

SCHEDULE A

Statement of the Bidder regarding its MBE/WBE Utilization Plan

TO BE COMPLETED BY THE BIDDER ONLY

Bidder: ALLTOWN BUS SERVICE, INC. Project: P. 18008

Is the bidder a certified MBE/WBE?

MBE: Yes No WBE: Yes No

If yes, attach all current Letters of Certification.

NOTE:

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

The bidder 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 bidder shall consider involvement with MBE/WBE firms as joint venture partners, subcontractors, and suppliers of goods and services, either directly or indirectly.

A. If bidder 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: AM Bus Company
Address: 100 W. 91st Street, Chicago, IL 60617
Contact Person: PAMELA WILLIAMS Phone: 773-396-5556
E-mail: pwilliams@ambuscompany.com Fax: 773-568-3490
MBE/WBE Participation: Dollars \$ 55652.75 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: TRANSPORTATION 4 ALL
 Address: 1035 W. 111th STREET, CHICAGO, IL 60643
 Contact Person: GABRIELLA ROSS Phone: 312-549-8800/773-253-2775
 E-mail: G.ROSS@TRANSPORTATION4ALL.COM Fax: 773-253-2785
 MBE/WBE Participation: Dollars \$ 11,130.55 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 as direct or indirect participation? (circle one)
 Schedule B and all current certification letters attached? Yes No

II. Summary of MBE/WBE Plan:

A. MBE Participation:

MBE Firm Name	Dollar Amount of Participation	Percent Amount of Participation
\$ AM TRANSPORTATION	\$ 55652.75	25%
\$ _____	\$ _____	%
\$ _____	\$ _____	%
\$ _____	\$ _____	%
\$ _____	\$ _____	%
\$ _____	\$ _____	%
\$ _____	\$ _____	%
\$ _____	\$ _____	%
\$ _____	\$ _____	%
\$ _____	\$ _____	%
Total MBE Participation:	\$ 55652.75	25%

B. WBE Participation:

WBE Firm Name	Dollar Amount of Participation	Percent Amount of Participation
\$ TRANSPORTATION 4 ALL	\$ 11130.55	5%
\$ _____	\$ _____	%
\$ _____	\$ _____	%
\$ _____	\$ _____	%
\$ _____	\$ _____	%
\$ _____	\$ _____	%
\$ _____	\$ _____	%
\$ _____	\$ _____	%
\$ _____	\$ _____	%
Total WBE Participation:	\$ 11130.55	5%

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

Greg Polan
(Name and Title)

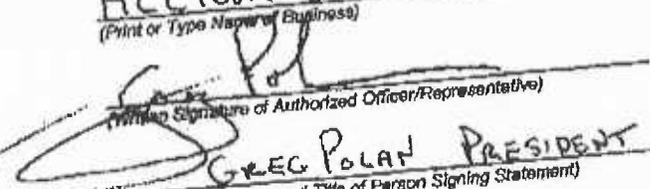
(847) 674-0050
(Phone Number)

g.polan@alltownbus.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.

Bidder: ALLTOWN BUS SERVICE, INC
(Print or Type Name of Business)

Signature: 
Written Signature of Authorized Officer/Representative

Name/Title: GREG POLAN PRESIDENT
(Print or Type Name and Title of Person Signing Statement)

Date: 4/25/18

NOTE

If the bidder is an MBE/WBE joint venture with a non-MBE/WBE firm 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 BIDDER

Project: Bus transportation for district wide programs and events and ADA bus services

From: A.M. Bus Company MBE: Yes No
(Name of MBE/WBE Firm) WBE: Yes No

To: Alltown Bus Service, Inc. and the Chicago Park District:
(Name of Bidder)

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 checked="" 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 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, 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 the Schedule B.

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

Bus transportation (with driver) for district wide programs and events and ADA bus services.

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

Services are to be provided at the rates/prices per bus as set forth in the contract with Alltown and Park District

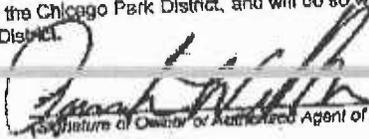
Terms are net 30 days

\$55652.75

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

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The undersigned will enter into a written agreement for the above work with you as bidder, 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: 5/25/2018
(Signature of Owner or Authorized Agent of MBE/WBE)

Name/Title: Pamela Williams, President
(Print or Type Name and Title)

Address: 100 W. 91st Street, Chicago, IL 60620

Telephone: 773-396-5566 Fax: 773-568-3490

End of Schedule B



July 25, 2017

Ms. Pamela Williams
A.M. Bus Company
100 West 91st Street
Chicago, IL 60617-1435

Dear Pamela Williams:

Re: Women/Minority Business Enterprise (WMBE)
Certification Term Expires: July 21, 2018

Congratulations! After reviewing the information that you supplied, we are pleased to inform you that your firm has been granted certification under the Business Enterprise Program (BEP) for Minority, Females, and Persons with Disabilities.

This certification is in effect with the State of Illinois as specified on the above certification term expiration date.

At least 15 days prior to the anniversary date of your certification, you will be notified by BEP to update your certification as a condition of continued certification. In addition, should any changes occur in ownership and/or control of the business or other changes affecting the firm's operations, you are required to notify BEP within two weeks. Failure to notify our office of changes will result in decertification of your firm.

