

November 22, 2024

Mr. Patrick McLaughlin Engineering Division Manager Village of Orland Park Office of the Village Clerk 14700 South Ravinia Avenue Orland Park, Illinois 60462

Subject: RFP #2024-064 Sanitary Sewer Evaluation Program 2025-2027

RJN Group, Inc. has revised our program management fee to exclude sanitary sewer investigations and flow monitoring studies. If you have any questions, please contact Project Manager Archana Kuchimanchi, PE, at (312) 363-8835 or archana.kuchimanchi@rjnmail.com.

Sincerely,

Archana Kuchimanchi, PE

Project Manager

Michael Young, PE
Project Director



PROPOSAL SUMMARY SHEET

RFP #24-064

Sanitary Sewer Evaluation Program 2025-2027

Business Name	e: RJN Group, Inc	RJN Group, Inc.					
Street Address:	2655 Warrenville Road, Suite 225						
City, State, Zip:	Downers Grov	Downers Grove, IL 60515					
Contact Name:	: Archana Kuchi	Archana Kuchimanchi, PE					
Title:	Project Manag	Project Manager M: (312) 363-8835					
Phone:	(630) 682-470	(630) 682-4700 ext. 1344 Fax: (630) 682-4754					
E-Mail address	. Archana.kuchi	manchi@rjnmail.co	om				
		Price P	roposal (Best &	Final)			
		1110011	iobosai (nesi «	i iiidi)			
	2025 (Year #1)	2026 (Year #2)	2027 (Year #3)	2028 (Option Year #1)	2029 (Option Year #2)		
Program Management	\$185,000	\$194,500	\$206,500	\$210,500	\$222,500		
				•			
		A <u>UTHORIZATIO</u>	n & signature	<u> </u>			
Name of Authorized Signee: _		Michael Young, PE					
Signature of Auth	Signature of Authorized Signee: Michael A. Gour						
Title:		Senior Vice Pres	sident Date:	11/22/2024			



PROPOSAL SUMMARY SHEET

RFP #24-064

Sanitary Sewer Evaluation Program 2025-2027

Business Name	RJN Group, Inc.						
Street Address:	2655 Warrenville Road, Suite 225						
City, State, Zip:	Downers Grove, IL 60515						
Contact Name:	Archana Kuchimanchi, PE						
Title:	Project Manager M: (312) 363-8835						
Phone:	(630) 682-4700	(630) 682-4700 ext. 1344 Fax: (630) 682-4754					
E-Mail address:	Archana.kuchir	manchi@rjnmail.cc	om				
		<u>Price Pr</u>	<u>roposal</u> (Best &	Final)			
	2025 (Year #1)	2026 (Year #2)	2027 (Year #3)	2028 (Option Year #1)	2029 (Option Year #2)		
Program Management	_		\$396,500	\$355,500	\$218,500		
Design & Const. Administration	\$827,450	\$830,603	\$840,000	_	_		
A <u>UTHORIZATION & SIGNATURE</u>							
Name of Authoriz	zed Signee:	Michael Young, I	PE				
Signature of Auth	orized Signee: _	Michael	n. young				
Title:		Senior Vice President Date: 11/19/2024					



The	e undersigned _Michael Young, PE, as Senior Vice President
	(Enter Name of Person Making Certification) (Enter Title of Person Making Certification)
an	d on behalf of RJN Group, Inc, certifies that: (Enter Name of Business Organization)
1)	BUSINESS ORGANIZATION:
	The Proposer is authorized to do business in Illinois: Yes [X] No []
	Federal Employer I.D.#: 36-2838939
	(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 X Corporation Illinois 09/24/1975 (State of Incorporation) (Date of Incorporation)
2)	STATUS OF OWNERSHIP
	Illinois Public Act 102-0265, approved August 2021, requires the Village of Orland Park to collect "Status of Ownership" information. This information is collected for reporting purposes only. Please check the following that applies to the ownership of your business and include any certifications for the categories checked with the proposal. Business ownership categories are as defined in the Business Enterprise for Minorities, Women, and Persons with Disabilities Act, 30 ILCS 575/0.01 <i>et seq.</i>
	Minority-Owned [] Small Business [] (SBA standards) Women-Owned [] Prefer not to disclose [] Veteran-Owned [] Not Applicable [X] Disabled-Owned []
	How are you certifying? Certificates Attached [] Self-Certifying []
	STATUS OF OWNERSHIP FOR SUBCONTRACTORS
	This information is collected for reporting purposes only. Please check the following that applies to the ownership of subcontractors.
	Minority-Owned [] Small Business [] (SBA standards) Women-Owned [] Prefer not to disclose [] Veteran-Owned [] Not Applicable [X] Disabled-Owned []



3) ELIGIBILITY TO ENTER INTO PUBLIC CONTRACTS: Yes [X] 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.

