

## RESOLUTION NO. 21856

**Background**

The Illinois State Toll Highway Authority ("Tollway") has previously purchased New Holland Tractor Repair, Parts and Services ("Contract No. 16-0131") from Martin Implement Sales, Inc. It is in the best interest of the Tollway to exercise the renewal option of Contract No. 16-0131 and increase the upper limit of compensation to Martin Implement Sales, Inc. by an amount not to exceed \$70,000.00 for the purchase of additional New Holland Tractor Repair, Parts and Services.

**Resolution**

The renewal option and associated increase to the upper limit of compensation of Contract No. 16-0131 for the purchase of additional New Holland Tractor Repair, Parts and Services from Martin Implement Sales, Inc. is approved in an amount not to exceed \$70,000.00 (increase from \$73,662.00 to \$143,662.00). As may be necessary, the Chairman/Chief Executive Officer of the Tollway or the Executive Director is authorized to execute the appropriate documents in connection therewith, subject to the approval of the General Counsel and the Chief Financial Officer. The Chief of Procurement is authorized to issue the necessary purchase orders and contract purchase orders and any other necessary documents in connection therewith, and the Chief Financial Officer is authorized to issue warrants in payment thereof.

Approved by: 

Chairman

# STATE OF ILLINOIS CONTRACT RENEWAL

Illinois Tollway  
New Holland Tractor Repair, Parts and Services  
016 0131

Illinois Tollway  
Contract Renewal

1  2  3  4  5

The undersigned Agency and Vendor, Martin Implement Sales, Inc. (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: Martin Implement Sales, Inc.	Address: 18405 115 <sup>th</sup> Ave., Orland Park, IL 60467
Signature:	Phone: 708-349-8430
Printed Name: Thomas Novak	Fax: 708-349-4230
Title: President	Email: sales@martinimplement.com
Date: 7-31-2019	

**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	
Approved as to Form and Constitutionality	
Legal Signature:	Date: 9/24/19
Legal Printed Name: Andrew Zervante	
Legal's Title: Attorney General, State of Illinois	
	Date:  9/24/19
Jose R. Alvarez Executive Director	John Donato Chief of Procurement

STATE USE ONLY

NOT PART OF CONTRACTUAL PROVISIONS

Acquisition # 16-0131

Contract # 16-0131 - Tractor Repair, Parts and Services

Contract # 16-0131

Procurement Method: IFB

IPB Ref. #

IPB Publication Date:

Award Code: A

Funding Source

Obligation #

CPO 33 - General Counsel Approval:

Signature

Printed Name

Date

1. **DESCRIPTION OF CONTRACT BEING RENEWED:** The repair parts and services for its New Holland Tractors. This contract shall encompass the types of repairs that the Tollway's experienced technicians cannot perform due to workload, uniqueness of the repair, or when Tollway technicians do not have the proper tools or electrical diagnostic equipment.

2. **TERMS AND CONDITIONS:** The terms and conditions of the original contract shall remain in effect unless specifically changed and described herein.

3. **RENEWAL TERM:** This RENEWAL shall begin October 1, 2019 and shall run through September 30, 2021.

4. **COSTS :** The value of this renewal contract is: \$ 70,000.00 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 \$ 84,000.00 during this renewal term without a formal amendment.

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

- Subcontractor Name: N/A

Amount to be paid: N/A

Address: N/A

Description of work: N/a

- Subcontractor Name: N/A

Amount to be paid: N/A

Address: N/A

Description of work: N/A

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:

Business Name: Martin Implement Sales, Inc.

Taxpayer Identification Number:

Social Security Number: Click here to enter text.

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<br>medical and/or health care services                | <input type="checkbox"/> Limited Liability Company<br>(select applicable tax classification) |
| <input checked="" type="checkbox"/> Corporation NOT providing or billing<br>medical and/or health care services | <input type="checkbox"/> C = corporation   |
|   | <input type="checkbox"/> P = partnership   |

Signature of Authorized Representative: [REDACTED]

Date: July 31, 2019

**STATE OF ILLINOIS  
CERTIFICATION OF NO CHANGE FOR CONTRACT RENEWAL**

When renewing a State contract, if there has been a change in the information originally provided and accepted (by the State at the time of contract execution) on either the Financial Disclosures and Conflicts of Interest form or the Standard Certifications form, then vendors, parent entity(ies), and subcontractors must complete and re-submit the appropriate form for which a change occurred.

