PROPOSAL SUMMARY SHEET

RFP #24-055

Village of Orland Park Recreation & Parks Program Guide Printing

Business Name: Indiana Printing and	d Publishing Company, Inc.
Street Address: 775 Indian Springs F	Road
City, State, Zip: <u>Indiana, PA 15701</u>	
Contact Name: Michael J. Donnelly	
Title: President and Publisher	
Phone: 724-349-3434 F	ax: 724-717-2321
E-Mail address: MDonnelly agrettep	printers.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.

COVER

4 page cover

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

	Year 1 Summer 2025 thru Winter/Spring 2026	Year 2 Summer 2026 thru Winter/Spring 2027	Year 3 Summer 2027 thru Winter/Spring 2028	Year 4 (Optional) Summer 2028 thru Winter/ Spring 2029	Year 5 (Optional) Summer 2029 thru Winter/ Spring 2030
112 page body plus 4 page cover:	\$18,392,00	\$19,035.00	\$19,701.00	\$20,391.00	\$21,104.00
120 page body plus 4 page cover	₱19,104.00	\$19,772.00	\$20,464.00	\$21,181.00	\$21,922.00
Does bid include estimated shipping costs (Y/N)? If No, please include estimated shipping cost.	Included	Included	Included	Included	Included

AUTHORIZATION & SIGNATURE

Name of Authorized Signee:	Michael J. Donr	nelly	
Signature of Authorized Signee	monder	1	
Title: President and Ru		Date: 09/2(a/2024	



Th	e undersigned Michael J. Donnelly, as President and Rublisher (Enter Name of Person Making Certification) (Enter Title of Person Making Certification)
an	d on behalf of Indiana Printing and Rubishing Company, certifies that: (Enter Name of Business Organization)
1)	BUSINESS ORGANIZATION:
	The Proposer is authorized to do business in Illinois: Yes [χ] No []
	Federal Employer I.D.#: 25-0567290 (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 Propagation (State of Incorporation) Sole Proprietor (Individual) Partnership LLC (State 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 et seq.
	Minority-Owned [] Small Business [] (SBA standards) Women-Owned [] Prefer not to disclose [] Veteran-Owned [] Not Applicable [X]
	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 [] Women-Owned [] Veteran-Owned [] Disabled-Owned [] Small Business [] (SBA standards) Prefer not to disclose [] Not Applicable [x]

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) <u>SEXUAL HARASSMENT POLICY</u>: 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 [V] 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.

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:

Signature of Authorized Officer

Michael J. Donnelly
Name of Authorized Officer

President and Publisher

09/26/2024

REFERENCES

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

Bidder's Name: Indiana Printing and Rublishing Company, Inc. (Enter Name of Business Organization)

1.	ORGANIZATION	Monmouth County Park System
	ADDRESS	805 Newman Springs Boad Lincraft, NJ 07738
	PHONE NUMBER	732-842-4000 × 432)
	CONTACT PERSON	Amanda Tanay
	YEAR OF PROJECT	2016-Present
2.	ORGANIZATION	City of Southfield Parks and Recreation
	ADDRESS	26000 Evergreen Road Southfield, MI 48037
	PHONE NUMBER	248-7910-41014
	CONTACT PERSON	Stephanie Kaiser
	YEAR OF PROJECT	2019-Present
3.	ORGANIZATION	Fouguier County Porks + Recreation
	ADDRESS	4133-A Rectartown Road Marshall, VA 20115
	PHONE NUMBER	540-422-8553
	CONTACT PERSON	Jeanne Brunk
	YEAR OF PROJECT	2018 to Present



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.

