

PROPOSAL SUMMARY SHEET/ADDENDUM
RF 22-012
Village of Orland Park Recreation Program Guide

Business Name: One2One Communications, LLC d/b/a OneSource
 Street Address: 900 ASBURY DRIVE
 City, State, Zip: BUFFALO GROVE, IL 60089
 Contact Name: PETER WALSH
 Title: VP OF SALES
 Phone: 708-822-6905 Fax: 847-243-8086
 E-Mail address: peter.walsh@onlyonesource.com

Price Proposal

All three (3) editions may be awarded based upon any one of the following "per edition" specifications: Each edition will require approximately 28,000 copies to be printed. Please list prices based on the stated specifications for 28,000 "per edition" copies of the guide unless otherwise stated. Finished book size will be 8.125" x 10.58" with saddle stitch bindery.

Option 1

COVER

- 6-page gatefold cover (back gate)
- Stock: 80# Dull cover (or matte cover)—coated stock
- Color: 4/4, full bleed

BODY

- Stock: 40# white offset/80-bright minimum
- Color: 4/4, full bleed

12-PG INSERT - Folded Size: 8.125" x 10.58" (center)

- Stock: 80# dull text (or matte text)—coated stock
- Color: 4/4, full bleed

	Year 1 ²⁰²² 2020	Year 2 ²⁰²³ 2021	Year 3 ²⁰²⁴ 2022
	Summer 2020 thru Winter/Spring 2021 ²⁰²³	Summer 2021 thru Winter/Spring 2022 ²⁰²⁴	Summer 2022 thru Winter/Spring 2023 ²⁰²⁵
96 page total (84-page body and 1 inserts) plus 6-page cover:	\$ <u>38,395</u>	\$ <u>39,932</u>	\$ <u>40,700</u>
• Price of each additional 1,000 guides:	\$ <u>1162</u>	\$ <u>1208</u>	\$ <u>1231</u>

104 page total (92-page body and 1 inserts) plus 6-page cover:	\$ <u>41,400</u>	\$ <u>43,057</u>	\$ <u>43,885</u>
• Price of each additional 1,000 guides:	\$ <u>1241</u>	\$ <u>1291</u>	\$ <u>1316</u>
112 page total (100-page body and 1 inserts) plus 6-page cover:	\$ <u>43,082</u>	\$ <u>44,806</u>	\$ <u>45,167</u>
• Price of each additional 1,000 guides:	\$ <u>1311</u>	\$ <u>1364</u>	\$ <u>1390</u>
Does bid include estimated shipping costs (Y/N)?	<u>Y/N</u>	<u>Y/N</u>	<u>Y/N</u>
If NO, please include estimated shipping cost.	\$ _____	\$ _____	\$ _____

Option 2

COVER

- Stock: 80# Dull text (or matte text)—coated stock
- Color: 4/4, full bleed

BODY

- Stock: 40# white offset/80-bright minimum
- Color: 4/4, full bleed

12-PG INSERT – Folded Size: 8.125" x 10.58" (center)

- Stock: 70# dull text (or matte text)—coated stock
- Color: 4/4, full bleed

	Year 1 ²⁰²⁰ Summer-2020 thru Winter/Spring-2021 ₂₀₂₀	Year 2 ²⁰²¹ Summer-2021 thru Winter/Spring-2022 ₂₀₂₁	Year 3 ²⁰²² Summer-2022 thru Winter/Spring-2023 ₂₀₂₂
96 page total (84-page body and 1 inserts) plus cover :	\$ <u>30,339</u>	\$ <u>31,553</u>	\$ <u>32,159</u>
• Price of each additional 1,000 guides:	\$ <u>872</u>	\$ <u>907</u>	\$ <u>925</u>
104 page total (92-page body and 1 inserts) plus cover:	\$ <u>33,732</u>	\$ <u>34,561</u>	\$ <u>35,716</u>
• Price of each additional 1,000 guides:	\$ <u>949</u>	\$ <u>987</u>	\$ <u>1006</u>
112 page total (100-page body and 1 inserts) plus cover:	\$ <u>34,914</u>	\$ <u>36,310</u>	\$ <u>37,009</u>

- Price of each additional 1,000 guides:

\$ 1019

\$ 1059

\$ 1080

Does bid include estimated shipping costs (Y/N)?

