

# SCHEDULE A

## Statement of Prime Submitter Regarding Its MBE/WBE Utilization Plan

### TO BE COMPLETED BY SUBMITTER ONLY

Submitter: CANON SOLUTIONS AMERICA, INC.

Project: MULTIFUNCTIONAL FLEET EQUIPMENT

Is the submitter a certified 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: MDI TRANSPORTATION SERVICES INC.

Address: 10430 WOODWARD AVE, WOODRIDGE, IL 60157

Contact Person: NANCY DECOLA, PRESIDENT Phone: (630) 285-9090

E-mail: NDECOLA@MDITRANSPORTATION.COM Fax: \_\_\_\_\_

MBE/WBE Participation: Dollars \$ 20,160 Percent: 1.6 %

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: NA

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

MBE/WBE Participation: Dollars \$ \_\_\_\_\_ Percent: \_\_\_\_\_ 0%

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: MDI TRANSPORTATION SERVICES INC.

Address: 10430 WOODWARD AVE, WOODRIDGE, IL 60157

Contact Person: NANCY DECOLA, PRESIDENT Phone: (630) 285-9090

E-mail: NDECOLA@MDITRANSPORTATION.COM Fax: \_\_\_\_\_

MBE/WBE Participation: Dollars \$ 171,360 Percent: \_\_\_\_\_ 13.4%

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: NA

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

MBE/WBE Participation: Dollars \$ 0 Percent: \_\_\_\_\_ 0%

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: NA

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

MBE/WBE Participation: Dollars \$ 0 Percent: \_\_\_\_\_ 0%

Will this subcontractor be used for direct or indirect participation? (circle one)

Schedule B and all current certification letters attached? ☐ Yes ☐ No

II. Summary of MBE/WBE Proposal:

A. MBE Proposal:

1. MBE Participation:

MBE Firm Name	Dollar Amount of Participation	Percent Amount of Participation	Direct (check <input type="checkbox"/> one)	Indirect (check <input type="checkbox"/> one)
NA	\$0	0 %	<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"/>	<input type="checkbox"/>
Total MBE Participation:	\$	%		

2. WBE Participation:

WBE Firm Name	Dollar Amount of Participation	Percent Amount of Participation	Direct (check <input type="checkbox"/> one)	Indirect (check <input type="checkbox"/> one)
MDI TRANSPORTATION SYSTEMS, INC.	\$ 20,160	1.6 %	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MDI TRANSPORTATION SYSTEMS, INC.	\$ 160,000	13.4 %	<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"/>
Total WBE Participation:	\$ 189,000	15 %		

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

( )

(Name and Title)

(Phone Number)

(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 government agency. Additionally, if at any time the contractor becomes aware of such information, it must immediately disclose it to the Park District.

Submitter: CANON SOLUTIONS AMERICA, INC.  
*(Print or Type Name of Business)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Written Signature of Authorized Officer/Representative)*

Name/Title: \_\_\_\_\_  
*(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**

# MBE/WBE UTILIZATION REPORTING REQUIREMENTS

CHICAGO PARK DISTRICT

---

## Construction Contracts

The prime bidder shall, within 30 days of receiving the contract award, execute contracts or purchase orders with the MBE and WBE firms included in its approved MBE/WBE Utilization Plan. These written agreements shall be made available to the Department of Purchasing upon request.

The prime bidder shall submit the “MBE/WBE Utilization Report” with every progress payment request.

## Term Agreement Contracts

For term agreement contracts for materials, supplies, equipment, services, etc., the Director of Purchasing will determine the frequency with which utilization reports are to be submitted. In the absence of written notice from the Director of Purchasing, the submitter’s first “MBE/WBE Utilization Report” will be due no later than ninety (90) days after the date of contract execution.

**Submission Address:** MBE/WBE Utilization Reports are to be submitted directly to:

Compliance Officer  
Department of Purchasing  
Chicago Park District  
541 N. Fairbanks Court  
3<sup>rd</sup> Floor  
Chicago, IL. 60611

**Do not submit invoices with the “MBE/WBE Utilization Report.”**

## 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: MULTIFUNCTIONAL FLEET EQUIPMENT

From: MDI TRANSPORTATION SYSTEMS, INC.  
(Name of MBE/WBE Firm)

MBE: ☐ Yes ☒ No  
WBE: ☒ Yes ☐ No

To: CANON SOLUTIONS AMERICA, 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:**

☐ Male  
☒ Female

**RACE/ETHNICITY:**

☐ Black/African American  
☐ Hispanic American  
☐ Asian American  
☐ White American  
☐ Other \_\_\_\_\_

**TYPE OF FIRM:**

☐ Partnership  
☐ Sole Proprietorship  
☐ Corporation  
☐ Joint Venturer  
☐ Other \_\_\_\_\_

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:

Interstate and Intrastate Transportation Services - deliveries, transportation, and removals of Canon equipment,  
throughout the term of the Agreement.

