

### SCHEDULE A

Statement of Proposer Regarding Its MBE/WBE Utilization Plan  
TO BE COMPLETED BY THE PROPOSER ONLY

Proposer: Moore Landscapes, LLC  
Project: District-Wide Planting & Landscaping Services  
District-Wide Turf & Athletic Field Services

Is the proposer a certified MBE/WBE? MBE:  Yes  No WBE:  Yes  No  
If yes, attach all current Letters of Certification.

**NOTE:**

Certification of the proposer as an MBE satisfies only the MBE goal; the WBE goal must still be met. Certification of the proposer as a WBE satisfies only the WBE goal; the MBE goal must still be met. Certification of the proposer as both MBE and WBE may satisfy one goal only.

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

<b>GENDER:</b>	<b>RACE/ETHNICITY:</b>	<b>TYPE OF FIRM:</b>
<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Partnership
<input 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 <u>LLC</u>

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, Cook County-Illinois, the Illinois Department of Central Management Services (CMS), the Metropolitan Water Reclamation District, the Small Business Administration, the Chicago Minority Supplier Development Council (CMSDC), and the Women Business Development Center (WBDC).

**I. Participation of MBE/WBE Firms**

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

- A. If proposer 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: A&B Sanchez, Inc,  
 Address: 2814 E. Hintz Rd., Arlington Hts., IL 60004  
 Contact Person: Bobby Sanchez Phone: 847-392-5767  
 E-mail: bobby@absanchezlandscapes.com Fax: 847-392-6552  
 MBE/WBE Participation: Dollars \$ 1,500,000.00 Percent: 25 %

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: Briar Patch Landscaping

Address: 2923 N. Milwaukee Ave., Chicago, IL 60618

Contact Person: Nanette Flynn Phone: 773-316-4524

E-mail: brpatch99@yahoo.com Fax: \_\_\_\_\_

MBE/WBE Participation: Dollars \$ 300,000.00 Percent: 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: \_\_\_\_\_

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 for 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 Plan:

A. MBE Participation:

<u>MBE Firm Name</u>	Dollar Amount of Participation	Percent Amount of Participation
A&B Sanchez, Inc.	\$ 1,500,000.00	25 %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
Total MBE Participation:	\$ 1,500,000.00	25 %

B. WBE Participation:

<u>WBE Firm Name</u>	Dollar Amount of Participation	Percent Amount of Participation
Briar Patch Landscaping	\$ 300,000.00	5 %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
Total WBE Participation:	\$ 300,000.00	5 %

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

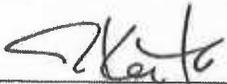
Christopher Coe, Division Manager ( 847 ) 564-9393  
 \_\_\_\_\_ (Name and Title) (Phone Number)

ccoe@moorelandscapes.com  
 \_\_\_\_\_ (E-mail address)

To the best of my knowledge, information and belief, the facts and representations contained in this Schedule are true, and no material facts have been omitted.

Any material misrepresentation will be grounds for terminating any contract that may be awarded and for initiating action under federal or state laws concerning false statements.

Proposer: Moore Landscapes, LLC  
*(Print or Type Name of Business)*

Signature:  Date: 12/11/17  
*(Signature of Authorized Officer/Representative)*

Name/Title: Joel Korte/CEO  
*(Print or Type Name and Title of Person Signing Statement)*

**NOTE**

If the proposer is a MBE/WBE operating as a joint venture with a non-MBE/WBE firm, then use the signature page that follows instead.

**End of Schedule A**

### SCHEDULE B

Statement of Intent from MBE/WBE to Perform as Subcontractor, Supplier and/or Consultant  
DO NOT FILL OUT OR SIGN THIS FORM IF YOU ARE THE PROPOSER

Project: District-Wide Planting & Landscaping Services  
District-Wide Turf & Athletic Field Services

From: A&B Sanchez, Inc. MBE:  Yes  No  
(Name of MBE/WBE Firm) WBE:  Yes  No

To: Moore Landscapes, LLC and the Chicago Park District:  
(Name of Proposer)