Y/N

Y/N

Y/N

If NO, please include estimated shipping cost.

\$ _____

\$ _____

\$ _____

Option 3

COVER

- Stock: 80# Dull text (or matte text)—coated stock
- Color: 4/4, full bleed

BODY

- Stock: 40# white offset/80-bright minimum
- Color: 4/4, full bleed

100 page total plus cover:

- Price of each additional 1,000 guides:

108 page total plus cover:

- Price of each additional 1,000 guides:

116 page total plus cover:

- Price of each additional 1,000 guides:

Does bid include estimated shipping costs (Y/N)?

If NO, please include estimated shipping cost.

Year 1
~~2022~~
 Summer 2020 thru
 Winter/Spring ~~2021~~
 2023
 \$ 37,059

\$ 828

\$ 29,735

\$ 879

\$ 30,917

\$ 949

Y/N

Year 2
~~2023~~
 Summer 2021 thru
 Winter/Spring ~~2022~~
 2024
 \$ 28,141

\$ 861

\$ 30,404

\$ 914

\$ 32,153

\$ 987

Y/N

Year 3
~~2024~~
 Summer 2022 thru
 Winter/Spring ~~2023~~
 2025
 \$ 28,682

\$ 878

\$ 30,989

\$ 932

\$ 32,772

\$ 1006

Y/N

AUTHORIZATION & SIGNATURE

Name of Authorized Signee:

PETER WARSH

Signature of Authorized Signee:

[Handwritten Signature]

Title:

VP of Sales

Date:

2/21/22



ORLAND PARK

CERTIFICATE OF COMPLIANCE

The undersigned Michael J. McCall Jr., as CEO
(Enter Name of Person Making Certification) (Enter Title of Person Making Certification)

and on behalf of ONE SOURCE, certifies that:
(Enter Name of Business Organization)

1) **BUSINESS ORGANIZATION:**

The Proposer is authorized to do business in Illinois: Yes No

Federal Employer I.D.#: 51-0491466
(or Social Security # if a sole proprietor or individual)

The form of business organization of the Proposer is (check one):

- Sole Proprietor
- Independent Contractor (Individual)
- Partnership
- LLC
- Corporation IL 12/2014
(State of Incorporation) (Date of Incorporation)

2) **ELIGIBILITY TO ENTER INTO PUBLIC CONTRACTS:** Yes No

The Proposer is eligible to enter into public contracts, and is not barred from contracting with any unit of state or local government as a result of a violation of either Section 33E-3, or 33E-4 of the Illinois Criminal Code, or of any similar offense of "Bid-rigging" or "Bid-rotating" of any state or of the United States.

3) **SEXUAL HARASSMENT POLICY:** Yes No

Please be advised that Public Act 87-1257, effective July 1, 1993, 775 ILCS 5/2-105 (A) has been amended to provide that every party to a public contract must have a written sexual harassment policy in place in full compliance with 775 ILCS 5/2-105 (A) (4) and includes, at a minimum, the following information: (I) the illegality of sexual harassment; (II) the definition of sexual harassment under State law; (III) a description of sexual harassment, utilizing examples; (IV) the vendor's internal complaint process including penalties; (V) the legal recourse, investigative and complaint process available through the Department of Human Rights (the "Department") and the Human Rights Commission (the "Commission"); (VI) directions on how to contact the Department and Commission; and (VII) protection against retaliation as provided by Section 6-101 of the Act. (Illinois Human Rights Act). (emphasis added). Pursuant to 775 ILCS 5/1-103 (M) (2002), a "public contract" includes "...every contract to which the State, any of its political subdivisions or any municipal corporation is a party."

5) TAX CERTIFICATION: Yes No

Contractor is current in the payment of any tax administered by the Illinois Department of Revenue, or if it is: (a) it is contesting its liability for the tax or the amount of tax in accordance with procedures established by the appropriate Revenue Act; or (b) it has entered into an agreement with the Department of Revenue for payment of all taxes due and is currently in compliance with that agreement.

