LATE BIDS CANNOT BE ACCEPTED!

SEALED BID PROPOSAL

<table>
<thead>
<tr>
<th>BID NO.</th>
<th>15-36</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPENING DATE</td>
<td>Thursday, May 14, 2015</td>
</tr>
<tr>
<td>OPENING TIME</td>
<td>1:00 PM (CDST)</td>
</tr>
<tr>
<td>DESCRIPTION</td>
<td>Uniformed Security Officers</td>
</tr>
<tr>
<td>ATTN:</td>
<td>PURCHASING DEPT.</td>
</tr>
</tbody>
</table>

DATED MATERIAL-DELIVER IMMEDIATELY

PLEASE CUT OUT AND AFFIX THIS BID LABEL TO THE OUTERMOST ENVELOPE OF YOUR PROPOSAL TO HELP ENSURE PROPER DELIVERY!

LATE OFFERS CANNOT BE ACCEPTED!

Rev. 06-2014
ROCKFORD BOARD OF EDUCATION
REQUEST FOR BID ON SUPPLIES, MATERIALS, EQUIPMENT OR SERVICES FOR SCHOOL DISTRICT NO. 205
ROCKFORD, ILLINOIS

IFB No. 15-36 Uniformed Security Officers
Date: April 29, 2015

OFFERS WILL BE RECEIVED UNTIL: 1:00 PM (CDST) on Thursday, May 14, 2015

FOR SUPPLIES, MATERIALS, EQUIPMENT OR SERVICES SPECIFIED HEREIN. THE DATE AND THE TIME AS STATED IS ALSO THE TIME OF THE PUBLIC BID OPENING. IF YOU DESIRE TO SUBMIT A BID, PLEASE DO SO ON THE FORMS PROVIDED AND RETURN TO THIS OFFICE.

Addressed to: BOARD OF EDUCATION
School District No. 205
501 Seventh Street, 6th Fl.
Rockford, Illinois 61104

GENERAL CONDITIONS AND INSTRUCTIONS FOR ALL BIDS

The Board of Education (hereinafter occasionally referred to as Board or District as the context may require) reserves the right to reject any or all prices or bids submitted. One copy of this bid is enclosed for your convenience.

a.) Please return a copy of the required forms AND an electronic PDF version of the bid response (including all required forms) on a CD or flash drive in a SEALED envelope with the bid number, subject and your firm’s name and address clearly indicated on the envelope. NOTE: FAXED and LATE bids are not acceptable and will be rejected as non-responsive.

b.) Bids to be addressed as follows: Rockford Public School District Purchasing Department
501 Seventh St., 6th Floor
Rockford, IL 61104
Attn: Stacie Talbert Scott, Executive Director of Budgeting and Purchasing

The Board of Education reserves the right to return any merchandise for full price credit or replacement at the District’s discretion that does not comply with the conditions and specifications. The Board of Education reserves the right to increase or decrease quantities shown on bid.

The Board of Education reserves the right to cancel purchase orders if the delivery or completion is not performed in accordance with the bidding document and the date stated on the purchase order.

The Board of Education reserves the right to have any product analyzed at a laboratory to ascertain compliance with specifications. Expense of such testing shall be by the Board of Education unless such tests prove noncompliance with specifications at which time the expense shall be the responsibility of the Contractor.

Bids will be awarded to the lowest responsible Bidder complying with these conditions and specifications. All rights are reserved by the Board of Education to determine the selection that in its judgment meets the needs or purposes intended. Such decisions shall be final and not subject to recourse.

The Bidder’s signature on the following page of this Form will be construed as acceptance of and willingness to comply with all provisions of the Acts of the General Assembly of the State of Illinois relating to wages of laborers, preference to citizens of the United States and residence within the State of Illinois, and discrimination and intimidation of employees. This bid and the resulting Contract are specifically subject to the Equal Employment Opportunity requirements of the Illinois Human Rights Act, Federal statutes and the policies and procedures of the District. Bidder agrees to comply in all respects with Federal, State, and local laws, ordinances and regulations pertaining to this bid and to the performance of the Contract in the event the Bidder is awarded the bid. Provisions of applicable statutes enacted by governmental bodies having jurisdiction are hereby incorporated by reference and became a part of this proposal and specifications.

