

Informational Items

January 2020

Requesting Department: Operations / Building Maintenance

Description: Renewal of Contract 16-0069R for Underground Fuel Storage Tank Monitoring System Services for a one-year period (increase from \$127,760.00 to \$227,760.00).

Awarded to: Stenstrom Petroleum Services, Inc. (d.b.a. Stenstrom Petroleum Services Group)

Amount: \$100,000.00

Procurement Method: ISTHA Invitation for Bid

STATE OF ILLINOIS
CONTRACT RENEWAL

Illinois Tollway
 Underground Fuel Tank Monitoring System
 Contract 16-0069R

Illinois Tollway
Contract Renewal

1 2 3 4 5

The undersigned Agency and Vendor, Stenstrom Petroleum Services Inc. dba Stenstrom Petroleum Services Group, (the Parties) agree that the following shall renew the Contract referenced herein. All terms and conditions set forth in the original Contract, not amended herein, shall remain in full force and effect as written. In the event of conflict, the terms of this Renewal shall prevail.

IN WITNESS WHEREOF, the Agency and the Vendor cause this Renewal to be executed on the dates shown below by representatives authorized to bind the respective PARTIES.

VENDOR

Vendor Name: Stenstrom Petroleum Services dba Stenstrom Petroleum Services Group	Address: 2422 Center St., Rockford, IL 61108
Signature:	Phone: 815/398-6250
Printed Name: <i>B. BOBS STENSTROM</i>	Fax:
Title: <i>PRESIDENT</i>	Email: bobs@stenstrom.com
Date: <i>12/19/19</i>	

STATE OF ILLINOIS

Procuring Agency: Illinois Tollway	Phone: 630/241-6800
Street Address: 2700 Ogden Avenue	Fax: 630/795-7908
City, State ZIP: Downers Grove, IL 60515	
Legal Signature:	Date: <i>2-19-2020</i>
Legal Printed Name:	
Legal's Title: Attorney General, State of Illinois	
Official Signature:	<i>2/20/20</i>
Printed Name: José R. Alvarez	Procurement Printed Name: John Donato
Official's Title: Executive Director	Procurement's Title: Chief of Procurement

STATE USE ONLY

NOT PART OF CONTRACTUAL PROVISIONS

PBC# R-54876	Project Title	Underground Fuel Storage Tank Monitoring System
Contract #16-0069R	Procurement Method (IFB, RFP, Small, etc):	IFB
IPB Ref. #	IPB Publication Date:	Award Code: A
Subcontractor Utilization? <input type="checkbox"/> Yes <input type="checkbox"/> No	Subcontractor Disclosure? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Funding Source	Obligation #	
CPO 33 – General Counsel Approval:		
Signature	Printed Name	Date

1. **DESCRIPTION OF CONTRACT BEING RENEWED** (include original contract number): 16-0069R Underground Fuel Tank Monitoring System
2. **TERMS AND CONDITIONS:** This Renewal is on the same terms and conditions as the Contract being renewed except as changed and described herein.
3. **RENEWAL TERM:** This RENEWAL shall begin April 1, 2020 and shall run through March 31, 2021.
4. **COSTS** (describe calculation and/or cost basis, if applicable): The value of this renewal contract is: \$ 100,000.00. This value is approved by the Tollway's Board of Directors and may be modified pursuant to Tollway Board approval as provided by written resolution or otherwise in accordance with authority delegated by the Board.

4.1. Renewal Pricing:

The unit pricing for the Renewal shall be at the same rate as the initial term.

5. **MAXIMUM AMOUNT:** Vendor's compensation for (services) under this renewal Contract shall not exceed \$120,000.00 during this renewal term without a formal amendment.

6. **SUBCONTRACTORS:** Will subcontractors be utilized? Yes No

- Subcontractor Name: Click here to enter text.

Amount to be paid: Click here to enter text.

Address: Click here to enter text.

Description of work: Click here to enter text.

- Subcontractor Name: Click here to enter text.

Amount to be paid: Click here to enter text.

Address: Click here to enter text.

Description of work: Click here to enter text.

- 6.1. All contracts with the subcontractors identified above must include the Standard Certifications completed and signed by the subcontractor.

- 6.2. If the annual value of any the subcontracts is more than \$50,000, then the Vendor must provide to the State the Financial Disclosures and Conflicts of Interest for that subcontractor.