However, if the information originally submitted on either of the forms has not changed, then this form may be used to certify that there has been no change.

This certification is submitted for:

- Vendor
- Vendor's Parent Entity(ies) (100% ownership)
- Subcontractor(s) >\$50,000
- Subcontractor's Parent Entity(ies)(100% ownership) > \$50,000

Project Name	New Holland Tractor Repair, Parts and Services
Illinois Procurement Bulletin Number	BidBuy Bid# B-9651
Contract Number	16-0131
Vendor Name	Martin Implement Sales, Incorporated
Doing Business As (DBA)	Click here to enter text.
Disclosing Entity	Martin Implement Sales, Incorporated
Disclosing Entity's Parent Entity	Click here to enter text.
Subcontractor	Click here to enter text.
Instrument of Ownership or Beneficial Interest	Corporate Stock (C-Corporation, S-Corporation, Professional Corporation, Service Corporation) <input type="checkbox"/> If you selected Other, please describe: Click here to enter text.

**STATE OF ILLINOIS**  
**CERTIFICATION OF NO CHANGE FOR CONTRACT RENEWAL**

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I hereby certify that the information contained on the following forms originally submitted for the above referenced contract has not changed.

Financial Disclosures and Conflicts of Interest

Standard Certifications

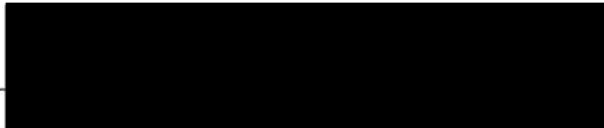
Information contained on the following forms originally submitted for the above referenced contract has changed. I have attached the appropriate updated information. Note to Disclosing Entity: Show the change(s) clearly on an attachment or submit new forms in their entirety.

Financial Disclosures and Conflicts of Interest

Standard Certifications

This disclosure is signed and made under penalty of perjury by an authorized officer or employee of the company pursuant to Sections 50-13 and 50-35 of the Illinois Procurement Code.

Authorized Signature: \_\_\_\_\_



Printed Name: Thomas Novak

Title: President

Email Address: [sales@martinimplement.com](mailto:sales@martinimplement.com)

Phone Number: 708-349-8430

Date: 7/31/2019



## STATE OF ILLINOIS FINANCIAL DISCLOSURES AND CONFLICTS OF INTEREST

The Financial Disclosures and Conflicts of Interest form ("form") must be accurately completed and submitted by the vendor, parent entity(ies), and subcontractors. There are nine steps to this form and each must be completed as instructed in the step heading and within the step. A bid or offer that does not include this form shall be considered non-responsive. The Agency/University will consider this form when evaluating the bid or offer or awarding the contract.

The requirement of disclosure of financial interests and conflicts of interest is a continuing obligation. If circumstances change and the disclosure is no longer accurate, then disclosing entities must provide an updated form.

Separate forms are required for the vendor, parent entity(ies), and subcontractors.

This disclosure is submitted for:

- Vendor
- Vendor's Parent Entity(ies) (100% ownership)
- Subcontractor(s) >\$50,000 (annual value)
- Subcontractor's Parent Entity(ies) (100% ownership) > \$50,000 (annual value)

Project Name	Click here to enter text. <u>NEW HOLLAND TRACTOR REPAIR PARTS &amp; SERVICES</u>
Illinois Procurement Bulletin Number	Click here to enter text. <u>22039520</u>
Contract Number	Click here to enter text. <u>16-0131</u>
Vendor Name	Click here to enter text. <u>MARTIN IMPLEMENT SALES, INC.</u>
Doing Business As (DBA)	Click here to enter text. <u>N/A</u>
Disclosing Entity	Click here to enter text. <u>MARTIN IMPLEMENT SALES, INC.</u>
Disclosing Entity's Parent Entity	Click here to enter text. <u>N/A</u>
Subcontractor	Click here to enter text. <u>N/A</u>
Instrument of Ownership or Beneficial Interest	Choose an item. <input type="checkbox"/> If you selected Other, please describe: Click here to enter text. <u>CORPORATE STOCK</u>