Various statutes of the state of Illinois prohibit interest of School Board members in contracts and others prohibit interest of employees in contracts of the District as do District policies. Bidder by submitting a bid agrees to refrain from entering into any contract with the District where a Board member or employee of the District has a prohibited interest.
Complete, sign and return the following forms: General Conditions and Instruction for All Bids, Bid Offer Form, Bid-Rigging Certification, Minority and Women-Owned Business Concern Representation, Certificate Regarding Debarment, Suspension, Ineligibility and Exclusion, Certificate Regarding Lobbying, OFAC Compliance, Vendor Conflict of Interest Disclosure Form, and any other required submittals.

No bids may be withdrawn after the official opening. All bids submitted must be valid for a minimum period of sixty (60) days after the date set for the bid opening. Please check the Terms and Conditions for any variation of this requirement.

All prices are F.O.B., Rockford, Illinois, which is further defined as meaning the price submitted on the bid sheet is the total price to this school district, including all freight and delivery charges. Under no circumstances may prepaid charges be added to the invoice.

A substitute item will be considered only if it is an item of regular manufacture as evidenced by literature, catalogs, etc. and not a prototype or first article test item. Items lacking an established commercial market or evidence of substantial sales must be placed in the hands of the Executive Director of Budgeting and Purchasing PRIOR to the date and time of the bid opening.

The successful Bidder must submit a separate invoice for each purchase order. The information on that invoice shall cover ONLY that one purchase order.

On the attached list, please type on the bid sheet(s) the information that is requested. If there is insufficient room for your information on this Bid Sheet(s), please present data on a separate sheet (one item to a sheet).

Any interested party, including all Bidders, may examine the bid summary after bids have been opened and awarded by the Board of Education. Bid summary will be available at the Board of Education Administration Building, Purchasing Department, 8:00 A.M., to 4:30 P.M., Monday through Friday. Bid recaps may also be reviewed by visiting www.DemandStar.com.

Vendor’s signature on this Bid Form must be an actual signature. A stamped, facsimile, or typed signature may disqualify the bid. Unless notified otherwise, should no offer be received, the firm may be subject to being removed from the Bidder's list.

The above General Conditions and Instructions are applicable to all bids. Additional Terms and Conditions and Specifications are supplied for each bid.

Please address all questions relative to any bid in writing to the Executive Director of Budgeting and Purchasing, Board of Education, 501 Seventh Street, Rockford, Illinois 6104 or stacie.scott@rps205.com. All request for information must be submitted at least three business days (Monday – Friday) prior to the bid due date and time. Responses to questions will be reviewed by the Purchasing Department and if a response or clarification to the IFB is issued it will be issued via an amendment to the bid and published on the District website and, if applicable, Demand Star. Any request for information submitted after the deadline will not receive a response. Under no circumstances may any bidder or its representative(s) contact any employee or representative of the Rockford Public Schools regarding this bid prior to the closing date, other than to the Purchasing staff provided above. Any violation of this condition may result in a Vendor being considered non-compliant and ineligible for award.

THIS SECTION BELOW MUST BE COMPLETED IN FULL AND SIGNED.
FAILURE TO COMPLY MAY RESULT IN DISQUALIFICATION OF BID.

The undersigned hereby certifies that he/she has read and understands the contents of this solicitation and agrees to furnish at the prices shown any or all of the items and/or services, subject to all Instructions, Terms and Conditions, Specifications and attachments hereto. Failure to have read all the provisions of this solicitation shall not be cause to alter any resulting contract or request additional compensation.

GENERAL CONDITIONS AND INSTRUCTIONS FOR ALL BIDS FORM:

18425 WEST CREEK DRIVE, SUITE A

TINLEY PARK IL 60477

877 340-1835

U.S. SECURITY ASSOCIATES INC

Address

City & State

Zip

Area Code Telephone Number

Name of Firm

Signature of Authorized Representative

(Federal Employer Identification) Or Social Security Number (See Specification for Determination)

Rev. 06-2014

3
Listed below are the REQUIRED forms all bidders are REQUIRED to submit with sealed bids on or before the bid due date and time. Failure to submit ALL required forms may result in bidder being deemed non-responsive.

