

SCHEDULE A

Statement of Prime Bidder Regarding Its MBE/WBE Utilization Plan

TO BE COMPLETED BY BIDDER ONLY

Bidder: New Annuvia Company, LLC (dba SOS Technologies) Project: Bid # P-19011

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 A **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, Cook County, Chicago Minority Supplier Development Council (CMSDC), Women Business Development Center (WBDC), Metropolitan Water Reclamation of Greater Chicago 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: Progressive Industries, Inc.

Address: 4131 W. Belmont Ave, Unit C, Chicago, IL 60641

Contact Person: Liz O'Malley Phone: 773-537-6003

E-mail: lomalley@progressiveindustries.com Fax: 773-763-9587

MBE/WBE Participation: Dollars \$9664.08 Percent: 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 MBEAWBE: Air & Wellness Safety Training Company.

Address: 7211 S. Union, Chicago, IL 60621

Contact Person: Adrian Mobley Phone: 773-443-8311

E-mail: adrianmobleyair@gmail.com Fax: 708-994-3237

MBE/WBE Participation: Dollars \$48320.43 Percent: 25%

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 \$

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DOI 10.1215/03616878-34-4 © 2009 by the Southern Political Science Association

1. Name of MRE/WRE:

Contact Person: _____ Phone: _____

MREAWRE Participation: Dollars \$ **100** Percent: **86**

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: _____

Contacter Personne: _____ Phono: _____

E-mail: info@papilio.com Fax: +39 051 65 10 00

MBE/WBE Participation: Dollars \$ _____ Percent: _____ %

Will this subcontractor be used for direct or indirect participation? (circle one)

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 checked="" type="checkbox"/>)	
Air & Wellness Safety Training Co	\$ 48,320.43	25 %	<input checked="" type="checkbox"/>	
	\$ _____	%	_____	_____
	\$ _____	%	_____	_____
	\$ _____	%	_____	_____
	\$ _____	%	_____	_____
	\$ _____	%	_____	_____
	\$ _____	%	_____	_____
	\$ _____	%	_____	_____
Total MBE Participation:	\$ _____	%		

2. WBE Participation:

<u>WBE Firm Name</u>	Dollar Amount of Participation	Percent Amount of Participation		
Progressive Industries	\$ 9664.08	5 %	<input checked="" type="checkbox"/>	
	\$ _____	%	_____	_____
	\$ _____	%	_____	_____
	\$ _____	%	_____	_____
	\$ _____	%	_____	_____
	\$ _____	%	_____	_____
	\$ _____	%	_____	_____
	\$ _____	%	_____	_____
Total WBE Participation:	\$ _____	%		

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

Lauren R Blatt Training Coordinator and Account Executive
(Name and Title)

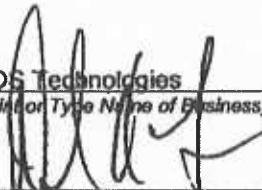
(773) 685-8600
(Phone Number)

lrbhatt@sos4safety.com
(E-mail address)

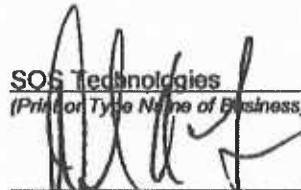
To the best of my knowledge, information and belief, the facts and representations contained in this Schedule are true, and no material facts have been omitted.

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:


SOS Technologies
(Print or Type Name of Business)

Signature:


(Written Signature of Authorized Officer/Representative)

Date:

7/23/19

Name/Title:

David Lipman, Sr VP Sales
(Print or Type Name and Title of Person Signing Statement)

NOTE

If bidder is a 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 PRIME SUBMITTER

Project: P-19011

From: Progressive Industries
(Name of MBE/WBE Firm) MBE: Yes No
WBE: Yes No

To: New Annuvia, LLC dba SOS Technologies 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:	RACE/ETHNICITY:	TYPE OF FIRM:
<input type="checkbox"/> Male	<input 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 checked="" 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 Schedule B.

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

Indirect sales of office supplies.