- 6.3. If the subcontractor is registered in the Illinois Procurement Gateway (IPG) and the Vendor is using the subcontractor's Standard Certifications or Financial Disclosures and Conflicts of Interest from the IPG, then the Vendor must also provide a completed Forms B for the subcontractor.

- 6.4. If at any time during the term of the Contract, Vendor adds or changes any subcontractors, Vendor will be required to promptly notify, in writing, the State Purchasing Officer or the Chief Procurement Officer of the names and addresses and the expected amount of money that each new or replaced subcontractor will receive pursuant to the Contract. Any subcontracts entered into prior to award of the Contract are done at the Vendor's and subcontractor's risk.

**STATE OF ILLINOIS
TAXPAYER IDENTIFICATION NUMBER**

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. person (including a U.S. resident alien).

- If you are an individual, enter your name and SSN as it appears on your Social Security Card.
- If you are a sole proprietor, enter the owner's name on the name line followed by the name of the business and the owner's SSN or EIN.
- If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's name on the name line and the D/B/A on the business name line and enter the owner's SSN or EIN.
- If the LLC is a corporation or partnership, enter the entity's business name and EIN and for corporations, attach IRS acceptance letter (CP261 or CP277).
- For all other entities, enter the name of the entity as used to apply for the entity's EIN and the EIN.

Name: Robert Stenstrom

Business Name: Stenstrom Petroleum Service, Inc.

Taxpayer Identification Number:

Social Security Number:

or

Employer Identification Number: [REDACTED]

Legal Status (check one):

- | | |
|---|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Governmental |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Nonresident alien |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Estate or trust |
| <input type="checkbox"/> Legal Services Corporation | <input type="checkbox"/> Pharmacy (Non-Corp.) |
| <input type="checkbox"/> Tax-exempt | <input type="checkbox"/> Pharmacy/Funeral Home/Cemetery (Corp.) |
| <input type="checkbox"/> Corporation providing or billing
medical and/or health care services | <input type="checkbox"/> Limited Liability Company
(select applicable tax classification) |
| <input checked="" type="checkbox"/> Corporation NOT providing or billing
medical and/or health care services | <input type="checkbox"/> C = corporation |
| | <input type="checkbox"/> P = partnership |

Signature of Authorized Representative: [REDACTED] _____

Date: December 19, 2019

STATE OF ILLINOIS
FORMS B CERTIFICATIONS AND DISCLOSURES

BidBuy Reference #: 20-557THA-OPERA-B-12120 Procurement/Contract #: 16-0069 R Underground Fuel Storage Tank Monitoring System

This Forms B may be used when responding to an Invitation for Bid (IFB) or a Request for Proposal (RFP) if the vendor is registered in the Illinois Procurement Gateway (IPG) and has an active State of Illinois Vendor Registration Number. The IPG assigns a unique State of Illinois Vendor Registration Number and expiration date upon the Chief Procurement Office's acceptance of an IPG application.

If a vendor does not have an active State of Illinois Vendor Registration Number, then the vendor must complete and submit Forms A with their response. Failure to do so may render the submission non-responsive and result in disqualification.

Please read this entire section and provide the requested information as applicable. All parts in Forms B must be completed in full and submitted along with the vendor's response.

1. Certification of Illinois Procurement Gateway Registration

My business has an active State of Illinois Vendor Registration Number.

To ensure that you have an active registration in the IPG, search for your business name in the IPG Registered Vendor Directory. If your company does not appear in the search results, then you do not have an active IPG registration.

State of Illinois Vendor Registration Number: 20379630

IPG Expiration Date: 01/13/2021

2. Certification Timely to this Solicitation or Contract

Vendor certifies it is not barred from having a contract with the State based upon violating the prohibitions related to either submitting/writing specifications or providing assistance to an employee of the State of Illinois by reviewing, drafting, directing, or preparing any invitation for bids, a request for proposal, or request of information, or similar assistance (except as part of a public request for such information). 30 ILCS 500/50-10.5(e).

Yes No

3. Disclosure of Lobbyist or Agent (Complete only if bid, offer, or contract has an annual value over \$50,000)

Is your company or parent entity(ies) represented by or do you or your parent entity(ies) employ a lobbyist required to register under the Lobbyist Registration Act (lobbyist must be registered pursuant to the Act with the Secretary of State) or an agent who has communicated, is communicating, or may communicate with any State officer or employee concerning the bid or offer? If yes, please identify each lobbyist and agent, including the

name and address below. Yes No

If yes, please identify each lobbyist and agent, including the name and address below. If you have a lobbyist that does not meet the criteria, then you do not have to disclose the lobbyist's information. Additional rows may be inserted into the table or an attachment may be provided if needed.