4) SEXUAL HARASSMENT POLICY: Yes [X] 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) EQUAL EMPLOYMENT OPPORTUNITY COMPLIANCE: Yes [X] No []

During the performance of this Project, Proposer agrees to comply with the "Illinois Human Rights Act", 775 ILCS Title 5 and the Rules and Regulations of the Illinois Department of Human Rights published at 44 Illinois Administrative Code Section 750, et seq. The

Proposer shall: (I) not discriminate against any employee or applicant for employment because of race, color, religion, sex, marital status, national origin or ancestry, age, or physical or mental handicap unrelated to ability, or an unfavorable discharge from military service; (II) examine all job classifications to determine if minority persons or women are underutilized and will take appropriate affirmative action to rectify any such underutilization; (III) ensure all solicitations or advertisements for employees placed by it or on its behalf, it will state that all applicants will be afforded equal opportunity without discrimination because of race, color, religion, sex, marital status, national origin or ancestry, age, or physical or mental handicap unrelated to ability, or an unfavorable discharge from military service; (IV) send to each labor organization or representative of workers with which it has or is bound by a collective bargaining or other agreement or understanding, a notice advising such labor organization or representative of the Vendor's obligations under the Illinois Human Rights Act and Department's Rules and Regulations for Public Contract; (V) submit reports as required by the Department's Rules and Regulations for Public Contracts, furnish all relevant information as may from time to time be requested by the Department or the contracting agency, and in all respects comply with the Illinois Human Rights Act and Department's Rules and Regulations for Public Contracts; (VI) permit access to all relevant books, records, accounts and work sites by personnel of the contracting agency and Department for purposes of investigation to ascertain compliance with the Illinois Human Rights Act and Department's Rules and Regulations for Public Contracts; and (VII) include verbatim or by reference the provisions of this Equal Employment Opportunity Clause in every subcontract it awards under which any portion of this Agreement obligations are undertaken or assumed, so that such provisions will be binding upon such subcontractor. In the same manner as the other provisions of this Agreement, the Proposer will be liable for compliance with applicable provisions



of this clause by such subcontractors; and further it will promptly notify the contracting agency and the Department in the event any subcontractor fails or refuses to comply therewith. In addition, the Proposer will not utilize any subcontractor declared by the Illinois Human Rights Department to be ineligible for contracts or subcontracts with the State of Illinois or any of its political subdivisions or municipal corporations. Subcontract" means any agreement, arrangement or understanding, written or otherwise, between the Proposer and any person under which any portion of the Proposer's obligations under one or more public contracts is performed, undertaken or assumed; the term "subcontract", however, shall not include any agreement, arrangement or understanding in which the parties stand in the relationship of an employer and an employee, or between a Proposer or other organization and its customers. In the event of the Proposer's noncompliance with any provision of this Equal Employment Opportunity Clause, the Illinois Human Right Act, or the Rules and Regulations for Public Contracts of the Department of Human Rights the Proposer may be declared non-responsible and therefore ineligible for future contracts or subcontracts with the State of Illinois or any of its political subdivisions or municipal corporations, and this agreement may be canceled or avoided in whole or in part, and such other sanctions or penalties may be imposed or remedies involved as provided by statute or regulation.

6) TAX CERTIFICATION: Yes [X] 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 aareement.

7) 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:

Michael n. young
Signature of Authorized Officer
Michael Young, PE
Name of Authorized Officer
Senior Vice President
Title
11/19/2024
Date



REFERENCES

Provide three (3) references for which your organization has performed similar work.