<table>
<thead>
<tr>
<th>Required Forms</th>
<th>Yes</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bid Offer Form</td>
<td>☐</td>
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<tr>
<td>Bid Rigging Certification</td>
<td>☑</td>
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<tr>
<td>Minority and Women Owned Business Concern Representation</td>
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<td>Certificate Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion</td>
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<td>Certificate Regarding Lobbying</td>
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<td>OFAC Compliance</td>
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<td>Vendor Conflict of Interest Disclosure Form</td>
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<td>Provide history of the firm that includes years in business, number of security officers, and scope of any and all in-service training offered to security personnel</td>
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<tr>
<td>Provide a business plan that emphasizes the methods that the firm utilizes to insure that duty stations are properly staffed, and what contingency plans are in place for absent staff</td>
<td>☑</td>
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<td>Supply evidence of three successful years’ experience, including scope of work that demonstrates an expertise in providing the required service, and a minimum of three (3) contact names with telephone numbers</td>
<td>☑</td>
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<td>Certified Cleared Employee List</td>
<td>☑</td>
<td>Complete, sign, and notarize the form. If you are uncertain of which employees will be working on the project, note this information on the form that the employee information will be forth coming BEFORE you start on the project, if awarded the contract.</td>
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<tr>
<td>Form W-9 Department of the Treasury Internal Revenue Service</td>
<td>☑</td>
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<tr>
<td>Certificate of Liability Insurance</td>
<td>☒</td>
<td>Document must be submitted prior to starting work, if awarded the contract. Failure to submit forms below may result in project start delay.</td>
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</table>
CERTIFICATE OF LIABILITY INSURANCE

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
Aon Risk Services South, Inc.
Atlanta GA Office
3565 Piedmont Rd NE, Atlanta, GA 30305 USA

INSURED
U. S. Security Associates, Inc.
2100 Mansell Court East
5th Floor
Roswell GA 30076 USA

INSURER(S) AFFORDING COVERAGE
INSURER A: Liberty Mutual Fire Ins Co
23035
INSURER B: Lexington Insurance Company
19437
INSURER C: National Union Fire Ins Co of Pittsburgh
19445
INSURER D: Liberty Insurance Corporation
42404

COVERAGES

<table>
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<tr>
<th>INSURER</th>
<th>TYPE OF INSURANCE</th>
<th>ADDITIONAL INSURED</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF</th>
<th>POLICY EXP</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td>X COMMERCIAL GENERAL LIABILITY</td>
<td>0470/02/49</td>
<td>08/01/2014-08/01/2015</td>
<td>SIR applies per policy terms &amp; conditions</td>
<td>EACH OCCURRENCE $1,000,000</td>
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<td>DAMAGE TO RENTED PREMISES (EA occurrence) $500,000</td>
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<td></td>
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<td>MED EXP (Any one person) $5,000</td>
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<td>PERSONAL &amp; ADV INJURY (Per person) $1,000,000</td>
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<td></td>
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<td></td>
<td>GENERAL AGGREGATE $2,000,000</td>
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<td>PRODUCTS - COM/BOP AGRE $2,000,000</td>
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<td>Professional Liability Included</td>
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<td>Other: Included</td>
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</tbody>
</table>

| A       | AUTOMOBILE LIABILITY | X ANY AUTO | A52-641-443931-054 | 08/01/2014-08/01/2015 | $1,000,000 |
|         |                    | X ALL OWNED AUTOS |                  |            |            | COMBINED SINGLE LIMIT (EA accident) |
|         |                    | X HIRED AUTOS |                  |            |            | BODILY INJURY (Per person) $1,000,000 |
|         |                    |                  |                  |            |            | BODILY INJURY (Per accident) $1,000,000 |
|         |                    |                  |                  |            |            | PROPERTY DAMAGE (Per accident) $1,000,000 |

| B       | UMBRELLA LIABILITY | X OCCUR | BE39961597 | 08/01/2014-08/01/2015 | $5,000,000 |
|         |                    | X CLAIMS-MADE |                  |            |            | EACH OCCURRENCE $5,000,000 |
|         |                    |                  |                  |            |            | AGGREGATE $5,000,000 |

| C       | EMPLOYERS LIABILITY | X Y/N | N/A | X PER STATUTE | 08/01/2014-08/01/2015 | $1,000,000 |
|         | ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER | VENT MEMBER EXCLUDED? | N/A | | E.L. EACH ACCIDENT | $1,000,000 |
|         | ANY EMPLOYEE | | | | E.L. DISEASE- Ea Employee | $1,000,000 |
|         | | | | | E.L. DISEASE-POLICY LIMIT | $1,000,000 |

| D       | ADDITIONAL INSURER | X N/A | WA64D443931004 | 08/01/2014-08/01/2015 | $4,000,000 |
|         | ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER | MEMBER EXCLUDED? | N/A | | E.L. EACH ACCIDENT | $1,000,000 |
|         | ANY EMPLOYEE | | | | E.L. DISEASE- Ea Employee | $1,000,000 |
|         | ANY EMPLOYEE | | | | E.L. DISEASE-POLICY LIMIT | $1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 191, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Insurance.

