

SCHEDULE A

Statement of Prime Submitter Regarding Its MBE/WBE Utilization Plan

TO BE COMPLETED BY SUBMITTER ONLY

Submitter: Atlas & Associates Inc Project: Plumbing Supply & Supply & Delivery

Is the submitter a certified MBE/WBE? MBE WBE MBE: Yes No WBE: Yes No

If yes, attach all current Letters of Certification.

NOTE:

CERTIFICATION OF THE SUBMITTER AS AN **MBE** SATISFIES ONLY THE MBE GOAL; THE **WBE** GOAL MUST STILL BE MET. CERTIFICATION OF THE SUBMITTER AS A **WBE** SATISFIES ONLY THE WBE GOAL; THE **MBE** GOAL MUST STILL BE MET. CERTIFICATION OF THE SUBMITTER AS BOTH **MBE** AND **WBE** MAY SATISFY **ONE GOAL** ONLY.

The submitter intends to perform work in connection with this project as a:

GENDER:
 Male
 Female

RACE/ETHNICITY:
 Black/African American
 Hispanic American
 Asian American
 White American
 Other _____

TYPE OF FIRM:
 Partnership
 Sole Proprietorship
 Corporation
 Joint Venturer
 Other _____

All MBE/WBE firms included in the following plan must be certified as such by a public or private organization such as the City of Chicago, Chicago Minority Supplier Development Council (CMSDC), Women Business Development Center (WBDC), and the Small Business Administration.

I. Participation of MBE/WBE Firms

In determining the manner of MBE/WBE participation in the performance of this contract, the submitter shall consider involvement with MBE/WBE firms as joint venture partners, subcontractors, and suppliers of goods and services, either directly or indirectly.

- A. If submitter is a joint venturer and one or more joint venture partners are certified MBEs or WBEs, attach copies of Letters of Certification and a copy of the Joint Venture Agreement clearly describing the role of the MBE/WBE firm(s) and its ownership interest in the joint venture.
- B. Proposing MBE/WBE subcontractors/suppliers/consultants to perform work or supply goods or services not directly related to the performance of this contract is considered to be indirect participation.

MBE/WBE Subcontractors/Suppliers/Consultants:

1. Name of MBE/WBE: Atlas & Associates Inc
Address: 4907 Sunset Lane, Country Club Hills IL 60478
Contact Person: Shelia Swan Phone: 708 525 4097
E-mail: Atlasexpress1@yahoo.com Fax: 708 798 4328
MBE/WBE Participation: Dollars \$ 106,498.50 Percent: 90 %
Will this subcontractor be used for direct or indirect participation? (circle one)
Schedule B and all current certification letters attached? Yes No
2. Name of MBE/WBE: Taylor Business Equipment

Address: 9551 South Damen Avenue
Contact Person: Mary O'Connor Phone: 773-429-1041
E-mail: Mary@Taylorfax.com Fax: _____
MBE/WBE Participation: Dollars \$ 16,833.17 Percent: 10 %
Will this subcontractor be used for direct or indirect participation? (circle one)
Schedule B and all current certification letters attached? Yes No

3. Name of MBE/WBE: _____
Address: _____
Contact Person: _____ Phone: _____
E-mail: _____ Fax: _____
MBE/WBE Participation: Dollars \$ _____ Percent: _____ %
Will this subcontractor be used for direct or indirect participation? (circle one)
Schedule B and all current certification letters attached? Yes No

4. Name of MBE/WBE: _____
Address: _____
Contact Person: _____ Phone: _____
E-mail: _____ Fax: _____
MBE/WBE Participation: Dollars \$ _____ Percent: _____ %
Will this subcontractor be used for direct or indirect participation? (circle one)
Schedule B and all current certification letters attached? Yes No

5. Name of MBE/WBE: _____
Address: _____
Contact Person: _____ Phone: _____
E-mail: _____ Fax: _____
MBE/WBE Participation: Dollars \$ _____ Percent: _____ %
Will this subcontractor be used for direct or indirect participation? (circle one)
Schedule B and all current certification letters attached? Yes No

Contact Person: _____ Phone: _____

E-mail: _____ Fax: _____

MBE/WBE Participation: Dollars \$ _____ Percent: _____ %

Will this subcontractor be used as direct or indirect participation? (circle one)
Schedule B and all current certification letters attached? Yes No

7. Name of MBE/WBE: _____
Address: _____

Contact Person: _____ Phone: _____

E-mail: _____ Fax: _____

MBE/WBE Participation: Dollars \$ _____ Percent: _____ %

Will this subcontractor be used for direct or indirect participation? (circle one)
Schedule B and all current certification letters attached? Yes No

8. Name of MBE/WBE: _____
Address: _____

Contact Person: _____ Phone: _____

E-mail: _____ Fax: _____

MBE/WBE Participation: Dollars \$ _____ Percent: _____ %

Will this subcontractor be used for direct or indirect participation? (circle one)
Schedule B and all current certification letters attached? Yes No

9. Name of MBE/WBE: _____
Address: _____

Contact Person: _____ Phone: _____

E-mail: _____ Fax: _____

MBE/WBE Participation: Dollars \$ _____ Percent: _____ %

Will this subcontractor be used for direct or indirect participation? (circle one)
Schedule B and all current certification letters attached? Yes No

Attach additional sheets as needed.