Bidder's Name:		RJN Group, Inc.			
		(Enter Name of Business Organization)			
1. OR	GANIZATION	Village of Schaumburg			
ADI	DRESS	101 Schaumburg Court, Schaumburg, IL 60193			
PHC	ONE NUMBER	(847) 923-6628			
СО	NTACT PERSON	Brent McQueen, PE, CFM, CPESC			
YEA	R OF PROJECT	2015 - Ongoing			
2. ORG	GANIZATION	City of Palos Heights			
ADI	DRESS	7607 West College Drive, Palos Heights, IL 60463			
PHC	ONE NUMBER	(708) 361-1806			
СО	NTACT PERSON	Adam Jasinski			
YEA	R OF PROJECT	2016 - Ongoing			
3. OR	GANIZATION	City of Des Plaines			
ADI	DRESS	1420 Miner Street, Des Plaines, IL 60016			
PHC	ONE NUMBER	(847) 391-5390			
СО	NTACT PERSON	Timothy Oakley, PE, CFM			
YEA	R OF PROJECT	2016 - Ongoing			





INSURANCE REQUIREMENTS

Please sign and provide a policy Specimen Certificate of Insurance showing current coverages. If awarded the contract, all <u>Required Policy Endorsements</u> noted in the left column in <u>red bold</u> type MUST be provided.

	DI LILLI				
Standard Insurance Requirements	Please provide the following coverage				
	if box is checked.				
WORKERS' COMPENSATION & EMPLOYER LIABILITY	LIABILITY UMBRELLA (Follow Form Policy)				
Full Statutory Limits - Employers Liability	\$1,000,000 – Each Occurrence				
\$500,000 - Each Accident	\$1,000,000 – Aggregate				
\$500,000 – Each Employee	[7] ¢0,000,000 F I O				
\$500,000 – Policy Limit	\$2,000,000 – Each Occurrence				
Waiver of Subrogation in favor of the Village of Orland	\$2,000,000 – Aggregate				
Park					
ALITOMODILE LIADILITY (199 5	Other:				
AUTOMOBILE LIABILITY (ISO Form CA 0001)	EXCESS MUST COVER: General Liability,				
\$1,000,000 – Combined Single Limit Per Occurrence	Automobile Liability, Employers' Liability				
Bodily Injury & Property Damage. Applicable for All	DROFFCCIONIAL LIABILITY				
Company Vehicles.	PROFESSIONAL LIABILITY				
CENEDAL HABILITY (C	\$1,000,000 Limit – Claims Made Form, Indicate				
GENERAL LIABILITY (Occurrence basis) (ISO Form CG 0001)	Retroactive Date				
\$1,000,000 – Combined Single Limit Per Occurrence	C \$2,000,000 Lineit Chaires Marche Forms Indicate				
Bodily Injury & Property Damage	\$2,000,000 Limit – Claims Made Form, Indicate Retroactive Date				
\$2,000,000 - General Aggregate Limit	Kelfodclive Dale				
\$1,000,000 – Personal & Advertising Injury \$2,000,000 – Products/Completed Operations	D Others				
	Other: Deductible not-to-exceed \$50,000 without prior				
Aggregate	written approval				
ADDITIONAL INSURED ENDORSEMENTS:	writteri approvat				
(Not applicable for Goods Only Purchases)	☐ BUILDERS RISK				
(Ner applicable for Goods Grilly Forenasos)	Completed Property Full Replacement Cost Limits –				
 ISO CG 20 10 or CG 20 26 (or Equivalent) 	Structures under construction				
Commercial General Liability Coverage	Shociores shaer conshocher				
, ,	☐ ENVIRONMENTAL IMPAIRMENT/POLLUTION				
• CG 20 01 Primary & Non-Contributory (or	LIABILITY				
Equivalent) The Village must be named as the	\$1,000,000 Limit for bodily injury, property				
Primary Non-Contributory which makes the Village a	damage and remediation costs resulting from a				
priority and collects off the policy prior to any other	pollution incident at, on or mitigating beyond the				
claimants.	job site				
	- - - - - - - - - -				
Blanket General Liability Waiver of Subrogation -	☑ CYBER LIABILITY				
Village of Orland Park A provision that prohibits an	\$1,000,000 Limit per Data Breach for liability,				
insurer from pursing a third party to recover	notification, response, credit monitoring service				
damages for covered loses.	costs, and software/property damage				
Č	, , , , , , , , , , , , , , , , , , , ,				
	☐ CG 20 37 ADDITIONAL INSURED – Completed				
	Operations (Provide only if box is checked)				