Standard Insurance Requirements	Please provide the following coverage if box is checked.			
WORKERS' COMPENSATION & EMPLOYER LIABILITY				
Full Statutory Limits - Employers Liability	LIABILITY UMBRELLA (Follow Form Policy) \$1,000,000 - Each Occurrence			
\$500,000 – Each Accident	\$1,000,000 - Aggregate			
\$500,000 – Each Employee				
\$500,000 – Policy Limit	\$2,000,000 – Each Occurrence			
Waiver of Subrogation in favor of the Village of Orland	\$2,000,000 – Aggregate			
Park				
	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				
Company Vehicles.	PROFESSIONAL LIABILITY			
CENTERAL HARMETON IN	\$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 Bodily Injury & Property Damage	\$2,000,000 Lineit Claims Manda Farms Indicate			
\$2,000,000 - General Aggregate Limit	\$2,000,000 Limit – Claims Made Form, Indicate Retroactive Date			
\$1,000,000 - Personal & Advertising Injury	Refroactive Date			
\$2,000,000 - Personal & Advertising Injury \$2,000,000 - Products/Completed Operations	Other:			
Aggregate	Deductible not-to-exceed \$50,000 without prior			
Aggregate	written approval			
ADDITIONAL INSURED ENDORSEMENTS:	minor approval			
(Not applicable for Goods Only Purchases)	☐ BUILDERS RISK			
	Completed Property Full Replacement Cost Limits –			
 ISO CG 20 10 or CG 20 26 (or Equivalent) 	Structures under construction			
Commercial General Liability Coverage				
	☐ ENVIRONMENTAL IMPAIRMENT/POLLUTION			
 CG 20 01 Primary & Non-Contributory (or 	<u>LIABILITY</u>			
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			
Plantat Canaval Linkilita Wairan of Submaration	CYPER HARMED			
 Blanket General Liability Waiver of Subrogation - Village of Orland Park A provision that prohibits an 	CYBER LIABILITY			
insurer from pursing a third party to recover	\$1,000,000 Limit per Data Breach for liability, notification, response, credit monitoring service			
damages for covered loses.	costs, and software/property damage			
333930 101 00 10100 100001	cosis, and sommare, property damage			
	☐ 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 21th DAY OF Septemb	<u>er</u> , 20 <u>24</u>
Manual Signature	Authorized to execute agreements for:
Michael J. Donnelly, Resident and Printed Name & Title Rublisher	Indiana Printing and Publishing Name of Company, Inc.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/04/2024

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 have ADDITIONAL INSURED provisions or be endorsed

	f SUBROGATION IS WAIVED, subject to his certificate does not confer rights to	o the	term	s and conditions of the p	olicy, co	ertain policie	s may requir	e an endorsement.	A statement	on
	DDUCER		001111		CONTA NAME:		Pish, CISR	WATER TO THE TOTAL		
Re	schini Agency, Inc.				PHONE		349-1300	F	AX (724)	349-1446
	2 Philadelphia Street				E-MAIL ADDRE	ss: gpish@r	eschini.com		A/C, No): (7 24)	010 1410
P.0	D. Box 449				7100111		ISURER(S) AFEC	RDING COVERAGE		NAIC#
Inc	liana			PA 15701	INSUR	0	Mutual Insura			14184
INS	URED				INSURI	ERB: Clear S	pring Casualty	Insurance Co.		11703
	Indiana Printing & Publishing C	o., Ind	О.		INSURI	ER C :				
	JLD Media, LLC				INSURI	ER D :				
	775 Indian Springs Road				INSURI	ERE:				
	Indiana			PA 15701	INSURI	ERF:		A		
CO	VERAGES CER	TIFIC	CATE	NUMBER: 24-25 GL BA	UMB W	С		REVISION NUMBE	ER:	
C	HIS IS TO CERTIFY THAT THE POLICIES OF NDICATED. NOTWITHSTANDING ANY REQUI IERTIFICATE MAY BE ISSUED OR MAY PERT XCLUSIONS AND CONDITIONS OF SUCH PO	REME AIN, T OLICIE	ENT, T HE IN ES. LIN	ERM OR CONDITION OF ANY SURANCE AFFORDED BY TH IITS SHOWN MAY HAVE BEE	CONTR	ACT OR OTHE IES DESCRIBE CED BY PAID C	R DOCUMENT D HEREIN IS S LAIMS.	WITH RESPECT TO V	VHICH THIS	
INSR		INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	***************************************
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	- P	00,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrent	nce) \$ 500	,000
١.		1						MED EXP (Any one pers	son) \$ 10,0	000
Α				ZL7049		01/01/2024	01/01/2025	PERSONAL & ADV INJU	JRY \$ 1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	00,000
	POLICY X PRO-							PRODUCTS - COMP/OR	AGG \$ 3,00	00,000
	OTHER:		_						\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIN (Ea accident)	#IT \$ 1,00	00,000
	X ANY AUTO	1						BODILY INJURY (Per pe	erson) \$	
Α	OWNED SCHEDULED AUTOS AUTOS			ZL7049		01/01/2024	01/01/2025	BODILY INJURY (Per ac	cident) \$	0.55
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 5,00	0,000
Α	EXCESS LIAB CLAIMS-MADE			ZL7049		01/01/2024	01/01/2025	AGGREGATE	\$ 5,00	0,000
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							➤ PER STATUTE	OTH- ER	
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		WCA07894103		01/01/2024	01/01/2025	E.L. EACH ACCIDENT	s 500,	000
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMP		
	DESCRIPTION OF OPERATIONS below			- Color				E.L. DISEASE - POLICY		000
	Printers Errors & Omissions Liability							Each Wrongful Act L	imit \$1,0	00,000
Α	,			ZL7049		01/01/2024	01/01/2025	Annual Aggregate Li	mit \$2,0	00,000
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
The Village of Orland Park, and their respective officers, trustees, directors, officials, employees, volunteers and agents are Additional Insureds on a primary/non-contributory basis regarding General Liability and Auto Liability with respect to liability caused by the Named Insured when required in a written contract or written agreement executed prior to loss. Waiver of Subrogation applies to General Liability and Workers Compensation in favor of The Village of Orland Park. Notice of Cancellation applies.										
And a second										
CEF	RTIFICATE HOLDER				CANC	ELLATION				
	The Village of Orland Park				THE		ATE THEREOF	SCRIBED POLICIES E , NOTICE WILL BE DE ' PROVISIONS.		BEFORE
	14700 S. Ravinia Ave				AUTHOR	IZED REPRESEN	TATIVE			