II. Summary of MBE/WBE Proposal:

A. MBE Proposal:

1. MBE Participation:

<u>MBE Firm Name</u>	Dollar Amount of Participation	Percent Amount of Participation	Direct Indirect (check <input checked="" type="checkbox"/> one)
<u>Atlas + Associates Inc</u>	\$ <u>106,498.50</u>	<u>90</u> %	<input checked="" type="checkbox"/> <input type="checkbox"/>
_____	\$ _____	_____ %	<input type="checkbox"/> <input type="checkbox"/>
_____	\$ _____	_____ %	<input type="checkbox"/> <input type="checkbox"/>
_____	\$ _____	_____ %	<input type="checkbox"/> <input type="checkbox"/>
_____	\$ _____	_____ %	<input type="checkbox"/> <input type="checkbox"/>
_____	\$ _____	_____ %	<input type="checkbox"/> <input type="checkbox"/>
_____	\$ _____	_____ %	<input type="checkbox"/> <input type="checkbox"/>
_____	\$ _____	_____ %	<input type="checkbox"/> <input type="checkbox"/>
_____	\$ _____	_____ %	<input type="checkbox"/> <input type="checkbox"/>
Total MBE Participation:	\$ <u>106,498.50</u>	_____ %	

2. WBE Participation:

<u>WBE Firm Name</u>	Dollar Amount of Participation	Percent Amount of Participation	Direct Indirect (check <input checked="" type="checkbox"/> one)
<u>Taylor Business Equipment</u>	\$ <u>11,833.17</u>	<u>17</u> %	<input type="checkbox"/> <input checked="" type="checkbox"/>
_____	\$ _____	_____ %	<input type="checkbox"/> <input type="checkbox"/>
_____	\$ _____	_____ %	<input type="checkbox"/> <input type="checkbox"/>
_____	\$ _____	_____ %	<input type="checkbox"/> <input type="checkbox"/>
_____	\$ _____	_____ %	<input type="checkbox"/> <input type="checkbox"/>
_____	\$ _____	_____ %	<input type="checkbox"/> <input type="checkbox"/>
_____	\$ _____	_____ %	<input type="checkbox"/> <input type="checkbox"/>
_____	\$ _____	_____ %	<input type="checkbox"/> <input type="checkbox"/>
_____	\$ _____	_____ %	<input type="checkbox"/> <input type="checkbox"/>
Total WBE Participation:	\$ <u>11,833.17</u>	_____ %	

The submitter designates the following person as its MBE/WBE Liaison Officer:

Shelia Swan President (708) 525 4097
(Name and Title) (Phone Number)
Atlasexpress1@yahoo.com
(E-mail address)

The Contractor certifies to the best of its knowledge and belief that it, its principals and any subcontractors used in the performance of this contract, meet the Park District requirements and have not violated any City or Sister Agency policy, codes, state, federal, or local laws, rules or regulations and have not been subject to any debarment, suspension or other disciplinary action by any

Submitter: Atlas + Associates Inc
(Print or Type Name of Business)

S i g n a t u r e Shelia Swan Date: 11/13/20
(Written Signature of Authorized Officer/Representative)

Name/Title: Shelia Swan Shelia Swan President
(Print or Type Name and Title of Person Signing Statement)

NOTE

If submitter is an MBE/WBE joint venture with a non-MBE/WBE firm, use the following signature page instead:

End of Schedule A

SCHEDULE B

Statement of Intent from MBE/WBE to Perform as Subcontractor, Supplier and/or Consultant
MBE/WBE PRIME CONTRACTOR MUST SUBMIT A SCHEDULE B, IF SELF-PERFORMING ANY WORK, TO RECEIVE MBE/WBE CREDIT

Project: P2006 - PLUMBING SUPPLIES + DELIVERY

From: TAYLOR BUSINESS EQUIPMENT, LLC MBE: Yes No
(Name of MBE/WBE Firm) WBE: Yes No

To: ATLAS + ASSOCIATES + INC and the Chicago Park District:
(Name of Prime Contractor-Submitter)

The undersigned intends to perform work in connection with the above projects as a:

GENDER:	RACE/ETHNICITY:	TYPE OF FIRM:
<input type="checkbox"/> Male	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Partnership
<input checked="" type="checkbox"/> Female	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Sole Proprietorship
	<input type="checkbox"/> Asian American	<input type="checkbox"/> Corporation
	<input checked="" type="checkbox"/> White American	<input type="checkbox"/> Joint Venturer
	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other - LLC

The MBE/WBE status of the undersigned is confirmed by the attached current Letters of Certification from public or private entities such as the City of Chicago, the Chicago Minority Supplier Development Council (CMSDC), the Women's Business Development Center (WBDC), and the Small Business Administration.