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

- |  |   |  |
|--|---|--|
| <b>GENDER:</b>                           | <b>RACE/ETHNICITY:</b>                                | <b>TYPE OF FIRM:</b>                         |
| <input checked="" type="checkbox"/> Male | <input type="checkbox"/> Black/African American       | <input type="checkbox"/> Partnership         |
| <input type="checkbox"/> Female          | <input checked="" type="checkbox"/> Hispanic American | <input type="checkbox"/> Sole Proprietorship |
|  | <input type="checkbox"/> Asian American               | <input type="checkbox"/> Corporation         |
|  | <input type="checkbox"/> White American               | <input type="checkbox"/> Joint Venturer      |
|  | <input type="checkbox"/> Other _____                  | <input type="checkbox"/> 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, Cook County, the Chicago Minority Supplier Development Council (CMSDC), the Women's Business Development Center (WBDC), Illinois Department of Central Management Services (CMS), The Metropolitan Water Reclamation District of Greater Chicago, and the Small Business Administration (SBA).

**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:

Landscape Services  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

25% of the contract - \$1,500,000.00

Payment will be made when Contractor receives payment  
\_\_\_\_\_  
\_\_\_\_\_

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

### SCHEDULE B

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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 three (3) working days of receipt of a signed contract from the Chicago Park District.

Signature:  Date: 12/11/17  
*(Signature of Owner or Authorized Agent of MBE/WBE)*

Name/Title: Barbarito Sanchez/President  
*(Print or Type Name and Title)*

Address: 2814 E. Hintz Rd., Arlington Hts., IL 60004

Telephone: 847-392-5767 Fax: 847-392-6552

End of Schedule B

## Certification: View

## Certification List

**Vendor Information**

Business Name	A & B Sanchez Landscaping, Inc.
VendorID	20070169
Primary Owner's Name	Atanacio Sanchez
Company Type	Corporation
Ethnic Group	Hispanic/Latino
Gender	Male

**Certification Information**

Certifying Agency	City of Chicago
Certification Type	MBE - Minority Business Enterprise
Effective Date	8/11/2016
Renewal Date	1/1/2018

**Contact Information**

Main Company Email	bobby@absanchezlandscapes.com
Main Phone	847-392-5767
Main Fax	847-392-6552
Main Company Website	www.abschanezlandscapes.com

**Addresses**

Physical Address	2814 East Hintz Road Arlington Heights, IL 60004-2265
Mailing Address	2814 East Hintz Road Arlington Heights, IL 60004-2265

**Business Capabilities**

Business certified for	NAICS 56173 Landscaping Services
Full Description of Capabilities/Products	NAICS 56173 Landscaping Services
Commodity Codes	NAICS 56173      Landscaping Services ( <a href="#">More</a> )

**Owner Ethnicity and Gender**

Ethnic Group	Hispanic/Latino
Gender	Male
DBE Ethnic Group	Hispanic American

**Location**

County	Cook (IL)
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**Additional Information**

Ward	
Community Area	

Certification List

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**Business Name** A & B Sanchez Landscaping, Inc.  
**VendorID** 20070169  
**Primary Owner's Name** Alanacio Sanchez  
**Ethnic Group** Hispanic/Latino  
**Gender** Male

**Certifying Agency** City of Chicago  
**Certification Type** MBE - Minority Business Enterprise  
**Effective Date** 8/11/2016  
**Renewal Date** 11/1/2017

**Main Company Email** bobby@absanchezlandscapes.com  
**Main Phone** 847-392-5767  
**Main Fax** 847-392-6552  
**Main Company Website** www.abschanezlandscapes.com

**Physical Address** 2814 East Hintz Road  
Arlington Heights, IL 60004-2265  
**Mailing Address** 2814 East Hintz Road  
Arlington Heights, IL 60004-2265

**Business certified for** NAICS 56173 Landscaping Services  
**Full Description of Capabilities/Products** NAICS 56173 Landscaping Services  
**Commodity Codes** NAICS 56173      Landscaping Services (NAICS)

**Ethnic Group** Hispanic/Latino  
**Gender** Male  
**DBE Ethnic Group** Hispanic American

**County** Cook (IL)

**Ward**  
**Community Area**

[Certification List](#)

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### SCHEDULE B

Statement of Intent from MBE/WBE to Perform as Subcontractor, Supplier and/or Consultant

DO NOT FILL OUT OR SIGN THIS FORM IF YOU ARE THE PROPOSER

District-Wide Planting & Landscaping Services

Project: District-Wide Turf Athletic Field Services

From: Briar Patch Landscaping, LLC

(Name of MBE/WBE Firm)

MBE:  Yes  No  
WBE:  Yes  No

To: Moore Landscapes, LLC

(Name of Proposer)

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 \_\_\_\_\_

**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, Cook County, the Chicago Minority Supplier Development Council (CMSDC), the Women's Business Development Center (WBDC), Illinois Department of Central Management Services (CMS), The Metropolitan Water Reclamation District of Greater Chicago, and the Small Business Administration (SBA).