CERTIFICATE HOLDER
U. S. Security Associates, Inc.
2100 Mansell Court East, 5th Floor
Roswell GA 30076 USA

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
Aon Risk Services South, Inc.

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ACORD 25 (2014/01) The ACORD name and logo are registered marks of ACORD
BID-RIGGING CERTIFICATION

I, ____________________________, a duly authorized agent of
(Agent)

__________________________, do hereby certify that neither
(Contractor)

__________________________, nor any individual presently
(Contractor)

affiliated with ____________________________, has been barred from bidding on a
(Contractor)

public contract as a result of a violation of either Section 33E-3 (bid-rigging) or Section 33E-4 (bid
rotating) of the Illinois Criminal Code, contained in Chapter 750, Article 5 of the Illinois Compiled
Statutes.

__________________________
Authorized Agent

__________________________
Contractor

5-12-15
ROCKFORD PUBLIC SCHOOLS

MINORITY, WOMEN and DISABLED-OWNED BUSINESS
CONCERN REPRESENTATION

Minority-Owned Business: a minority-owned business concern means a business concern that: (1) is at least 51 percent unconditionally owned by one or more individuals who are considered to be a member of a minority group, or a publicly owned business having at least 51 percent of its stock unconditionally owned by one or more members of a minority group; and (2) has its management and daily business controlled and operated by one or more such individuals. Individuals who certify that they are members of minority groups (African Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans, Asian-Indian Americans, and other minorities) are to be considered minority-owned enterprises.

Women-Owned Business: a business that is at least 51 percent owned by a woman or women who also control and operate it.

Disabled Owned Business: a business that is at least 51 percent owned by a person or persons with severe physical or mental disabilities which substantially limits one or more of the person’s major life activities and which person or persons control and operate such business.

“Control” in this referenced context means exercising the power to make policy decisions. “Operate” means being actively involved in the day-to-day management of the business.

The District shall rely on written representations of concerns regarding their status as minority/women/disabled-owned businesses. Offeror agrees to submit information regarding the minority ownership of its subcontractors on request of District.

COMPLETE THE SECTION BELOW AND RETURN THIS FORM WITH BID. FAILURE TO DO SO MAY RENDER THE OFFEROR’S BID UNACCEPTABLE.

A. Representation. The offeror represents that it is ( ), is not (x) a minority-owned business concern.

B. Representation. The offeror represents that it is ( ), is not (x) a women-owned business concern.

C. Representation. The offeror represents that it is ( ), is not (x) a disabled-owned business concern.

Please Check Appropriate Box/Box(es)

☐ African American (AFRAM)  ☐ Caucasian (CAUC)  ☐ Native American (NAAM)

☐ Hispanic American (HISP)  ☐ Asian-Pacific (ASIAPI) American  ☐ Asian-Indian (ASIAI) American

☐ Other _____________________  ☐ Woman Owned (W)  ☐ Disabled Owned (D)

Please identify

The offeror has ☐/has not ☐ used the following procedures in searching for and obtaining suppliers and subcontractors:

• Place qualified small, minority, women, disabled-owned business enterprises on solicitation lists
• Ensure that small, minority, women, disabled-owned business enterprises are solicited whenever they are potential sources
• Consider contracting with consortia of small, minority, women, disabled-owned business enterprises when an intended contract is too large for any one such firm to handle on its own or, if economically feasible, divide larger requirements into smaller transactions for which such organizations might compete
• Make information on contracting opportunities available and establish delivery schedules that encourage participation by small, minority, women, disabled-owned business enterprises
• Use the services and assistance of the SBA and Department of Commerce Minority Business Development Agency, as appropriate.

Company Name: U.S. SECURITY ASSOCIATES
Address: 18425 WEST CREEK DRIVE, SUGAR
City: JOLIET PARK  State: IL  Zip: 60457
Phone #: 877-340-1835  Fax #: 708-441-1886  FEIN #: 22-3262806
Signature of Company Official: ________________________________
Title: VP BUSINESS REGIONAL
Date: 1/12/15

Rev. 06-2014
CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY, AND VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTIONS

This certification is required by the regulations implementing Executive Orders 12549 and 12689, Debarment and Suspension, 2 CFR 417 Subpart C Responsibilities of Participants Regarding Transactions. The regulations were published in the May 25, 2010 Federal Register (pages 29183-29189). Copies of the regulations may be obtained by contacting the Illinois State Board of Education.

BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS BELOW.

CERTIFICATION

The prospective lower tier participant certifies, by submission of this Certification, that:

(1) Neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency;

(2) It will provide immediate written notice to whom this Certification is submitted if at any time the prospective lower tier participant learns its certification was erroneous when submitted or has become erroneous by reason of changed circumstances;

(3) It shall not knowingly enter any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated;

(4) It will include the clause titled Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion—Lower Tier Covered Transactions, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions;

(5) The certifications herein are a material representation of fact upon which reliance was placed when this transaction was entered into; and

(6) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this Certification.

Organization Name

U.S. SECURITY ASSOCIATES

Name of Authorized Representative

STEVEN SIEGEL

Original Signature of Authorized Representative

IFB#15-36 UNIFORMED SECURITY OFFICER

PR/Award Number or Project Name

VP BDM WEST MIDWEST REGION

Title

Date

5-12-15

Instructions for Certification

1. By signing and submitting this Certification, the prospective lower tier participant is providing the certifications set out herein.

2. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal government, the department or agency with which this transaction originated may pursue all available remedies, including suspension and/or debarment.

3. Except for transactions authorized under paragraph 3 above, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, the department or agency with which this transaction originated may pursue all available remedies, including suspension and/or debarment.

4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used herein, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549 and Executive Order 12689. You may contact the person to which this Certification is submitted for assistance in obtaining a copy of those regulations.

5. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the “GSA Excluded Parties List System” at http://epls.gsa.gov/.

6. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required herein. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
ILLINOIS STATE BOARD OF EDUCATION
100 North First Street
Springfield, IL 62777-0001

CERTIFICATE REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit ISBE 85-37, “Disclosure of Lobbying Activities,” in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

U.S. SECURITY ASSOCIATES
Organization Name

1F8 # 15-36 OFFICERS
PR/Award Number or Project Name

STEVEN SIEGEL
Name of Authorized Representative

[Signature]
Original Signature of Authorized Representative

VP BD M METRO/MIDWEST
Title

REGION

5-12-15
Date
OFAC Compliance

BID No.: IFB# 15-36

The undersigned hereby certifies and represents that products and/or services provided under any contract with the Rockford Public Schools resulting from this bid shall be in compliance with economic or trade sanctions or restrictions implemented by the United States government such as those administered by the Office of Foreign Assets Control ("OFAC") of the U.S. Department of the Treasury and shall not utilize or engage, for performance of any activities related to the products and/or services, any persons or entities that, (i) appear on OFAC's Specially Designated Nationals and Blocked Persons List ("SDN List"), as that list may be updated from time to time or any other similar list maintained by OFAC; (ii) are owned or controlled by any person or entities appearing on OFAC's SDN List, as that list may be updated from time to time or any other similar list maintained by OFAC; or (iii) are located in any country subject to U.S. economic or trade sanctions, such as those administered by OFAC.

U.S. SECURITY ASSOCIATES

Organization Name

STEVEN SIEGEL

Name of Authorized Representative

VP SDM METRO MIDWEST REGION

Title

Original Signature of Authorized Representative

Date

5-12-15
CERTIFIED CLEARED EMPLOYEE LIST

The undersigned **STEVEN SIEGEL**, a vendor, supplier, professional services firm or contractor, hereby certifies under oath as follows:

1- a criminal history records check, a Statewide Sex Offender Database check and a Statewide Child Murderer and Violent Offender Against Youth Database check has been conducted for all employees as indicated by a check mark in the appropriate box in accordance with 105 ILCS 5/10-21.9 (the Act); and

2- that such employees have not been convicted of any of the enumerated criminal or drug offenses listed in the Act and their name does not appear on the noted Databases; and

3-the undersigned is an owner (if sole proprietor) or officer, member or partner of the undersigned authorized to execute this document binding the undersigned.