Attach all current certification letters behind Schedule B.

The undersigned is prepared to provide the following services or supply the following goods in connection with the above project/contract:

Equipment SUPPLIES + DELIVERY

The above described performance is offered for the following price and described terms of payment:

\$ 11,833.17

If more space is needed to fully describe the MBE/WBE firm's proposed scope of work and/or payment schedule, attach additional sheets.

The undersigned will enter into a written agreement for the above work with you as prime contractor, conditioned upon your execution of a contract with the Chicago Park District, and will do so within (3) three working days of receipt of a signed contract from the Chicago Park District.

Signature: Mary D' Connor Date: 11.16.2020
(Signature of Owner or Authorized Agent of MBE/WBE)

Name/Title: MARY O'CONNOR, VICE PRESIDENT
(Print or Type Name and Title)

Address: 9551 S. DAMEN AVE, CHGO IL 60643

Telephone: 773.429.1061 Fax:

End of Schedule B

Certification: View

Certification List

Vendor Capabilities

BUSINESS NAME	Atlas & Associates
SYSTEM VENDOR NUMBER	20079561
PRIMARY OWNER'S NAME	Ms. Sheila Swan
COMPANY TYPE	Corporation
ETHNIC GROUP	African-American (Black)
GENDER	Female

Certification Information

CERTIFYING AGENCY	Cook County
CERTIFICATION TYPE	MBE - Minority Business Enterprise
EFFECTIVE DATE	2/7/2020
RENEWAL DATE	2/7/2021

Contact Information

MAIN COMPANY EMAIL	atlasexpress1@yahoo.com
MAIN PHONE	708-525-4097
MAIN FAX	708-798-4328
MAIN COMPANY WEBSITE	

Addresses

PHYSICAL ADDRESS	4907 Sunset Lane Country Club Hills, IL 60478
MAILING ADDRESS	4907 Sunset Lane Country Club Hills, IL 60478

Business Capabilities

BUSINESS CERTIFIED FOR	Distributor: Office, Janitorial, Medical and Chemical Supplies; Promotional Products
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FULL DESCRIPTION OF
CAPABILITIES/PRODUCTS**Distributor: Office, Janitorial, Medical and Chemical Supplies; Promotional Products**

COMMODITY CODES

NAICS 332322	Forms, concrete, sheet metal (except stampings), manufacturing (More)
NAICS 423310	Lumber, Plywood, Millwork, and Wood Panel Merchant Wholesalers (More)
NAICS 423450	Medical supplies merchant wholesalers (More)
NAICS 423740	Refrigeration Equipment and Supplies Merchant Wholesalers (More)
NAICS 423840	General-line industrial supplies merchant wholesalers (More)
NAICS 423850	Janitorial equipment and supplies merchant wholesalers (More)
NAICS 423910	Gymnasium equipment merchant wholesalers (More)
NAICS 424120	Stationery and Office Supplies Merchant Wholesalers (More)
NAICS 424990	Pottery, novelty, merchant wholesalers (More)

Owner Ethnicity and Gender

ETHNIC GROUP	African-American (Black)
GENDER	Female

Location

COUNTY	Cook (IL)
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Additional InformationSERVICE-DISABLED VETERAN BUSINESS **No**

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Certification: View

Certification List

Vendor Capabilities

BUSINESS NAME	Taylor Business Equipment, LLC
SYSTEM VENDOR NUMBER	20060315
PRIMARY OWNER'S NAME	Ms. Nancy E. Taylor
COMPANY TYPE	LLC
ETHNIC GROUP	Caucasian
GENDER	Female

Certification Information

CERTIFYING AGENCY	Cook County
CERTIFICATION TYPE	WBE - Women Business Enterprise
EFFECTIVE DATE	4/23/2020
RENEWAL DATE	4/23/2021

Contact Information

MAIN COMPANY EMAIL	nancy@taylorfax.com
MAIN PHONE	773-429-1061
MAIN FAX	773-429-1091
MAIN COMPANY WEBSITE	http://www.taylorfax.com

Addresses

PHYSICAL ADDRESS	9551 S. Damen Ave., 1st Floor Chicago, IL 60643
MAILING ADDRESS	9551 S. Damen Ave., 1st Floor Chicago, IL 60643

Business Capabilities

BUSINESS CERTIFIED FOR	Regular Dealer: Reseller & Service of Office Equipment and Accessories
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FULL DESCRIPTION OF CAPABILITIES/PRODUCTS	Regular Dealer: Reseller & Service of Office Equipment and Accessories	
COMMODITY CODES	NAICS 423420	Office equipment merchant wholesalers (More)
	NAICS 423430	Printers, computer, merchant wholesalers (More)

Owner Ethnicity and Gender	
ETHNIC GROUP	Caucasian
GENDER	Female

Location	
COUNTY	Cook (IL)

Additional Information	
SERVICE-DISABLED VETERAN BUSINESS	No

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