**STATE OF ILLINOIS
FORMS B CERTIFICATIONS AND DISCLOSURES**

Name	Address	Relationship to Disclosing Entity
Click here to enter text.	Click here to enter text.	Click here to enter text.

Describe all costs/fees/compensation/reimbursements related to the assistance provided by each representative lobbyist or other agent to obtain this Agency contract: Click here to enter text.

4. Disclosure of Current and Pending Contracts

Complete only if: (a) your business is for-profit and (b) the bid, offer, or contract has an annual value over \$50,000. Do not complete if you are a not-for-profit entity.

Yes No. Do you have any contracts, pending contracts, bids, proposals, subcontracts, leases or other ongoing procurement relationships with units of State of Illinois government?

If "Yes", please specify below. Additional rows may be inserted into the table or an attachment in the same format may be provided if needed.

Agency	Project Title	Status	Value	Contract Reference/P.O./Illinois Procurement Bulletin #
Illinois Tollway	Underground Fuel Storage Tank Monitoring Services	Active	\$50,000.00	19-0149
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

5. Signature

As of the date signed below, I certify that:


- My business' information and the certifications made in the Illinois Procurement Gateway are truthful and accurate.
- The certifications and disclosures made in this Forms B are truthful and accurate.

This Forms B is signed by an authorized officer or employee on behalf of the bidder, offeror, or vendor pursuant to Sections 50-13 and 50-35 of the Illinois Procurement Code, and the affirmation of the accuracy of the financial disclosures is made under penalty of perjury.

This disclosure information is submitted on behalf of:

Vendor Name: Stenstrom Petroleum Services, Inc.
Street Address: 2422 Center St.
City, State, Zip: Rockford, IL 61108

Phone: 815-398-6250
Email: trevorj@rstenstrom.com
Vendor Contact: Trevor Jerusal

Signature: 

Date: 01/14/2020

Printed Name: Robert J. Stenstrom

Title: President



Information for:

- Voters
- Candidates
- Committees
- Businesses
- Reporters
- Educators
- L.E.O.'s



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Business Registration Detail

Stenstrom Petroleum Services, Inc. d/b/a Stenstrom Petroleum Services Group

Stenstrom Petroleum Services, Inc. d/b/a
 2422 Center Avenue
 Rockford, IL 61108

Last Activity: 6/7/2016 3:58:26 PM
Business Status: **Active** ⓘ
[View Business Status History](#)

Affiliate List

Christie S. Jarrett 5312 Thornberry Drive Rockford, IL 61114
Robert J. Stenstrom 2609 Saxon Place Rockford, IL 61114
Robert W. Stenstrom 2533 Saxon Place Rockford, IL 61114
Stenstrom Companies, Ltd. 2420 20th Street Rockford, IL 61104
Stenstrom Excavation & Blacktop Group 2422 Center Street

[View Full Affiliate List](#)

100 Most Recent Activities

6/8/2016 11:11:12 AM Certificate Produced
6/7/2016 3:58:26 PM Stenstrom Petroleum Services Group Line #2 address changed from BLANK to 2422 Center Avenue
6/7/2016 3:58:26 PM Stenstrom Petroleum Services Group Line #1 address changed from 2422 Center Street to Stenstrom Petroleum Services, Inc. d/b/a
6/7/2016 3:55:57 PM Certificate Produced
11/4/2013 9:41:59 AM

[View Full Activity List](#)

Search For Contributions

How accurate is this match?

Match contributions for:	Match contributions by:
<input checked="" type="radio"/> Entire Business	<input checked="" type="radio"/> By Name
<input type="radio"/> Business Only, No Affiliates	<input type="radio"/> By Address
	<input type="radio"/> By Name and Address

(Both must match)

Search

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OFFICE OF THE ILLINOIS SECRETARY OF STATE