<table>
<thead>
<tr>
<th>No.</th>
<th>Last Name</th>
<th>M.I.</th>
<th>First Name</th>
<th>SS # (last four)</th>
<th>Crim. Hst.</th>
<th>Databases</th>
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</tbody>
</table>

**WE ARE UNCERTAIN AT THIS TIME BUT WILL PROVIDE BEFORE WE START SERVICE.**

By:  

This certificate Subscribed and Sworn to before me this 11 day of MAY, 2015

Notary Public

Commission Expires: Jan 12, 2019

---

*OFFICIAL SEAL*  
TEENA S MALONE  
Notary Public - State of Illinois  
My Commission Expires January 12, 2019

---

Rev. 06-2014
VENDOR CONFLICT OF INTEREST DISCLOSURE FORM

DISCLOSURE STATEMENT:
All businesses ("Vendors" or "Vendor" or "Vendor's") that wish to conduct business with the Rockford Public Schools “RPS” must complete this form. Please note that all contracts with RPS are subject to RPS Code of Ethics which prohibits RPS employees and Board of Education members from having certain relationships with persons or entities conducting (or proposing to conduct) business with RPS and which limits the acceptance of gifts from Vendors. The entire Board Member Conflict of Interest Board Policy 2.100 and Board Policy 5.120 may be viewed at http://www2.rps205.com/District/BOE/Pages/GP-200.aspx. The Code and its definitions are incorporated by reference into this Disclosure Form. If a Vendor has a disclosable relationship, the Vendor should assume the relationship may pose a conflict of interest until notified to the contrary in writing by a RPS administrative staff member authorized to confirm that a determination has been made that a conflict does not exist. A principle of the Code of Ethics is to ensure that relationships do not influence any official decision or judgment of RPS employees or Board of Education members. Accordingly, disclosure also should be made for any person connected with Vendor (e.g., officer, director, partner, shareholder, employee,) that is likely to: (i) materially contribute to Vendor's preparation, drafting, or presentation of a proposal or bid for services and/or supplies, (ii) materially contribute to Vendor's negotiation of a contract with RPS, or (iii) perform material services under a contract with RPS. Below, these persons are referred to as “Disclosable Persons.”

CERTIFICATION:
I hereby certify that, except as disclosed below, to Vendor’s knowledge, there is no conflict of interest involving the Vendor named below that would violate the RPS Code of Ethics, including that: (a) after inquiry, neither Vendor nor any Disclosable Person is involved or engaged in any private business venture or enterprise, directly or indirectly, with any RPS employee or Board of Education member or his or her family member; (b) no RPS employee or Board member or his or her family member owns or has a material personal financial interest (directly or indirectly) in Vendor or is engaged in a material personal business transaction with Vendor; and (c) no RPS employee or board of Education member or his or her family is employed by Vendor.

I further certify that neither the Vendor nor anyone acting on its behalf has requested that any RPS employee or RPS Board of Education member exert any influence to secure the award of this bid to the Vendor. Furthermore, no RPS Board of Education member, employee or agent has offered to influence to secure the award of this bid to the Vendor

VENDOR INFORMATION:
Vendor Name: W. S. SECURITY ASSOCIATES
Vendor Address: 18425 WEST CREEK DRIVE SUITE A
TINLEY PARK IL 60477
Vendor Phone Number: 877-340-1835
Vendor Email: SIEGEL@ WSECURITY ASSOCIATES.com
Vendor FEIN: 22-3262806

Rev. 06-2014
ROCKFORD PUBLIC SCHOOLS

VENDOR CONFLICT OF INTEREST DISCLOSURE FORM

DISCLOSURE STATEMENT:

I BELIEVE THE VENDOR NAMED ABOVE DOES have a potential conflict(s) of interest with a current RPS employee(s), or RPS Board of Education member(s).

☐ YES, the above statement is true.
☐ NO, the above statement is NOT true.

If you checked “YES” above, please provide the following information:

List all the Name(s) of RPS employee(s), RPS Board of Education member(s), or RPS employees’ or RPS Board of Education’s family member(s) with whom there may be a conflict of interest:

1. __________________________________________
2. __________________________________________
3. __________________________________________

Provide a brief description of the nature of the potential conflict(s) of interest:

SIGNATURE:
By my signature below, I certify that I am the Authorized Representative of the VENDOR named above and that all of the information provided above by signor is true and complete to the best of the signor’s knowledge:

STEVEN SIEGEL
Print the Name of the Vendor’s Authorized Representative

____________________________________
Signature of the Vendor’s Authorized Representative

VPBDM METRO MIDWEST REGION
Print the Position Title of the Vendor’s Authorized Representative

3-12-15
Date

Rev. 06-2014
IRS regulations require our School District to have on file appropriate taxpayer identification data concerning you or your firm. This information consists of either a Federal Employer Identification Number (F.E.I.N) or Social Security Number (S.S.N.) and will have their payments reported to the IRS on form #1099–Misc.