Orland Park

IL 60462



Profile

Indiana Printing and Publishing Company, Inc. is a 3rd generation family owned business that was incorporated on July 2, 1890. IPP is nestled in beautiful Western Pennsylvania. Being a family owned business each customer receives personalized attention from design to delivery. We have over 60 employees with an average of 11 years of experience per person! With our vast knowledge and 130 years of experience we pride ourselves in the excellence we deliver to you. We are capable of providing end-to-end services from design to mailing for small or large jobs. Our list of clients range from states, cities, park districts, colleges and universities, corporations, to individuals and we had an estimated revenue of \$12.5 million. We specialize in brochures, class schedules, calendars, catalogs, maps, fliers, posters, letterhead, and business cards. We are open for business 359 days a year. We are closed for the holidays listed below:

New Year's Day

Labor Day

Memorial Day

Thanksgiving Day

Fourth of July

Christmas Day

Subcontractors/Utilization Plan

While our location is remote and not close to a large city, we have refined our printing and shipping process to allow us to remain competitive in pricing. We do not use subcontractors as that process would be very expensive due to our location. This would remove us from the bidding process and being able to give our customers competitive pricing.

Qualifications

With 35 years in the business, you will receive personal attention from the President Mike Donnelly. Our dedicated employees pride themselves on helping to deliver a quality product. The key employees that will be working on your product are:

Operations Manager, Mike Krivonick – 22 years of industry experience
Lead Pressman, Mark Riva –34 years of industry experience
Distribution Manager, Brad Weisbarth – 1 year of industry experience
Mailing Services, Dave Lockard – 9 years of industry experience
Production Supervisor, Dan Yasick – 9 years of industry experience
Typesetting and Design, Beth Wood – 34 years of industry experience
Controller, Lex Winkelman – 2 year of industry experience
Executive Assistant, Jennifer Williams – 10 years of industry experience



Services

Pre-press Services	Printing Services	Mailing & Fulfilment Services
Kodak Printergy PDF workflow	Sheetfed – Five color printing up to 28" x 40"	USPS ® certified software – Full service Intelligent Mail barcode mailing capability
PDF fill submission to our secure FTP server	Digital – 13" x 27"	
Graphic design and typesetting	Web – Cold printing	NCOA and CASS certification
Electronic PDF and hard copy color proofs		Variable data mailing capabilities
Kodak thermal computer-to-plate technology on all web and 40" presses		

Equipment

Printing Equipment	Bindery
Harris VD15 12 unit web press with inline gluing	Mueller, Bravo-T 6-pocket saddle stitcher/trimmer
and trimming	with cover feeder
Goss Urbanite 11 unit web press	
Heidelberg CD 102-5+LX	Senator 62" automated cutter
Heidelberg Sorz 102 2 unit 40" sheet fed press	Challenger 61" cutter
Heidelberg Kord 64 1 unit 25" press (2)	Baum folder 20 x 26 with right angle fold
Ricoh 9110 Digital press	Multilith 9 pocket collator / stitcher
	MBO 4/8/16/32 Page Folder

As you can see Indiana Printing and Publishing Company, Inc. is more than qualified to produce and deliver your product at the high quality and excellence that you expect.

Please feel free to contact me if you need any further clarification.

Mike Donnelly President 724-349-3434 mdonnelly@gazetteprinters.com 775 Indian Springs Road Indiana, PA 15701