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

Price of supplies to be \$9664.08 over the term of the contract

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: _____ Date: 10/30/19

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

Name/Title: Valerie Domell, President

(Print or Type Name and Title)

Address: 4131 W. Belmont Ave Chicago IL 60641

Telephone: 773-763-9576 Fax: _____

End of Schedule B



DEPARTMENT OF PROCUREMENT SERVICES
CITY OF CHICAGO

FEB 11 2019

Valerie O'Donnell
Progressive Industries, Inc.
4131 W. Belmont Ave., Unit C
Chicago, IL 60641

Dear Ms. O'Donnell:

We are pleased to inform you that **Progressive Industries, Inc.** has been recertified as a **Women-Owned Business Enterprise ("WBE")** by the City of Chicago ("City"). This **WBE** certification is valid until **2/1/2024**; 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 **2/1/2020, 2/1/2021, 2/1/2022, and 2/1/2023**. 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 **2/1/2024**. 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 **12/1/2023**.

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 **WBE** if you fail to:

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 PRIME SUBMITTER

Project: Chicago Park District

From: Air & Wellness Safety Training Company
(Name of MBE/WBE Firm)

MBE: Yes No
WBE: Yes No

To: SOS Technologies
(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: RACE/ETHNICITY (CHECK ONE):
 Male Black/African American
 Female Hispanic American
 Asian American
 White American
 Other _____

TYPE OF FIRM (CHECK ONE):
 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:

AHA Trainers

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

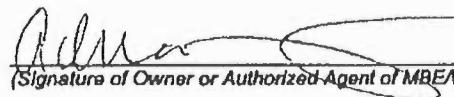
\$50.00 Per Hour, Mileage and Parking Reimbursed

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

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:


(Signature of Owner or Authorized Agent of MBE/WBE)Date: 11-11-2019

Name/Title:

Adrian Mobley- President(Print or Type Name and Title)Address: 7211 S. Union Avenue Chicago IL 60621Telephone: 773-443-8311Fax: 773-994-3237

End of Schedule B



DEPARTMENT OF PROCUREMENT SERVICES
CITY OF CHICAGO

JAN 11 2016

Adrian Marie Mobley
Air & Wellness Safety Training Company
7211 South Union Avenue
Chicago, IL 60621

Dear Adrian Marie Mobley:

We are pleased to inform you that Air & Wellness Safety Training Company 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 **11/1/2020**; 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 **11/1/2016, 11/1/2017, 11/1/2018, and 11/1/2019**. 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 **11/1/2020**. 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 **9/1/2020**.

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.

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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, 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:

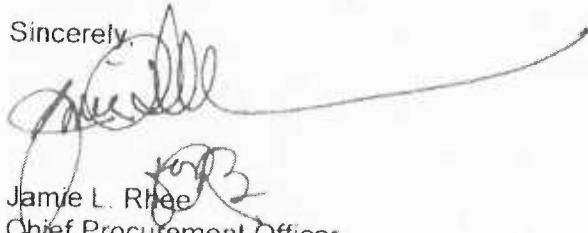
NAICS Code(s):

- 611699 - CPR (cardiac pulmonary resuscitation) training and certification
- 611699 - First aid instruction
- 611699 - Survival training instruction
- 541690 - Safety consulting services
- 621399 - Respiratory therapists' offices (e.g., centers, clinics)

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

VENDOR REFERENCES FORM

Bidder (company name): New Annuvia Co. LLC (dba SOS Technologies)

Contact Person: Lauren R Blatt Phone: 773-685-8600

1. Number of years your company has been in business: 47

2. Illinois State License Registration No. _____

NOTE:

Provide a minimum of three (3) references. All must be from companies to which you have provided goods and/or services similar to those specified herein. Subcontractors are not acceptable references.

If applicable, the CPD can be used as a reference, but only as one of the three. Use of the CPD as more than one reference may result in your bid being deemed non-responsive.

REFERENCES:

Company Name: Chicago Park District

Address: 541 N. Fairbanks Ct, 6th Floor

City, State, Zip: Chicago, IL 60611

Contact Person: Colleen Gallagher Phone: 312-287-0147

Contract Description: Medical Manager Fax: _____

Company Name: Zurich North America

Address: 1299 Zurich Way

City, State, Zip: Schaumburg, IL 60196

Contact Person: Scott Barnes Phone: 302-383-7146

Contract Description: Dir Safety, Health & Sustainability Fax: _____

Company Name: Discover Financial Services

Address: 2500 Lake cook Road, Building #2

City, State, Zip: Riverwoods, IL 60015

Contact Person: Jim Lejcar Phone: 224-405-1317

Contract Description: Enterprise Life safety Manager Fax: _____