Below is the legal name and address for you or your firm as shown on our official records. Please make any necessary corrections. Space is also provided to enter the appropriate tax identification number and to indicate (by checking a box) the correct legal status. Failure to complete and return this form could result in a $50,000 IRS penalty. In addition, we would be required to withhold 20% of payments due and remit this amount to the IRS until we receive the correct tax data.

For your convenience we request you fax this form back to sender (or to Purchasing at 815-966-3088). Please do this today so we can both fulfill our reporting obligations and ensure prompt payments.

Reminder: If LEGAL STATUS is “Sole Proprietorship”, the Taxpayer Identification Number must be either the Social Security Number of the owner or assigned FEIN.

LEGAL STATUS: (Check One)

☐ Corporation

☐ Limited

☐ Partner(ship)__________ (one owner)

☐ Religious, Charitable, Educational or Governmental Agency (circle one)

☐ Sole Proprietorship (legal owner’s name):

☐ Individual

☐ Other – Please identify:

TAXPAYER (federal) ID# -- FEIN or Soc Sec
(use the line corresponding to your legal status line)

FEIN: 2-2-3-2-6-2-0-6

FEIN: _____ - ____________

FEIN: _____ - ____________

FEIN: _____ - ____________

FEIN: _____ - ____________

or

SSN: _____ - ____________

Owner’s Social Security Number

SSN: _____ - ____________

FEIN: _____ - ____________

UNDER PENALTIES OF PERJURY, I CERTIFY THE INFORMATION PROVIDED ON THIS FORM IS TRUE, CORRECT, AND COMPLETE.

Signature: ________________________________

Title: VPBM Monitor

Date: 5-12-75

Phone: (817) 340-1855

Fax: (708) 444-1886

Website & Email address:

If minority/women owned business, list here:

Vendor: Enter Name and Address Below

VISI SECURITY ASSOCIATES
18425 West Creek Rd
Arlington Heights, IL

Vendor #: _______________________

School: _______________________

16
BID OFFER FORM

BID No. 15-36 Uniformed Security Officers

Contract agrees to hold firm the prices offered throughout the contract period as listed below. The undersigned bidder declares he/she has carefully examined the attached General Terms and Conditions, Supplemental Terms and Conditions, Specifications, and Bid Offer Form for the Rockford School District’s request for Uniformed Security Officers at the following locations.