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

Payment will be paid upon receipt of invoices, totaling up to \$189,000 (or 15%) of the total contract spend over the  
3-year term.

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: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Owner or Authorized Agent of MBE/WBE)

Name/Title: NANCY DECOLA, PRESIDENT  
(Print or Type Name and Title)

Address: 10430 WOODWARD AVE, WOODRIDGE, IL 60157

Telephone: (630) 285-9090 Fax: \_\_\_\_\_

**End of Schedule B**



**TONI PRECKWINKLE**

PRESIDENT

Cook County Board  
of Commissioners

BRANDON JOHNSON

1st District

DENNIS DEER

2nd District

BILL LOWRY

3rd District

STANLEY MOORE

4th District

DEBORAH SIMS

5th District

DONNA MILLER

6th District

ALMA E. ANAYA

7th District

LUIS ARROYO, JR.

8th District

PETER N. SILVESTRI

9th District

BRIDGET GAINER

10th District

JOHN P. DALEY

11th District

BRIDGET DEGNEN

12th District

LARRY SUFFREDIN

13th District

SCOTT R. BRITTON

14th District

KEVIN B. MORRISON

15th District

FRANK AGUILAR

16th District

SEAN M. MORRISON

17th District

OFFICE OF CONTRACT COMPLIANCE

**Nicole Mandeville**

DIRECTOR

69 W. Washington Street, George W. Dunne Cook County Building, Suite 3000 • Chicago, Illinois 60602 • (312) 603-5502

September 9, 2022

Ms. Nancy DeCola  
President  
MDI Transportation Systems  
10430 Woodward Ave.  
Woodridge, IL 60517

**Re: Annual Certification Expires: September 30, 2023**

Dear Ms. DeCola:

Congratulations on your continued eligibility for Certification as a **Women-owned Business Enterprise (WBE)** Cook County Government. This certification is valid until **September 30, 2026**; however, you must re-validate your firms' certification annually.

As a condition of continued Certification, you must file a **"No Change Affidavit"** within **sixty (60) business days prior to the date of Annual Certification Expiration**. Failure to file this Affidavit shall result in the termination of your Certification. You must notify Cook County Government's Office of Contract Compliance of any change in ownership or control or any other matters or facts affecting your firm's eligibility for Certification within **fifteen (15) business days** of such change.

Cook County Government may commence action to remove your firm as an **WBE** vendor if you fail to notify us of any changes of facts affecting your firm's Certification, or if your firm otherwise fails to cooperate with the County in any inquiry or investigation. Removal of status may also be commenced if your firm is found to be involved in bidding or contractual irregularities.

Your firm's name will be listed in Cook County's Directory of certified firms in the following area(s) of specialty:

**TRANSPORTATION: SPECIALIZED FREIGHT TRUCKING; DUMP TRUCKING; GENERAL FREIGHT TRUCKING; FLATBED TRUCKING; SNOW REMOVAL AND SNOW PLOWING SERVICES**

Your firm's participation on Cook County contracts will be credited toward **WBE** goals in your area(s) of specialty. While your participation on Cook County contracts is not limited to your specialty, credit toward **WBE** goals will be given only for work performed in the specialty category.

Thank you for your continued interest in Cook County Government's Minority, Women, Veteran, Service-Disabled Veteran and People with Disabilities Business Enterprise Programs.

Sincerely,

*Dr. Makeba C. Butler*

Dr. Makeba C. Butler  
Deputy Director, Office of Contract Compliance

MCB/ew





WOMEN'S BUSINESS ENTERPRISE  
NATIONAL COUNCIL

JOIN FORCES. SUCCEED TOGETHER.

hereby grants

# National Women's Business Enterprise Certification

to

MDI Transportation Systems, Inc.

who has successfully met WBENC's standards as a Women's Business Enterprise (WBE).  
This certification affirms the business is woman-owned, operated and controlled and is valid through the date herein.

Certification Granted: June 13, 2011

Expiration Date: June 13, 2023

WBENC National Certification Number: 2005118354

WBENC National WBE Certification was processed and validated by Women's Business  
Development Center - Midwest, a WBENC Regional Partner Organization.

Authorized by Emilia DiMenco, President &  
CEO Women's Business Development Center -  
Midwest



NAICS: 484110, 484121, 484122, 484210, 484220, 484230, 488490, 561790  
UNSPSC: 78101802



Great Lakes  
Women's  
Business  
Council



WBECMETRONY

WBEC: RIVERDAVE



WBEEAST

WBECFLORIDA

WBECORV

WBECPACIFIC

WBEC SOUTH

WBECWEST