## FINANCIAL DISCLOSURES AND CONFLICTS OF INTERESTS

### STEP 1

### SUPPORTING DOCUMENTATION SUBMITTAL

(All vendors complete regardless of annual bid, offer, or contract value)  
(Subcontractors with subcontract annual value of more than \$50,000 must complete)

You must select one of the six options below and select the documentation you are submitting. You must provide the documentation that the applicable section requires with this form.

Option 1 – Publicly Traded Entities

1.A.  Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor.

OR

1.B.  Attach a copy of the Federal 10-K or provide a web address of an electronic copy of the Federal 10-K, and skip to Step 3.

Option 2 – Privately Held Entities with more than 100 Shareholders

2.A.  Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor.

OR

2.B.  Complete Step 2, Option A for each qualifying individual or entity holding any ownership share in excess of 5% and attach the information Federal 10-K reporting companies are required to report under 17 CFR 229.401.

Option 3 – All other Privately Held Entities, not including Sole Proprietorships

3.A.  Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor.

Option 4 – Foreign Entities

4.A.  Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor.

OR

4.B.  Attach a copy of the Securities Exchange Commission Form 20-F or 40-F and skip to Step 3.

Option 5 – Not-for-Profit Entities

Complete Step 2, Option B.

Option 6 – Sole Proprietorships

Skip to Step 3.

## FINANCIAL DISCLOSURES AND CONFLICTS OF INTERESTS

### STEP 2

### DISCLOSURE OF FINANCIAL INTEREST OR BOARD OF DIRECTORS

(All vendors, except sole proprietorships, must complete regardless of annual bid, offer, or contract value)  
 (Subcontractors with subcontract annual value of more than \$50,000 must complete)

Complete either Option A (for all entities other than not-for-profits) or Option B (for not-for-profits). Additional rows may be inserted into the tables or an attachment may be provided if needed.

#### OPTION A – Ownership Share and Distributive Income

**Ownership Share** – If you selected Option 1.A., 2.A., 2.B., 3.A., or 4.A. in Step 1, provide the name and address of each individual or entity and their percentage of ownership if said percentage exceeds 5%, or the dollar value of their ownership if said dollar value exceeds \$106,447.20.

Check here if including an attachment with requested information in a format substantially similar to the format below.

**TABLE – X**

Name	Address	Percentage of Ownership	\$ Value of Ownership
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.	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.	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.	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.

**Distributive Income** – If you selected Option 1.A., 2.A., 3.A., or 4.A. in Step 1, provide the name and address of each individual or entity and their percentage of the disclosing vendor's total distributive income if said percentage exceeds 5% of the total distributive income of the disclosing entity, or the dollar value of their distributive income if said dollar value exceeds \$106,447.20.

Check here if including an attachment with requested information in a format substantially similar to the format below.

**TABLE – Y**

Name	Address	% of Distributive Income	\$ Value of Distributive Income
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.	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.	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.	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.

## Disclosure of Financial Interest or Board of Directors

Table - X

Name	Address	Percentage of ownership	\$ Value of ownership
Thomas Novak	c/o 18405 115 <sup>th</sup> Ave., Orland Park IL 60467	27.8%	\$950,094
Robert Novak	c/o 18405 115 <sup>th</sup> Ave., Orland Park IL 60467	27.8%	\$950,094
Bruce Novak	c/o 18405 115 <sup>th</sup> Ave., Orland Park IL 60467	27.8%	\$950,094
Steve Martin	c/o 18405 115 <sup>th</sup> Ave., Orland Park IL 60467	14.07%	\$480,857

Table - Y

Name	Address	Percentage of distributive income	\$ Value of dist. income
Thomas Novak	c/o 18405 115 <sup>th</sup> Ave., Orland Park IL 60467	27.8%	\$950,094
Robert Novak	c/o 18405 115 <sup>th</sup> Ave., Orland Park IL 60467	27.8%	\$950,094
Bruce Novak	c/o 18405 115 <sup>th</sup> Ave., Orland Park IL 60467	27.8%	\$950,094
Steve Martin	c/o 18405 115 <sup>th</sup> Ave., Orland Park IL 60467	14.07%	\$480,857

## FINANCIAL DISCLOSURES AND CONFLICTS OF INTERESTS

Please certify that the following statements are true.

