitted so as to assure receipt by the Contract Administrator within three (3) business days after bid opening (or proposal due date).

III. Summary of MBE/WBE Proposal: **1,432,500.00**

A. MBE Proposal

1. MBE Direct Participation (from Section I.)

MBE Firm Name	Dollar Amount of Participation	Percent Amount of Participation
<u>Best Technology Systems, Inc.</u>	<u>\$ 1,432,500.00</u>	<u>95.5 %</u>
_____	\$ _____	_____ %
_____	\$ _____	_____ %
Total Direct MBE Participation	<u>\$ 1,432,500.00</u>	<u>95.5 %</u>

2. MBE Indirect Participation (from Section II.)

MBE Firm Name	Dollar Amount of Participation	Percent Amount of Participation
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %

Total Indirect MBE Participation \$ \_\_\_\_\_ %

B. WBE Proposal

1. WBE Direct Participation (from Section I.)

WBE Firm Name	Dollar Amount of Participation	Percent Amount of Participation
<u>Inter City Supply Company</u>	<u>\$ 67,500.00</u>	<u>4.5 %</u>
_____	\$ _____	_____ %
_____	\$ _____	_____ %
Total Direct WBE Participation	<u>\$ 67,500.00</u>	<u>4.5 %</u>

2. WBE Indirect Participation (from Section II.)

WBE Firm Name	Dollar Amount of Participation	Percent Amount of Participation
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
Total Indirect WBE Participation	\$ _____	_____ %

To the best of my knowledge, information and belief, the facts and representations contained in this Schedule are true, and no material facts have been omitted.

The Contractor designates the following person as their MBE/WBE Liaison Officer:

Name: Gary M. Chinn Phone Number: 815-254-9554

I do solemnly declare and affirm under penalties of perjury that the contents of the foregoing document are true and correct, and that I am authorized, on behalf of the Contractor, to make this affidavit.

Gary M. Chinn 6/2/2015  
Signature of Affiant (Date)

State of Illinois

County of Will

This instrument was acknowledged before me on June 2, 2015 (date)

by Gary M. Chinn (name /s of person/s)

as President (type of authority, e.g., officer, trustee, etc.)

of Best Technology Systems, Inc (name of party on behalf of whom instrument executed)

Ramona Lopez  
Signature of Notary Public  
(Seal)



### SCHEDULE D-1

#### Affidavit of MBE/WBE Goal Implementation Plan

Contract Name: Cleaning bullet traps & shooting ranges  
Specification No.: 61280

State of Illinois

County (City) of Will

I HEREBY DECLARE AND AFFIRM that I am duly authorized representative of:  
Best Technology Systems, Inc

Name of Prime Consultant/Contractor

and that I have personally reviewed the material and facts set forth herein describing our proposed plan to achieve the MBE/WBE goals of this contract.

All MBE/WBE firms included in this plan have been certified as such by the City of Chicago (Letters of Certification Attached).

#### I. Direct Participation of MBE/WBE Firms

(Note: The bidder/proposer shall, in determining the manner of MBE/WBE participation, first consider involvement with MBE/WBE firms as joint venture partners, subcontractors, and suppliers of goods and services directly related to the performance of this contract.)

- A. If bidder/proposer is a certified MBE or WBE firm, attach copy of the City of Chicago Letter of Certification. (Certification of the bidder/proposer as a MBE satisfies the MBE goal only. Certification of the bidder/proposer as a WBE satisfies the WBE goal only.)
- B. If bidder/proposer is a joint venture and one or more joint venture partners are certified MBEs or WBEs, attach copies of Letters of Certification and a copy of Joint Venture Agreement clearly describing the role of the MBE/WBE firm(s) and its ownership interest in the joint venture.
- C. MBE/WBE Subcontractors/Suppliers/Consultants:

1. Name of MBE/WBE: Best Technology Systems, Inc  
 Address: 12024 S Aero Drive, Plainfield IL 60585  
 Contact Person: Gary M. Chinn Phone: 815-254-9554  
 Dollar Amount Participation: \$2,400,000.00  
 Percent Amount of Participation: 95.5 %  
 Schedule C-1 attached? Yes  No  \* \*(see next page)

2. Name of MBE/WBE: Inter City Supply Co. Inc  
 Address: 8830 South Dobson Ave, Chicago IL 60619  
 Contact Person: jackie Dyess Phone: 773-731-8007  
 Dollar Amount Participation: \$ 108,000.00  
 Percent Amount of Participation: 4.5 %  
 Schedule C-1 attached? Yes  No  \*

3. Name of MBE/WBE: NA  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dollar Amount Participation: \$ \_\_\_\_\_  
Percent Amount of Participation: \_\_\_\_\_ %  
Schedule C-1 attached? Yes \_\_\_\_\_ No \_\_\_\_\_\*

4. Name of MBE/WBE: NA  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dollar Amount Participation: \$ \_\_\_\_\_  
Percent Amount of Participation: \_\_\_\_\_ %  
Schedule C-1 attached? Yes \_\_\_\_\_ No \_\_\_\_\_\*

5. Name of MBE/WBE: NA  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dollar Amount Participation: \$ \_\_\_\_\_  
Percent Amount of Participation: \_\_\_\_\_ %  
Schedule C-1 attached? Yes \_\_\_\_\_ No \_\_\_\_\_\*

6. Attach additional sheets as needed

\*All Schedule C-1s and Letters of Certification not submitted with bid/proposal must be submitted so as to assure receipt by the Contract Administrator within three (3) business days after bid opening (or proposal due date.)