**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:

Landscape Services

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

5% of the contract - \$300,000.00

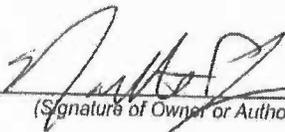
Payment will be made when Contractor receives payment

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

### SCHEDULE B

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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 three (3) working days of receipt of a signed contract from the Chicago Park District.

Signature:  Date: 12/11/17  
(Signature of Owner or Authorized Agent of MBE/WBE)

Name/Title: Nanette Flynn/President  
(Print or Type Name and Title)

Address: 2923 N. Milwaukee Ave., Chicago, IL 60618

Telephone: 773-316-4524 Fax: 773-751-5549

End of Schedule B



DEPARTMENT OF PROCUREMENT SERVICES  
CITY OF CHICAGO

OCT 31 2014

Nanette Flynn  
BriarPatch Landscaping, Inc.  
2923 North Milwaukee Avenue  
Chicago, IL 60618

Dear Nanette Flynn:

We are pleased to inform you that **BriarPatch Landscaping, Inc.** has been certified as a **Minority-Owned Business Enterprise ("MBE")**, **Women-Owned Business Enterprise ("WBE")** by the City of Chicago ("City"). This **MBE/WBE** certification is valid until **11/1/2019**; however your firm's certification must be revalidated annually. In the past the City has provided you with an annual letter confirming your certification; such letters will no longer be issued. As a consequence, 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 during the five year period stated above, you must file an annual No-Change Affidavit. Your firm's **annual No-Change Affidavit** is due by **11/1/2015, 11/1/2016, 11/1/2017, and 11/1/2018**. Please remember, you have an affirmative duty to file your **No-Change Affidavit 60 days** prior to the date of expiration. Failure to file your annual No-Change Affidavit may result in the suspension or rescission of your certification.

Your firm's five year certification will expire on **11/1/2019**. You have an affirmative duty to file for recertification **60 days** prior to the date of the five year anniversary date. Therefore, you must file for recertification by **9/1/2019**.

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;
- 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 Code(s):**

**561730 - Landscaping Services**

Your firm's participation on City contracts will be credited only toward **Minority-Owned Business Enterprise, Women-Owned Business Enterprise** 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 and Women-Owned Business Enterprise (MBE/WBE) Program.

Sincerely,



Jamie L. Rhee  
Chief Procurement Officer  
JLR/dp

## Certification: View

Certification List

### Vendor Information

Business Name	Briar Patch Landscaping, Inc.
VendorID	20079240
Primary Owner's Name	Ms. Nanette Flynn
Company Type	Corporation
Ethnic Group	African American
Gender	Female

### Certification Information

Certifying Agency	City of Chicago
Certification Type	WBE - Women Business Enterprise
Effective Date	11/24/2017
Renewal Date	11/1/2018

### Contact Information

Main Company Email	brpatch99@yahoo.com
Main Phone	773-316-4524
Main Fax	773-751-5549
Main Company Website	briarpatchlandscaping.com

### Addresses

Physical Address	2923 N. Milwaukee Avenue Chicago, IL 60618
Mailing Address	4933 N. Mozart ave Chicago, IL 60625

### Business Capabilities

Business certified for	NAICS 561730 - Landscaping Services
Full Description of Capabilities/Products	NAICS 561730 - Landscaping Services
Commodity Codes	NAICS 561730      Landscaping Services ( <a href="#">More</a> )

### Owner Ethnicity and Gender

Ethnic Group	African American
Gender	Female
DBE Ethnic Group	Black American

### Location

County	Cook (IL)
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### Additional Information

Ward	
Community Area	

Certification List

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