I have disclosed all individuals or entities that hold an ownership interest of greater than 5% or greater than \$106,447.20.

Yes  No

I have disclosed all individuals or entities that were entitled to receive distributive income in an amount greater than \$106,447.20 or greater than 5% of the total distributive income of the disclosing entity.

Yes  No

### OPTION B – Disclosure of Board of Directors (Not-for-Profits)

If you selected Option 5 in Step 1, list members of your board of directors. Please include an attachment if necessary.

TABLE – Z	
Name	Address
Click here to enter text. N/A	Click here to enter text. N/A
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.	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.
Click here to enter text.	Click here to enter text.

### STEP 3

### DISCLOSURE OF LOBBYIST OR AGENT

(Complete only if bid, offer, or contract has an annual value over \$50,000)  
 (Subcontractors with subcontract annual value of more than \$50,000 must complete)

Yes  No. Is your company represented by or do you 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 other agent who is not identified through Step 2, Option A above and who has communicated, is communicating, or may communicate with any State/Public University officer or employee concerning the bid or offer? 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.

Name	Address	Relationship to Disclosing Entity
Click here to enter text. N/A	Click here to enter text. N/A	Click here to enter text. N/A

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

## FINANCIAL DISCLOSURES AND CONFLICTS OF INTERESTS

### STEP 4

#### PROHIBITED CONFLICTS OF INTEREST

(All vendors must complete regardless of annual bid, offer, or contract value)  
(Subcontractors with subcontract annual value of more than \$50,000 must complete)

Step 4 must be completed for each person disclosed in Step 2, Option A and for sole proprietors identified in Step 1, Option 6 above. Please provide the name of the person for which responses are provided: Click here to enter text.

THOMAS NOVAK, ROBERT NOVAK, BRUCE NOVAK & STEVE MARTIN

1. Do you hold or are you the spouse or minor child who holds an elective office in the State of Illinois or hold a seat in the General Assembly?  Yes  No
2. Have you, your spouse, or minor child been appointed to or employed in any offices or agencies of State government and receive compensation for such employment in excess of 60% (\$106,447.20) of the salary of the Governor?  Yes  No
3. Are you or are you the spouse or minor child of an officer or employee of the Capital Development Board or the Illinois Toll Highway Authority?  Yes  No
4. Have you, your spouse, or an immediate family member who lives in your residence currently or who lived in your residence within the last 12 months been appointed as a member of a board, commission, authority, or task force authorized or created by State law or by executive order of the Governor?  Yes  No
5. If you answered yes to any question in 1-4 above, please answer the following: Do you, your spouse, or minor child receive from the vendor more than 7.5% of the vendor's total distributable income or an amount of distributable income in excess of the salary of the Governor (\$177,412.00)?  Yes  No
6. If you answered yes to any question in 1-4 above, please answer the following: Is there a combined interest of self with spouse or minor child more than 15% in the aggregate of the vendor's distributable income or an amount of distributable income in excess of two times the salary of the Governor (\$354,824.00)?  Yes  No

### STEP 5

#### POTENTIAL CONFLICTS OF INTEREST RELATING TO PERSONAL RELATIONSHIPS

(Complete only if bid, offer, or contract has an annual value over \$50,000)  
(Subcontractors with subcontract annual value of more than \$50,000 must complete)

Step 5 must be completed for each person disclosed in Step 2, Option A and for sole proprietors identified in Step 1, Option 6 above.