JESSE WHITE
SECRETARY OF STATE



CORPORATION FILE DETAIL REPORT

File Number	52912105		
Entity Name	STENSTROM PETROLEUM SERVICES, INC.		
Status	ACTIVE		
Entity Type	CORPORATION	Type of Corp	DOMESTIC BCA
Incorporation Date (Domestic)	11/24/1982	State	ILLINOIS
Agent Name	ROBERT W STENSTROM	Agent Change Date	10/31/2000
Agent Street Address	2420 - 20TH ST	President Name & Address	ROBERT STENSTROM 2422 CENTERST ROCKFORD 61108
Agent City	ROCKFORD	Secretary Name & Address	TODD ISAACS SAME
Agent Zip	61108	Duration Date	PERPETUAL
Annual Report Filing Date	10/07/2016	For Year	2016
Assumed Name	ACTIVE - STENSTROM PETROLEUM SERVICES GROUP		
Old Corp Name	11/13/2001 - PYRAMID PETROLEUM EQUIPMENT COMPANY		

[Return to the Search Screen](#)

(One Certificate per Transaction)

OTHER SERVICES

THA - Toll Highway Authority

4100104696

Purchase Order

Purchase Order Number
20-557THA-OPERA-P-14324
Master Contract? N
Contract/Ob #:

V
E
N
D
O
R
Vendor Number: V00007035
Stenstrom Petroleum Services Group
2422 Center Street
Rockford, IL 61108
amberp@rstenstrom.com
(815) 398-6250

S
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I
P
T
O
Ship To - CA
2700 Ogden Avenue
Central Administration
Downers Grove, IL 60515
US
Email:
(630) 241-6800

B
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T
O
Contract Administrator
PO Box 3094
Lisle, IL 60532-8094
US
Email: ProInvoices@getipass.com
(630) 241-6800

VENDOR INSTRUCTIONS:
PURCHASE ORDER REQUIREMENTS - STATE OF ILLINOIS AGENCIES

Prior to commencement of billable work, delivery of supplies or rendering of any service on a Purchase Order:
--Initial Purchase Order/Contract - All parties, including the State and vendor, must fully execute the contract in its entirety.
--Release from an existing Purchase Order/Contract - The vendor must receive a Purchase Order signed by the State Agency and attached in BidBuy. Note, for any additional requirements see specific State Agency instruction.

PURCHASE ORDERS REQUIREMENTS - OTHER PURCHASING ENTITIES
--Please see specific requirements provided by the purchasing entity.

Shipping Method: Shipping Terms: Solicitation (Bid) No.: N/A Contract Begin Date: 04/01/2017					Freight Terms: Payment Terms: NA Delivery Calendar Day(s) A.R.O.: 0 Contract End Date: 03/31/2021				
Item # 1 Class-Item 914-39 Group 1a East Zone Hourly rate for Repair and Emergency Repair, Monday through Friday, 8.00 am -5.00 pm, 64 hours estimated per year									
Quantity	Unit Price	UOM	Discount %	Total Discount Amt.	Tax Rate	Tax Amount	Freight	Total Cost	
192.00	\$ 140.00	HR	0.00 %	\$ 0.00		\$ 0.00	\$ 0.00	\$ 26,880.00	
Item # 2 Class-Item 914-39 Group 1a East Zone Hourly rate for repair and emergency rep-Monday through Friday emergency services 5:01 pm -7:59 am, estimated 10 hours per year									
Quantity	Unit Price	UOM	Discount %	Total Discount Amt.	Tax Rate	Tax Amount	Freight	Total Cost	
30.00	\$ 210.00	HR	0.00 %	\$ 0.00		\$ 0.00	\$ 0.00	\$ 6,300.00	

Item # 3
Class-Item 914-39

Group 1a East Zone Hourly rate for repair and emergency repair-Saturday Emergency Services all day, estimated at 10 hours per year

Quantity	Unit Price	UOM	Discount %	Total Discount Amt.	Tax Rate	Tax Amount	Freight	Total Cost
30.00	\$ 210.00	HR	0.00 %	\$ 0.00		\$ 0.00	\$ 0.00	\$ 6,300.00

Item # 4
Class-Item 914-39

Group 1a East Zone Hourly rate for repair and emergency repair- Sunday & holiday emergency services all day, estimated at 10 hours per year

Quantity	Unit Price	UOM	Discount %	Total Discount Amt.	Tax Rate	Tax Amount	Freight	Total Cost
30.00	\$ 280.00	HR	0.00 %	\$ 0.00		\$ 0.00	\$ 0.00	\$ 8,400.00

Item # 5
Class-Item 914-39

Group 1b Veeder Root Manufacturing catalog price list

Quantity	Unit Price	UOM	Discount %	Total Discount Amt.	Tax Rate	Tax Amount	Freight	Total Cost
1.00	\$ 16,000.00	EA	0.00 %	\$ 0.00		\$ 0.00	\$ 0.00	\$ 16,000.00

Item # 6
Class-Item 914-39

Group 2a West Zone Hourly rate -Repair and emergency repair- Monday through Friday, 8:00 am -5:00 pm, estimated at 64 hours per yr.

