



April 3, 2025

Chicago Park District
Department of Purchasing for the Department of Facility Management Invitation for Bid (IFB) for
Supply and Delivery of Pool Chemicals and Related Supplies – P – 2500

RE: For consideration of request for a reduction or a waiver of the MBE goal and/or WBE goal.

Delivery of Pool Chemicals and Related Supplies – P-2500 is extremely specific in nature, the entire IFB is for Chicago Park District swimming pool chemicals to treat the swimming pool water, and for equipment needed clean, filter, circulate and chemically treat the swimming pool water. Upon submission of the IFB for Delivery of Pool Chemicals and Related Supplies – P-2500, I did search of the searchable directory of City of Chicago MBE, WBE, VBE, BEPD vendor that offers the swimming pool chemicals or equipment on the IFB. I have not found a company on the approved list that can supply Aqua Pure with the products or equipment. Aqua Pure did search the

Aqua Pure is a small privately held company that has been supplying the swimming pool industry with chemicals, equipment, and technical support for over thirty-six years. We have a direct professional business relationship with industry manufacturers, being the distributor and warranty service station of multiple products. This gives an advantage of product availability, technical support, and warranty support. We are very specialized, have trained staff in the industry of commercial swimming pool services, chemicals, and training. We are well versed with industry regulations and standards.

Currently, we are purchasing office supplies and equipment from an approved MBE and will continue to. This company is listed in the IFB as an indirect MBE. This is an indirect vendor for office supplies and equipment for Aqua Pure office and administrative needs.

We are requesting consideration for a waiver request for non-construction contacts.

Thank you,

Deborah Todner, President, CPO® Instructor
Aqua Pure Enterprises, Inc.

INSTRUCTIONS FOR COMPLETING SCHEDULES A & B

CHICAGO PARK DISTRICT

A. SCHEDULE A (Statement of Prime Bidder)

1. Completion of Schedule A

- a. Schedule A must be completed and signed by the bidder.
- b. The bidder must commit to the expenditure of a specific dollar amount of participation by each MBE/WBE listed on the Schedule A.

2. Joint Venture Attachment to Schedule A (Joint Venture only)

- a. If the bidder's MBE/WBE plan includes the participation of an MBE/WBE as a joint venture partner, the bidder must submit, with the Schedule A, a copy of the parties' Joint Venture Agreement.
- b. The Alternate Signature Page of the Schedule A must be signed by the joint venture partners.

3. Non-compliant Bid

Failure to submit a properly completed and signed Schedule A (and joint venture documentation, if applicable) will render the bid non-compliant, which will remove the bidder from further award consideration.

B. SCHEDULE B (Statement of MBE/WBE Firm(s))

1. Completion of Schedule B

- a. A Schedule B form must be completed and signed by each MBE/WBE firm listed on the Schedule A as participating in the contract as a subcontractor. Only that subcontractor shall sign the Schedule B.
- b. That MBE/WBE firm also must submit, with their Schedule B, all of their current Letters of Certification obtained from public or private entities such as the City of Chicago, the Chicago Minority Business Development Council (CMBDC), the Women's Business Development Center (WBDC), or the Small Business Administration.

2. Non-compliant Bid

Failure of the prime bidder to submit a completed and signed Schedule B and current certification letter(s) for each subcontractor listed on the Schedule A may render the bid non-compliant, which will remove the prime submitter from further award consideration.

SCHEDULE A**Statement of Prime Submitter Regarding Its MBE/WBE Utilization Plan****TO BE COMPLETED BY SUBMITTER ONLY**

Submitter: Aqua Pure Enterprises, Inc Project: P-2500

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 S-CORP

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 venture 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: Merchandise Distributors

Address: 1514 W. 87th St.

Contact Person: Kenneth Wheaton Phone: 773-908-6266

E-mail: exec.office@mkw.com Fax: 800-622-2188

MBE/WBE Participation: Dollars \$ 15,000⁰⁰ Percent: _____%

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

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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.

A. MBE Proposal:

1. MBE Participation:

MBE Firm Name	Dollar Amount of Participation	Percent amount Participation	Direct Indirect (check <input checked="" type="checkbox"/> one)
<u>Merchandise Distributors</u>	\$ <u>15,000.</u>	<u>5</u> %	<input checked="" type="checkbox"/>
_____	\$ _____	% _____	_____
_____	\$ _____	% _____	_____
_____	\$ _____	% _____	_____
_____	\$ _____	% _____	_____
_____	\$ _____	% _____	_____
_____	\$ _____	% _____	_____
_____	\$ _____	% _____	_____
_____	\$ _____	% _____	_____
Total MBE Participation:	\$ _____	% _____	

2. WBE Participation:

[illegible]

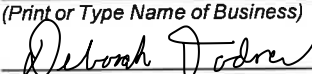
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Total WBE Participation: \$ _____ %

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

Deborah Todner, President (630) 771-1310
 (Name and Title) (Phone Number)
 Deborah@aquapure-il.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: Aqua Pure Enterprises, Inc.
 (Print or Type Name of Business)
 Signature:  Date: April 4, 2025
 (Written Signature of Authorized Officer/Representative)
 Name/Title: Deborah Todner, 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

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**ALTERNATE
SCHEDULE A SIGNATURE PAGE
FOR MBE/WBE JOINT VENTURE WITH A NON-MBE/WBE FIRM**

Complete this signature page only if you are an MBE/WBE operating as a joint venture with a non-MBE/WBE Firm

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.

NOTE:

After filing this statement and before the completion of the joint venture's work on this project, if there is any change in the information submitted, the joint venturer must inform the Chicago Park District.

(Name of MBE/WBE Partner Firm)

(Name of Non-MBE/WBE Partner Firm)

(Written Signature of Authorized Officer/Representative)

(Written Signature of Authorized Officer/Representative)

(Print or Type Name and Title)

(Print or Type Name and Title)

(Date)

A handwritten signature in black ink, appearing to be 'N/A' or a stylized name, is written over the signature line.

(Date)

Certified ProfileCLOSE WINDOW [Print](#)**Business & Contact Information**

BUSINESS NAME	Merchandise Distributors K.W., Inc., DBA Merchandise Distributors
OWNER	Mr. Kenneth Wheaten
ADDRESS	1514 west 87th street Chicago, IL 60620 [map]
PHONE	773-908-6266
FAX	847-619-9413
EMAIL	execoffice@mdkw.com
WEBSITE	http://www.mdkw.com
ETHNICITY	African American

Certification Information

CERTIFYING AGENCY	City of Chicago
CERTIFICATION TYPE	MBE - Minority Business Enterprise
CERTIFICATION DATE	6/13/2024
RENEWAL DATE	4/15/2025
EXPIRATION DATE	4/15/2028
CERTIFIED BUSINESS DESCRIPTION	423430 - Computer Peripheral Equipment Merchant Wholesalers 423490 - Other Professional Equipment and Supplies Merchant Wholesalers 423850 - Service Establishment Equipment and Supplies Merchant Wholesalers 453210 - Office Supplies and Stationery Stores 453210 - School Supply Stores 453998 - Janitorial Equipment and Supplies Stores

Commodity Codes

Code	Description
NAICS 423430	Computer peripheral equipment merchant wholesalers
NAICS 423490	Other Professional Equipment and Supplies Merchant Wholesalers

NAICS 423850

Service establishment equipment and supplies merchant wholesalers

Additional Information

WARD	21
COMMUNITY AREA	71 Auburn Gresham
QUALIFIED INVESTMENT AREA	Yes

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