Please provide the name of the person for which responses are provided: Click here to enter text. THOMAS NOVAK, ROBERT NOVAK, BRUCE NOVAK & STEVE MARTIN

1. Do you currently have, or in the previous 3 years have you had State employment, including contractual employment of services?  Yes  No
2. Has your spouse, father, mother, son, or daughter, had State employment, including contractual employment for services, in the previous 2 years?  Yes  No

## FINANCIAL DISCLOSURES AND CONFLICTS OF INTERESTS

3. Do you hold currently or have you held in the previous 3 years elective office of the State of Illinois, the government of the United States, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois?  Yes  No
4. Do you have a relationship to anyone (spouse, father, mother, son, or daughter) holding elective office currently or in the previous 2 years?  Yes  No
5. Do you hold or have you held in the previous 3 years any appointive government office of the State of Illinois, the United States of America, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois, which office entitles the holder to compensation in excess of expenses incurred in the discharge of that office?  Yes  No
6. Do you have a relationship to anyone (spouse, father, mother, son, or daughter) holding appointive office currently or in the previous 2 years?  Yes  No
7. Do you currently have or in the previous 3 years had employment as or by any registered lobbyist of the State government?  Yes  No
8. Do you currently have or in the previous 2 years had a relationship to anyone (spouse, father, mother, son, or daughter) that is or was a registered lobbyist?  Yes  No
9. Do you currently have or in the previous 3 years had compensated employment by any registered election or re-election committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?  Yes  No
10. Do you currently have or in the previous 2 years had a relationship to anyone (spouse, father, mother, son, or daughter) who is or was a compensated employee of any registered election or reelection committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?  Yes  No

### STEP 6

#### EXPLANATION OF AFFIRMATIVE RESPONSES

(All vendors must complete regardless of annual bid, offer, or contract value)  
 (Subcontractors with subcontract annual value of more than \$50,000 must complete)

If you answered "Yes" in Step 4 or Step 5, please provide on an additional page a detailed explanation that includes, but is not limited to the name, salary, State agency or university, and position title of each individual. N/A



**FINANCIAL DISCLOSURES AND CONFLICTS OF INTEREST**

**STEP 7  
POTENTIAL CONFLICTS OF INTEREST  
RELATING TO DEBARMENT & LEGAL PROCEEDINGS**  
(Complete only if bid, offer, or contract has an annual value over \$50,000)  
(Subcontractors with subcontract annual value of more than \$50,000 must complete)

This step must be completed for each person disclosed in Step 2, Option A, Step 3, and for each entity and sole proprietor disclosed in Step 1.

Please provide the name of the person or entity for which responses are provided: Click here to enter text. *THOMAS NOVAK  
ROBERT NOVAK, BRUCE NOVAK, STEVE MARTIN & MARTIN IMPLEMENT SALES, INC.*

1. Within the previous ten years, have you had debarment from contracting with any governmental entity?  Yes  No
2. Within the previous ten years, have you had any professional licensure discipline?  Yes  No
3. Within the previous ten years, have you had any bankruptcies?  Yes  No
4. Within the previous ten years, have you had any adverse civil judgments and administrative findings?  Yes  No
5. Within the previous ten years, have you had any criminal felony convictions?  Yes  No

If you answered "Yes", please provide a detailed explanation that includes, but is not limited to the name, State agency or university, and position title of each individual. Click here to enter text. *N/A*

**STEP 8  
DISCLOSURE OF CURRENT AND PENDING CONTRACTS**  
(Complete only if bid, offer, or contract has an annual value over \$50,000)  
(Subcontractors with subcontract annual value of more than \$50,000 must complete)

If you selected Option 1, 2, 3, 4, or 6 in Step 1, do you have any contracts, pending contracts, bids, proposals, subcontracts, leases or other ongoing procurement relationships with units of State of Illinois government?  Yes  No.

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

Agency/University	Project Title	Status	Value	Contract Reference/P.O./Illinois Procurement Bulletin #
DEPARTMENT OF TRANSPORTATION Click here to enter	HEAVY-DUTY EQUIPMENT MASTER CONTRACT Click here to enter text.	PENDING Click here to enter	\$12,937,618.00 Click here to enter	222474 Click here to enter text.