Any insurance policies providing the coverages required of the Consultant, excluding Professional Liability, shall be specifically endorsed to identify "The Village of Orland Park, and their respective officers, trustees, directors, officials, employees, volunteers and agents as Additional Insureds on a primary/non-contributory basis with respect to all claims arising out of operations by or on behalf of the named insured." The required additional Insured coverage shall be provided on the Insurance Service Office (ISO) CG 20 10 or CG 20 26 endorsements or an endorsement at least as broad as the above noted endorsements as determined by the Village of Orland Park. Any Village of Orland Park insurance coverage shall be deemed to be on an excess or contingent basis as confirmed by the required (ISO) CG 20 01 Additional Insured Primary & Non- Contributory Endorsement. The policies shall also contain a Waiver of Subrogation in favor of the Additional Insureds in regard to General Liability and Workers' Compensation coverage. The certificate of insurance shall also state this information on its face. Any insurance company providing coverage must hold an A-, VII rating according to Best's Key Rating Guide. Each insurance policy required shall have the Village of Orland Park expressly endorsed onto the policy as a Cancellation Notice Recipient. Should any of the policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions. Permitting the contractor, or any subcontractor, to proceed with any work prior to our receipt of the foregoing certificate and endorsements shall not be a waiver of the contractor's obligation to provide all the above insurance.

Consultant agrees that prior to any commencement of work to furnish evidence of Insurance coverage providing for at minimum the coverages, endorsements and limits described above directly to the Village of Orland Park, 14700 S. Ravinia Avenue, Orland Park, IL 60462. Failure to provide this evidence in the time frame specified and prior to beginning of work may result in the termination of the Village's relationship with the contractor.

ACCEPTED & AGREED THIS DAY OF November, 20_24_					
Michael n. Young Signature					
Signature	Authorized to execute agreements for:				
Michael C. Young, Senior Vice President	RJN Group, Inc.				
Printed Name & Title	Name of Company				





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/30/2024

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			CONTACT NAME: Andres Rodriguez				
Brown & Brown Insurance	Serv	rices, Inc.	PHONE (A/C, No, Ext); (414) 443-0000 FAX (A/C, No):				
1200 North Mayfair Road			E-MAIL ADDRESS: MilCertificates@bbrown.com				
Suite 100			INSURER(S) AFFORDING COVERAGE	NAIC #			
Milwaukee	WI	53226	INSURER A: The Phoenix Insurance Company 2	25623			
INSURED			INSURER B: The Charter Oak Fire Insurance Company 2	25615			
RJN Group, Inc			INSURER C: Travelers Property Casualty Company of 2	25674			
2655 Warrenville Rd			INSURER D: Houston Casualty Company				
Suite 225			INSURER E: Allied World Surplus Lines Insurance Co				
Downers Grove	IL	60515	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 24-25 (ST) GL, AU, 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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR	NSR TR TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
					P-630-5Y000855-PHX-24	8/1/2024	8/1/2025	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	х	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	х	ANY AUTO						BODILY INJURY (Per person)	\$	
~		ALL OWNED SCHEDULED AUTOS AUTOS		810-4Y999425-24-43-G 8/1/202		8/1/2024	8/1/2025	BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
	х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	10,000,000
c		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	10,000,000
		DED X RETENTION \$ 10,000			CUP-5Y007788-24-43	8/1/2024	8/1/2025		\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A					E.L. EACH ACCIDENT	\$	1,000,000
С					UB-5Y004055-24-43-G	8/1/2024	8/1/2025	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	D Cyber Liability				H24NGP228776-01	8/1/2024	8/1/2025	Claim/Aggregate		\$2,000,000

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

E - Professional Liability, Policy #0309-1208, Effective Dates 8/1/2024 - 8/1/2025, Per Claim: \$3,000,000, Aggregate: \$3,000,000, Retroactive Date: 08/01/1994

73,000,000, Aggregate. 73,000,000, Retroactive Date. 00,01,1334

RE: Project#11379402 - Project Name: 2024 Sanitary Sewer Program Management

CERTIFICATE HOLDER	CANCELLATION
Village of Orland Park 14700 S. Ravinia Avenue Orland Park, IL 60462	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
oriana rark, ri objez	AUTHORIZED REPRESENTATIVE
	Michael Sarner/MOJONE Michael Sarner/MOJONE

CANCELLATION

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