## II. Indirect Participation of MBE/WBE Firms

(Note: This section need not be completed if the MBE/WBE goals have been met through the direct participation outlined in Section I. If the MBE/WBE goals have not been met through direct participation, Contractor will be expected to demonstrate that the proposed MBE/WBE direct participation represents the maximum achievable under the circumstances. Only after such a demonstration will indirect participation be considered.)

MBE/WBE Subcontractors/Suppliers/Consultants proposed to perform work or supply goods or services where such performance does not directly relate to the performance of this contract:

A. Name of MBE/WBE: NA  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dollar Amount Participation: \$ \_\_\_\_\_  
Percent Amount of Participation: \_\_\_\_\_ %  
Schedule C-1 attached? Yes \_\_\_\_\_ No \_\_\_\_\_\* \*(see next page)

B. Name of MBE/WBE: NA  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dollar Amount Participation: \$ \_\_\_\_\_  
 Percent Amount of Participation: \_\_\_\_\_ %  
 Schedule C-1 attached? Yes \_\_\_ No \_\_\_ \* (see next page)

C. Name of MBE/WBE: NA  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dollar Amount Participation: \$ \_\_\_\_\_  
 Percent Amount of Participation: \_\_\_\_\_ %  
 Schedule C-1 attached? Yes \_\_\_ No \_\_\_ \* (see next page)

D. Name of MBE/WBE: NA  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dollar Amount Participation: \$ \_\_\_\_\_  
 Percent Amount of Participation: \_\_\_\_\_ %  
 Schedule C-1 attached? Yes \_\_\_ No \_\_\_ \* (see next page)

E. Attach additional sheets as needed.

\*All Schedule C-1s and Letters of Certification not submitted with bid/proposal must be submitted so as to assure receipt by the Contract Administrator within three (3) business days after bid opening (or proposal due date).

III. Summary of MBE/WBE Proposal:

A. MBE Proposal

1. MBE Direct Participation (from Section I.)

MBE Firm Name	Dollar Amount of Participation	Percent Amount of Participation
<u>Best Technology Systems, Inc</u>	<u>\$ 2,292,000.00</u>	<u>95.5%</u>
_____	\$ _____	_____ %
_____	\$ _____	_____ %
<b>Total Direct MBE Participation</b>	<b>\$ _____</b>	<b>_____ %</b>

2. MBE Indirect Participation (from Section II.)

MBE Firm Name	Dollar Amount of Participation	Percent Amount of Participation
<u>Inter City Supply Co. Inc.</u>	<u>\$ 108,000.00</u>	<u>4.5%</u>
_____	\$ _____	_____ %
_____	\$ _____	_____ %

Total Indirect MBE Participation \$ \_\_\_\_\_ %

B. WBE Proposal

1. WBE Direct Participation (from Section I.)

WBE Firm Name	Dollar Amount of Participation	Percent Amount of Participation
<u>Inter City Supply Co. Inc</u>	<u>\$ 108,000.00</u>	<u>4.5 %</u>
_____	<u>\$ _____</u>	<u>_____ %</u>
_____	<u>\$ _____</u>	<u>_____ %</u>
Total Direct WBE Participation	<u>\$ 108,000.00</u>	<u>4.5 %</u>

2. WBE Indirect Participation (from Section II.)

WBE Firm Name	Dollar Amount of Participation	Percent Amount of Participation
_____	<u>\$ _____</u>	<u>_____ %</u>
_____	<u>\$ _____</u>	<u>_____ %</u>
_____	<u>\$ _____</u>	<u>_____ %</u>
Total Indirect WBE Participation	<u>\$ _____</u>	<u>_____ %</u>

To the best of my knowledge, information and belief, the facts and representations contained in this Schedule are true, and no material facts have been omitted.

The Contractor designates the following person as their MBE/WBE Liaison Officer:

Name: Gary M. Chinn

Phone Number: 815-254-9554

I do solemnly declare and affirm under penalties of perjury that the contents of the foregoing document are true and correct, and that I am authorized, on behalf of the Contractor, to make this affidavit.

*Gary M. Chinn* 6/2/2015  
Signature of Affiant (Date)

State of Illinois

County of Will

This instrument was acknowledged before me on June 2, 2015 (date)

by Gary M. Chinn (name /s of person/s)

as President (type of authority, e.g., officer, trustee, etc.)

of Best Technology Systems, Inc (name of party on behalf of whom instrument executed)

*Ramona Lopez*  
Signature of Notary Public

(Seal)