Quantity	Unit Price	UOM	Discount %	Total Discount Amt.	Tax Rate	Tax Amount	Freight	Total Cost
192.00	\$ 140.00	HR	0.00 %	\$ 0.00		\$ 0.00	\$ 0.00	\$ 26,880.00

Item # 7
Class-Item 914-39

Group 2a West Zone Hourly rate Monday through Friday, 5:01 pm-7:59 am, estimated at 10 hours per yr.

Quantity	Unit Price	UOM	Discount %	Total Discount Amt.	Tax Rate	Tax Amount	Freight	Total Cost
30.00	\$ 210.00	HR	0.00 %	\$ 0.00		\$ 0.00	\$ 0.00	\$ 6,300.00

Item # 8
Class-Item 914-39

Grp 2a West Zone Saturday Emergency Services, all day, estimated at 10 hours per yr.

Quantity	Unit Price	UOM	Discount %	Total Discount Amt.	Tax Rate	Tax Amount	Freight	Total Cost
30.00	\$ 210.00	EA	0.00 %	\$ 0.00		\$ 0.00	\$ 0.00	\$ 6,300.00

Item # 9
Class-Item 914-39

Group 2a West Zone Sunday & Holiday emergency services, all day, estimated at 10 hours per year

Quantity	Unit Price	UOM	Discount %	Total Discount Amt.	Tax Rate	Tax Amount	Freight	Total Cost
30.00	\$ 280.00	HR	0.00 %	\$ 0.00		\$ 0.00	\$ 0.00	\$ 8,400.00

Item # 10
Class-Item 914-39

Group 2a Catalog Price list-Veeder Root Manufacturing

Quantity	Unit Price	UOM	Discount %	Total Discount Amt.	Tax Rate	Tax Amount	Freight	Total Cost
1.00	\$ 16,000.00	EA	0.00 %	\$ 0.00		\$ 0.00	\$ 0.00	\$ 16,000.00

Item # 11
Class-Item 928-44

Contract renewal - one year- Underground Fuel Storage Tank Monitoring System

Quantity	Unit Price	UOM	Discount %	Total Discount Amt.	Tax Rate	Tax Amount	Freight	Total Cost
1.00	\$ 100,000.00	EA	0.00 %	\$ 0.00		\$ 0.00	\$ 0.00	\$ 100,000.00

TAX: \$ 0.00
FREIGHT: \$ 0.00
TOTAL: \$ 227,760.00

The undersigned agree to the Terms and Conditions as acknowledged by the Vendor and maintained in the State of Illinois' e-procurement system. This agreement consists of all terms as maintained in the state's e-procurement system inclusive of attached documents. The Vendor affirms that the Certifications and Financial Disclosures and Conflicts of Interest are true and accurate as of the date of the Vendor's execution of this Agreement. State documents will prevail in the event of a conflict between State and Vendor documents and information. The undersigned agree to the Terms and Conditions of this agreement.

OFFICIAL SIGNATURES:

Vendor Name: _____

Vendor Signature: _____

Printed Name: _____

Title: _____

Phone #: _____

Email: _____

Date: _____

State of Illinois Agency or Other Purchasing Entity
Procuring State Agency or Entity: _____

Illinois State Toll
Highway Authority

Official Signature: _____

Printed Name: José R. Alvarez

Title: Executive Director

Designee Signature: _____

Printed Name: John Donato

Title: Chief of Procurement

Date: 2/24/20

Legal Signature: _____

Printed Name: _____

Title: _____

Date: _____

Fiscal Signature: _____

Printed Name: _____

Title: _____

Date: _____

FOR STATE OF ILLINOIS USE ONLY

Acq. Type: _____ Source Sel. Method: _____

Using Agency Funding Source: _____

Detailed Expenditure Object Code: _____

Approp. Acct Code: _____

Award Code: _____

Original Proc. Method: _____

Subcontractors Disclosed: _____

Subcontractors Utilized: _____

Publication Date: _____ Financing Needed: _____

IPG Cert/Disclosure Yes _____ No _____

APPROVED

By: Sonja Wolniakowski

Phone#: (630) 241-6800

BUYER