6) AUTHORIZATION & SIGNATURE:

I certify that I am authorized to execute this Certificate of Compliance on behalf of the Contractor set forth on the Proposal, that I have personal knowledge of all the information set forth herein and that all statements, representations, that the Proposal is genuine and not collusive, and information provided in or with this Certificate are true and accurate. The undersigned, having become familiar with the Project specified, proposes to provide and furnish all of the labor, materials, necessary tools, expendable equipment and all utility and transportation services necessary to perform and complete in a workmanlike manner all of the work required for the Project.

ACKNOWLEDGED AND AGREED TO:

Miguel C. Martinez Jr
Signature of Authorized Officer

MIGUEL MARTINEZ, JR
Name of Authorized Officer

CEO
Title

10/30/21
Date

Request for Taxpayer Identification Number and Certification

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

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

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. One2One Communications, LLC	
2 Business name/disregarded entity name, if different from above OneSource	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ <u>S</u> <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. 900 Asbury	Requester's name and address (optional)
6 City, state, and ZIP code Buffalo Grove, IL 60089	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>											
or											
Employer identification number											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;">5</td> <td style="border: 1px solid black; width: 20px; height: 20px;">1</td> <td style="border: 1px solid black; width: 20px; height: 20px;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px;">0</td> <td style="border: 1px solid black; width: 20px; height: 20px;">4</td> <td style="border: 1px solid black; width: 20px; height: 20px;">9</td> <td style="border: 1px solid black; width: 20px; height: 20px;">1</td> <td style="border: 1px solid black; width: 20px; height: 20px;">4</td> <td style="border: 1px solid black; width: 20px; height: 20px;">6</td> <td style="border: 1px solid black; width: 20px; height: 20px;">6</td> </tr> </table>	5	1	-	0	4	9	1	4	6	6	
5	1	-	0	4	9	1	4	6	6		

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ <i>Miguel A Martinez Jr</i> <small>verified by PDFfiller 106701/2021</small>	Date ▶ 06/01/2021
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/11/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME:	
ALLIANT INSURANCE SERVICES INC. 353 N. CLARK ST. CHICAGO IL 60654		PHONE (A/C No. Ext): (800) 398-8296	FAX (A/C No.): (866) 828-2424
		E-MAIL ADDRESS: Certificate@Hanover.com	
INSURED		INSURER(S) AFFORDING COVERAGE	
ONEZONE HOLDINGS LLC ONEZONE COMMUNICATIONS LLC 900 ASBURY DR BUFFALO GROVE IL 60089		INSURER A: Citizens Ins Co of America	NAIC# 31534
		INSURER B: Allmerica Financial Benefit	41840
		INSURER C: Hanover American Ins Co	36064
		INSURER D:	
		INSURER E:	
		INSURER F:	

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 SUBR INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	N	OBC A343081 07	06/25/2021	06/25/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP ASS \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	N	N	AWC H553642 01	06/25/2021	06/25/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTIONS	Y	N	OBC A343081 07	06/25/2021	06/25/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WZC H642795 00	06/25/2021	06/25/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

NAMED INSURED CONT: UNDERDOG VENTURES LLC 900 ASBURY DRIVE; TMLK CORP; DBA CONTRACT DISTRIBUTION INC; DBA AB PRINT SHOP; ONEZONE COMMUNICATIONS LLC; UNDERDOG VENTURES LLC 900 ASBURY DR; DBA CONTRACT DISTRIBUTION INC 900 ASHURBY DR; DBA AB PRINT SHOP 800 ASHURBY DR; TMLK CORPORATION; DBA CONTRACT DISTRIBUTION INC DBA CDI; ONESOURCE.
CITY OF FAIRHOPE is an Additional Insured on the General Liability pursuant to the terms and conditions by form 391-1006.

CERTIFICATE HOLDER

CANCELLATION

CITY OF FAIRHOPE CITY SERVICES & PUBLIC UTILITIES BLDG 555 SOUTH SECTION ST FAIRHOPE AL 36532	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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DATE (MM/DD/YYYY)

1/11/2022

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