FINANCIAL DISCLOSURES AND CONFLICTS OF INTEREST

text.		text.	text.	
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Please explain the procurement relationship: Click here to enter text. *CONTRACT IS PENDING*

**STEP 9**  
**SIGN THE DISCLOSURE**  
(All vendors must complete regardless of annual bid, offer, or contract value)  
(Subcontractors with subcontract annual value of more than \$50,000 must complete)

This disclosure is signed, and made under penalty of perjury for all for-profit entities, by an authorized officer or employee on behalf of the bidder or offeror pursuant to Sections 50-13 and 50-35 of the Illinois Procurement Code. This disclosure information is submitted on behalf of:

Name of Disclosing Entity: Click here to enter text. *MARTIN IMPLEMENT SALES, INC.*



Signature: \_\_\_\_\_

Date: Click here to enter text.  
*4/21/2017*

Printed Name: Click here to enter text. *THOMAS NOVAK*

Title: Click here to enter text. *PRESIDENT*

Phone Number: Click here to enter text. *(708) 349-8430*

Email Address: Click here to enter text. *sales@martinimplement.com*

# THA - Toll Highway Authority

P.O. Date: 8/30/2019

4100106692

## Purchase Order

Purchase Order Number  
**19-557THA-ENGP-P-12070**

Master Contract? N  
Contract/Ob #:

**VENDOR**

Vendor Number: V00006462  
Martin Implement Sales

18405 115th Avenue  
Orland Park, IL 60467  
rentals@martinimplement.com  
(708) 349-8430

**SHIP TO**

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

**BILL TO**

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: 10/01/2017	Freight Terms: Payment Terms: NA Delivery Calendar Day(s) A.R.O.: 0 Contract End Date: 09/30/2021
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Item # 1 Class-Item 929-85  Initial Term 10/01/2017 - 09/30/2019								
Quantity	Unit Price	UOM	Discount %	Total Discount Amt.	Tax Rate	Tax Amount	Freight	Total Cost
1.00	\$ 73,662.00	EA	0.00 %	\$ 0.00		\$ 0.00	\$ 0.00	\$ 73,662.00

Item # 2 Class-Item 929-85  Renewal Term 10/01/2019 - 09/30/2021.								
Quantity	Unit Price	UOM	Discount %	Total Discount Amt.	Tax Rate	Tax Amount	Freight	Total Cost
1.00	\$ 70,000.00	EA	0.00 %	\$ 0.00		\$ 0.00	\$ 0.00	\$ 70,000.00

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: \_\_\_\_\_

APPROVED

By: Anthony Catezone  
Phone#: (630) 241 6800  
BUYER

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

Illinois State Toll  
Highway Authority

Official Signature: \_\_\_\_\_

Printed Name: Jose R. Alvarez

Title: Executive Director

Designee Signature: \_\_\_\_\_

Printed Name: John Donato

Title: Chief of Procurement

Date: 9/24/19

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 \_\_\_\_\_

# THA - Toll Highway Authority

Internal Number: 1...

## Vendor Change Order #1

Purchase Order Number  
**19-557THA-ENGP-P-12070**

<b>V E N D O R</b>	Vendor Number: V00006462 Martin Implement Sales  18405 115th Avenue Orland Park, IL 60467 rentals@martinimplement.com (708) 349-8430
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<b>S H I P T O</b>	
<b>B I L L T O</b>	

**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: 10/01/2017      Contract End Date: 09/30/2021	Freight Terms: Payment Terms: NA Delivery Calendar Day(s) A.R.O.: 0
--	---

PO Administrative Changes: (see Change Order tab for additional detail)

Custom Field: Custom Field changed from "09/30/2019" to "09/30/2021"  
 Custom Field: Custom Field changed from "" to "0"  
 Custom Field: Custom Field changed from "09/30/2019" to "09/30/2021"  
 Custom Field: Custom Field changed from "73662.00" to "143662.00"  
 Short Description changed from "Renewal/New Holland Tractor Repair" to "New Holland Tractor Repair"

TAX:	\$ 0.00
FREIGHT:	\$ 0.00
<b>TOTAL:</b>	<b>\$ 70,000.00</b>

APPROVED

By: Anthony Catezone  
 Phone#: (630) 241-6800

BUYER