

# SCHEDULE A

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

### TO BE COMPLETED BY SUBMITTER ONLY

Submitter: TranSmart, LLC

Project: Chicago #114541; Spec #173073

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: TranSmart, LLC

Address: 100 S Wacker Dr, Suite 400

Contact Person: Christine Hoagland Phone: 312.922.1700

E-mail: choagland@transmartinc.com Fax: \_\_\_\_\_

MBE/WBE Participation: Dollars \$ TBD Percent: 100 %

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: \_\_\_\_\_

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

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

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	Indirect
			(check <input type="checkbox"/> one)	
TranSmart, LLC	\$ _____	100 %	<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"/>
<b>Total MBE Participation:</b>	<b>\$ _____</b>	<b>_____ %</b>		

**2. WBE Participation:**

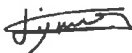
<u>WBE Firm Name</u>	Dollar Amount of Participation	Percent Amount of Participation		
_____	\$ _____	_____ %	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	_____ %	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	_____ %	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	_____ %	<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"/>
<b>Total WBE Participation:</b>	<b>\$ _____</b>	<b>_____ %</b>		

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

Christine Hoagland - Sr VP of Operations ( \_\_\_\_\_ ) 312.922.1700  
*(Name and Title)* *(Phone Number)*  
choagland@transmartinc.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 government agency. Additionally, if at any time the contractor becomes aware of such information, it must immediately disclose it to the Park District.

Submitter: TranSmart, LLC  
*(Print or Type Name of Business)*

Signature:  Date: 9/24/2024  
*(Written Signature of Authorized Officer/Representative)*

Name/Title: Jing (Connie) Li, PE, PhD - 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**



CITY OF CHICAGO



DEPARTMENT OF PROCUREMENT SERVICES

MAR 22 2022

Jing Li  
TranSmart, Inc.  
100 S. Wacker Dr., Suite 400  
Chicago, Illinois 60606

Dear Ms. Li:

We are pleased to inform you that **TranSmart, Inc.** has been recertified as a **Minority-Owned Business Enterprise ("MBE") and Women-Owned Business Enterprise ("WBE")** the City of Chicago ("City"). This certification will remain effective for as long as your firm continues to meet all certification eligibility requirements and is contingent upon the firm affirming its eligibility by filing an **annual No-Change Affidavit** each year. In the past, the City has provided you with an annual letter confirming your certification; such letters will no longer be issued. Therefore, we require you to be even more diligent in filing your **annual No-Change Affidavit 60 days** before your annual anniversary date.

It is now your responsibility to check the City's certification directory and verify your certification status. As a condition of continued certification, you must **file an annual No-Change Affidavit by your anniversary date of March 15<sup>th</sup>**. Please remember, you have an affirmative duty to file your No-Change Affidavit 60 days prior to the anniversary date for timely processing. Failure to file your annual No-Change Affidavit may result in the suspension or rescission of your certification.

It is important to note that you also have an ongoing affirmative duty to notify the City of any changes in ownership or control of your firm, or any other fact affecting your firm's eligibility for certification **within 10 days** of such change. These changes may include but are not limited to a change of address, change of business structure, change in ownership or ownership structure, change of business operations, gross receipts and or personal net worth that exceed the program threshold. Failure to provide the City with timely notice of such changes may result in the suspension or rescission of your certification. In addition, you may be liable for civil penalties under Chapter 1-22, "False Claims", of the Municipal Code of Chicago.

Please note – you shall be deemed to have had your certification lapse and will be ineligible to participate as a **MBE/WBE** if you fail to:

- File your annual No-Change Affidavit within the required time period;
- Provide financial or other records requested pursuant to an audit within the required time period;

*DLW*

- Notify the City of any changes affecting your firm's certification **within 10 days** of such change; or
- File your recertification within the required time period.

Please be reminded of your contractual obligation to cooperate with the City with respect to any reviews, audits or investigation of its contracts and affirmative action programs. We strongly encourage you to assist us in maintaining the integrity of our programs by reporting instances or suspicions of fraud or abuse to the **City's Inspector General at [chicagoinspectorgeneral.org](http://chicagoinspectorgeneral.org), or 866-IG-TIPLINE (866-448-4754).**

Be advised that if you or your firm is found to be involved in certification, bidding and/or contractual fraud or abuse, the City will pursue decertification and debarment. In addition to any other penalty imposed by law, any person who knowingly obtains, or knowingly assists another in obtaining a contract with the City by falsely representing the individual or entity, or the individual or entity assisted is guilty of a misdemeanor, punishable by incarceration in the county jail for a period not to exceed six months, or a fine of not less than \$5,000 and not more than \$10,000 or both.

Your firm's name will be listed in the City's Directory of Minority and Women-Owned Business Enterprises in the specialty area(s) of:

**NAICS Codes:**

**541320- Urban Planning Services**

**541330- Civil, Construction and Electrical Engineering Services; Engineering Design and Traffic Engineering Services**

**541614- Transportation Management Planning Services**

Your firm's participation on City contracts will be credited only toward **MBE/WBE** goals in your area(s) specialty. While your participation on City contracts is not limited to your area of specialty, credit toward goals will be given only for work that is self-performed and providing a commercially useful function that is done in the approved specialty category.

Thank you for your interest in the City's Minority, Women-Owned Business Enterprise, Veteran-Owned Business Enterprise and Business Enterprise Owned or Operated by People with Disabilities (MBE/WBE/VBE/BEPD) Program.

Sincerely,



Aileen Velazquez  
Chief Procurement Officer

AV/fn