1. **Normal Operation Labor Total by Location – Five Year Plan**

<table>
<thead>
<tr>
<th>Site</th>
<th>Total FTE Day/Night</th>
<th>July 1, 2015 - June 30, 2016 (Lump Sum $)</th>
<th>July 1, 2016 - June 30, 2017 (Lump Sum $)</th>
<th>July 1, 2017 - June 30, 2018 (Lump Sum $)</th>
<th>July 1, 2018 - June 30, 2019 (Lump Sum $)</th>
<th>July 1, 2019 - June 30, 2020 (Lump Sum $)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admin</td>
<td>18</td>
<td>73,913.92</td>
<td>80,104.72</td>
<td>82,697.40</td>
<td>85,449.60</td>
<td>91,777.00</td>
</tr>
<tr>
<td>Auburn</td>
<td>29.15</td>
<td>122,938.38</td>
<td>130,450.88</td>
<td>138,680.88</td>
<td>146,825.68</td>
<td>155,468.80</td>
</tr>
<tr>
<td>East</td>
<td>29</td>
<td>122,305.76</td>
<td>125,996.88</td>
<td>128,787.76</td>
<td>133,678.90</td>
<td>137,668.80</td>
</tr>
<tr>
<td>Eisenhower</td>
<td>14</td>
<td>59,044.16</td>
<td>60,826.08</td>
<td>62,656.16</td>
<td>64,534.90</td>
<td>66,462.80</td>
</tr>
<tr>
<td>Flinn</td>
<td>14.15</td>
<td>59,676.78</td>
<td>61,477.79</td>
<td>63,327.48</td>
<td>65,225.84</td>
<td>67,172.88</td>
</tr>
<tr>
<td>Guilford</td>
<td>23.30</td>
<td>98,266.36</td>
<td>104,277.76</td>
<td>107,403.68</td>
<td>110,609.76</td>
<td>114,093.88</td>
</tr>
<tr>
<td>Jefferson</td>
<td>28.45</td>
<td>119,986.17</td>
<td>123,607.29</td>
<td>127,326.27</td>
<td>131,143.12</td>
<td>135,057.84</td>
</tr>
<tr>
<td>Kennedy</td>
<td>28.15</td>
<td>118,720.94</td>
<td>122,303.87</td>
<td>126,983.64</td>
<td>130,700.24</td>
<td>134,633.68</td>
</tr>
<tr>
<td>Lincoln</td>
<td>15.30</td>
<td>64,526.83</td>
<td>66,474.22</td>
<td>68,474.23</td>
<td>70,526.88</td>
<td>72,632.16</td>
</tr>
<tr>
<td>RESA</td>
<td>15.45</td>
<td>65,159.45</td>
<td>67,125.92</td>
<td>69,145.55</td>
<td>71,218.32</td>
<td>73,344.24</td>
</tr>
<tr>
<td>Roosevelt</td>
<td>27</td>
<td>113,870.88</td>
<td>117,307.44</td>
<td>120,836.88</td>
<td>124,459.20</td>
<td>128,174.90</td>
</tr>
<tr>
<td>West</td>
<td>21</td>
<td>88,566.24</td>
<td>91,239.12</td>
<td>95,984.24</td>
<td>99,801.60</td>
<td>103,691.20</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td></td>
<td><strong>1,108,775.87</strong></td>
<td><strong>1,176,816.77</strong></td>
<td><strong>1,212,094.32</strong></td>
<td><strong>1,248,274.24</strong></td>
<td><strong>1,281,445.87</strong></td>
</tr>
</tbody>
</table>
2. **Normal Operations – Labor Rate**

<table>
<thead>
<tr>
<th>Year</th>
<th>Straight Time</th>
<th>Extra Service O/T Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015/2016</td>
<td>24.52 /Hr.</td>
<td>30.65</td>
</tr>
<tr>
<td>2016/2017</td>
<td>25.26 /Hr.</td>
<td>31.58</td>
</tr>
<tr>
<td>2017/2018</td>
<td>26.02 /Hr.</td>
<td>32.53</td>
</tr>
<tr>
<td>2018/2019</td>
<td>26.80 /Hr.</td>
<td>33.50</td>
</tr>
<tr>
<td>2019/2020</td>
<td>27.60 /Hr.</td>
<td>34.50</td>
</tr>
</tbody>
</table>

- Based on your hourly rate the anticipated amount of hours worked per week will be the lump sum total above

**ADDITIONAL RECEIPT(S):**

We acknowledge the receipt of Addendum Number(s) 1 through 3

<table>
<thead>
<tr>
<th>Addendum Number</th>
<th>Through Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5/5/15</td>
</tr>
<tr>
<td>2</td>
<td>7/1/15</td>
</tr>
<tr>
<td>3</td>
<td>5/3/15</td>
</tr>
</tbody>
</table>

**REFERENCES:**

Bidder to provide three references of similar type work that would qualify your company for this project

1. **THORNWOOD TOWNSHIP**
   - Mr. Tony Nataf
   - HIGH SCHOOL - 15001 RAVENSWAY - HARLEY 11-6992 708-225-4150
   - Company Name/Address/Phone Number
   - Contact Person

2. **OULTON SCHOOL DISTRICT 149**
   - Dr. Dennis Scott
   - 392 TERRANCE AVE
   - CICERO, IL 60649
   - 708-868-8500
   - Company Name/Address/Phone Number
   - Contact Person

3. **THORNWOOD H.S.**
   - Principal Willis (Dennis)
   - 17101 SOUTH CLAIK AVE
   - SOUTH HOLLAND, IL 60473
   - 708-225-4701 X 4701
   - Company Name/Address/Phone Number
   - Contact Person
BID SUBMITTED BY:

U.S. SECURITY ASSOCIATES

Company Name

18415 WEST CREEK DRIVE, SUITE A

Address

CHICAGO, IL 60617

City, State & Zip Code

877-340-1835

Phone Number

SIEGEL@USSECURITY

E-mail

ASSOCIATES.COM

Signature of Company Officer (required)

STEVEN SIEGEL

Typed Name & Title

VP BOM M TAO MIDWEST REGION

Date

5/12/15

Fax Number

223-326-2860

FEIN