

SCHEDULE A

Statement of Prime Submitter Regarding Its MBE/WBE Utilization Plan

TO BE COMPLETED BY SUBMITTER ONLY

Submitter: Computer Aid, Inc. (CAI)

Project: Non-Target Market Master Consulting Agreement: PO 225233; Spec 1222633

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: Krasan Consulting Services, Inc.

Address: 3049 Burlington Ave., Lisle, IL 60532

Contact Person: Pavithra Karumuri - President/CEO Phone: 630-470-4192

E-mail: Pravithra@krasanconsulting.com Fax: 630-447-0040

MBE/WBE Participation: Dollars \$ 562,500 Percent: 12.5 %

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: Teglogica Corporation

Address: 23 E. 13th Street, Lombard, IL 60148

Contact Person: Talib Qadir Phone: 630-748-8470

E-mail: HR@teqlogica.com Fax: N/A

MBE/WBE Participation: Dollars \$ 562,500 Percent: 12.5 %

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: William Everett

Address: 35 E. Wacker Drive, #3100, Chicago, IL 60601

Contact Person: Ellen Turner Phone: 312-546-5680

E-mail: e.turner@wegrp.com Fax: 773-929-4553

MBE/WBE Participation: Dollars \$ 225,000 Percent: 5.0 %

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

6. Name of MBE/WBE: _____
Address: _____
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 (check <input checked="" type="checkbox"/> one)	Indirect
Krasan Consulting Services, Inc.	\$ 562,500	12.5 %	<input checked="" type="checkbox"/>	
Teqlogica Corporation	\$ 562,500	12.5 %	<input checked="" type="checkbox"/>	
	\$	%		
	\$	%		
	\$	%		
	\$	%		
	\$	%		
	\$	%		
Total MBE Participation:	\$ 1,125,000	25.0 %		


2. WBE Participation:

<u>WBE Firm Name</u>	Dollar Amount of Participation	Percent Amount of Participation	Direct (check <input checked="" type="checkbox"/> one)	Indirect
William Everett	\$ 225,000	5.0 %	<input checked="" type="checkbox"/>	
	\$	%		
	\$	%		
	\$	%		
	\$	%		
	\$	%		
	\$	%		
	\$	%		
Total WBE Participation:	\$ 225,000	5.0 %		

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

Tara Sommerfield (Name and Title) (610) 530-5177 (Phone Number)
Tara.Sommerfield@cai.io (E-mail address)

Submitter: Computer Aid, Inc. (CAI)
(Print or Type Name of Business)

Signature:  Date: 4/19/2024
(Written Signature of Authorized Officer/Representative)

Name/Title: D. Abraham Hunter - Executive Vice President, Public Sector
(Print or Type Name and Title of Person Signing Statement)

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

Revised 6/27/19

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: Non-Target Market Master Consulting Agreement: PO 225233; Spec 1222633

From: Krasan Consulting Services, Inc.

(Name of MBE/WBE Firm)

MBE: ☒ Yes ☐ No

WBE: ☒ Yes ☐ No

To: Computer Aid, Inc. (CAI)

(Name of Prime Contractor-Submitter)

and the Chicago Park District:

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 Asian Indian

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:

IT staffing and consulting services.

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

12.5% of the contract value. Payment terms are net 30 days.

Total contract value is \$4,500,000: 12.5% of TCV is \$562,500.

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: _____

(Signature of Owner or Authorized Agent of MBE/WBE)

Date: 4/10/2024

Name/Title: Pavithra Karumuri. CEO

(Print or Type Name and Title)

Address: 3049 Burlington Ave, Lisle, IL 60532

Telephone: 630-748-8470

Fax: N/A

End of Schedule B

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: Non-Target Market Master Consulting Agreement: PO 225233; Spec 1222633

From: Teglogica Corporation

(Name of MBE/WBE Firm)

MBE: ☒ Yes ☐ No

WBE: ☐ Yes ☒ No

To: Computer Aid, Inc. (CAI)

(Name of Prime Contractor-Submitter)

and the Chicago Park District:

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
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Total contract value is \$4,500,000: 12.5% of TCV is \$562,500.

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: _____

(Signature of Owner or Authorized Agent of MBE/WBE)

Date: 04/08/2024

Name/Title: Talib Qadir, President

(Print or Type Name and Title)

Address: 23 E. 13th St., Lombard, IL 60148

Telephone: 630-748-8470

Fax: N/A

End of Schedule B

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: Non-Target Market Master Consulting Agreement: PO 225233; Spec 1222633

From: William Everett
(Name of MBE/WBE Firm)

MBE: ☒ Yes ☐ No
WBE: ☒ Yes ☐ No

To: Computer Aid, Inc. (CAI) 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
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☐ Other _____

TYPE OF FIRM:

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☒ 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:

IT staffing and consulting services.

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

5.0% of the contract value. Payment terms are net 30 days.

Total contract value is \$4,500,000; 5.0% of TCV is \$225,000.

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: Jellen Turner
(Signature of Owner or Authorized Agent of MBE/WBE)

Date: 4/19/24

Name/Title: _____
(Print or Type Name and Title)

Address: 35 E. Wacker Drive, Suite 3100, Chicago, IL 60601

Telephone: 312-564-5680

Fax: 312-929-4553

End of Schedule B