Please be advised, while this certification does not guarantee you will receive a State contract, it does assure your firm the opportunity to participate in the State's procurement process. Your firm's participation on State contracts will be credited only toward Women/Minority Business Enterprise (WMBE) goals in your area(s) of specialty. Your firm's name will appear in the State's Directory as a certified vendor with the Business Enterprise Program in the specialty area(s) of:

NIGP 95294: TRANSPORTATION SERVICES FOR THE ELDERLY, HANDICAPPED, INCAPACITATED, PRISONERS, JURIES, STUDENTS, ETC.

Please visit our website at www.opportunities.illinois.gov to obtain information about current and upcoming procurement opportunities, contracts, forms, and also to register to receive email alerts when the State is preparing to purchase a product or service you may provide.

Thank you for your participation in the Business Enterprise Program. We welcome your participation and wish you continued success.

Sincerely,

Carlos Gutiérrez
Certification Manager
Business Enterprise Program

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 BIDDER

Project: BUS TRANSPORTATION FOR DISTRICT WIDE PROGRAMS AND EVENTS

From: Transportation For All, Inc. MBE: Yes No
(Name of MBE/WBE Firm) WBE: Yes No

To: ALLTOWN BUS SERVICE, INC. and the Chicago Park District
(Name of Bidder)

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 checked="" 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 checked="" 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, 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 the Schedule B.

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

BUS TRANSPORTATION FOR DISTRICT WIDE PROGRAMS AND
EVENTS AND ADA BUS SERVICES

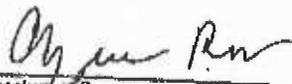
The above described performance is offered for the following price and described terms of payment:

SERVICES ARE TO BE PROVIDED AT THE RATES PER BUS SET
FORTH IN THE CONTRACT WITH ALLTOWN BUS SERVICE, INC.
AND PARK DISTRICT

\$11,130.55

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 bidder, 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. 83

Signature:  Date: 4-20-2018
(Signature of Owner or Authorized Agent of BIFRANCO)

Name/Title: Carshana Ross | CEO
(Print or Type Name and Title)

Address: 201 W. Lake St. #92 Chicago, IL 60606

Telephone: (773) 253-2775 Fax: (773) 253-2975

End of Schedule B



OFFICE OF CONTRACT COMPLIANCE
JACQUELINE GOMEZ

DIRECTOR

118 N. Clark, County Building, Room 1020 • Chicago, Illinois 60602 • (312) 603-5502

TONI PRECKWINKLE
PRESIDENT
Cook County Board
of Commissioners

RICHARD R. BOYKIN
1st District

DENNIS DEER
2nd District

JERRY BUTLER
3rd District

STANLEY MOORE
4th District

DEBORAH SIMS
5th District

EDWARD M. MOODY
6th District

JESUS G. GARCIA
7th District

LUIS ARROYO, JR.
8th District

PETER N. SILVESTRI
9th District

BRIDGET GAINER
10th District

JOHN P. DALEY
11th District

JOHN A. FRITCHEY
12th District

LARRY SUFFREDIN
13th District

GREGG GOSLIN
14th District

TIMOTHY O. SCHNEIDER
15th District

JEFFREY R. TOBOLSKI
16th District

SEAN M. MORRISON
17th District

October 12, 2017

Ms. Carshena Ross, President
Transportation for All, Inc.
201 West Lake Street, Suite 92
Chicago, IL 60606

Annual Certification Expires: October 12, 2018

Dear Ms. Ross:

We are pleased to inform you that **Transportation for All, Inc.** has been certified as a **Minority-owned Business Enterprise (MBE)** and **Woman-owned Business Enterprise (WBE)** by Cook County Government. This certification is valid until **October 12, 2022**; however, you must re-validate your firms' certification annually.

As a condition of continued Certification during this five (5) year term, 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 **MBE/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: Private Student Transportation; School Bus Transportation; Charter Bus Services and Bus Transportation

Your firm's participation on Cook County contracts will be credited toward **MBE** or **WBE** goals in your area(s) of specialty. While your participation on Cook County contracts is not limited to your specialty, credit toward **MBE** or **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, and Service-Disabled Veteran Business Enterprise Programs.

Sincerely,

Jacqueline Gomez
Contract Compliance Director

JG/lar

Certification: View

Help & Tools 

Certification List

Vendor Information

Business Name	Transportation for All, Inc., DBA Transportation for All, Inc.
VendorID	20478927
Primary Owner's Name	Ms. Carshena Ross
Company Type	Corporation
Ethnic Group	African-American (Black)
Gender	Female

Certification Information

Certifying Agency	Cook County
Certification Type	WBE - Women Business Enterprise
Effective Date	10/12/2017
Renewal Date	10/12/2018

Contact Information

Main Company Email	ross@transportation4all.com
Main Phone	773-253-2775
Main Fax	773-253-2785
Main Company Website	http://www.transportation4all.com

Addresses

Physical Address	1035 West 111th Street Chicago, IL 60643
Mailing Address	201 W. Lake Street Suite 92 Chicago, IL 60606

Business Capabilities

Business certified for	Transportation: Private Student Transportation; School Bus Transportation; Charter Bus Services and Bus Transportation	
Full Description of Capabilities/Products	Transportation: Private Student Transportation; School Bus Transportation; Charter Bus Services and Bus Transportation	
Commodity Codes	NAICS 485410	Bus operation, school and employee (More)
	NAICS 485410	School bus services (More)
	NAICS 485510	Bus charter services (except scenic, sightseeing) (More)
	NAICS 485510	Charter bus services (except scenic, sightseeing) (More)

Owner Ethnicity and Gender

Ethnic Group	African-American (Black)
Gender	Female

Location

County	Cook (IL)
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