

SCHEDULE A

Statement of Prime Submitter Regarding Its MBE/WBE Utilization Plan

TO BE COMPLETED BY SUBMITTER ONLY

Submitter: Bradley Haris Project: AT&T Agreement

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: MZI Group

Address: 1937 W Fulton St. Chicago, IL 60612

Contact Person: Arthur Miller Phone: (312) 925-3111

E-mail: amiller@mzigroup.com Fax: _____

MBE/WBE Participation: Dollars \$ 225,000 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: Mobility.Me

Address: 700 Commercial Dr, Suite 500 Oak Brook, IL 60523

Contact Person: Mimi Schmitz Phone: (773) 617-7116

E-mail: mimi@mmesolutions.com Fax: _____

MBE/WBE Participation: Dollars \$ 90,000 Percent: 10 %

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

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 (check <input type="checkbox"/> one)	Indirect (check <input type="checkbox"/> one)
MZI Group	\$ 225,000	25 %	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Total MBE Participation:	\$ 225,000	25 %		

2. WBE Participation:

<u>WBE Firm Name</u>	Dollar Amount of Participation	Percent Amount of Participation	Direct (check <input type="checkbox"/> one)	Indirect (check <input type="checkbox"/> one)
Mobility.Me	\$ 90,000	10 %	<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"/>
	\$	%	<input type="checkbox"/>	<input type="checkbox"/>
Total WBE Participation:	\$ 90,000	10 %		

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

<u>Bradley Haris, Lead Client Solutions Exec 3</u>	<u>(847) 830-4638</u>
<small>(Name and Title)</small>	<small>(Phone Number)</small>
<u>bh4593@att.com</u>	
<small>(E-mail address)</small>	

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: AT&T Enterprise, LLC
(Print or Type Name of Business)

Signature:  Date: 5-23-25
(Written Signature of Authorized Officer/Representative)

Name/Title: Bradley Haris, Lead Client Solutions Exec 3
(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

SCHEDULE B

Statement of Intent from MBE/WBE to Perform as Subcontractor, Supplier and/or Consultant
MBE/WBE PRIME CONTRACTOR MUST SUBMIT A SCHEDULE B, IF SELF-PERFORMING ANY WORK, TO RECEIVE MBE/WBE CREDIT

Project: AT&T Agreement

From: MZI Group

(Name of MBE/WBE Firm)

MBE: ☒ Yes ☐ No

WBE: ☐ Yes ☒ No

To: AT&T Enterprise, LLC

(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:

☒ 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, 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 PARTICIPATION: Telecom, Electric, Power and Utility Services

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

\$225,000

25%

standard form of 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.

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: _____

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

Date: 5/23/2025

Name/Title: Arthur Miller President

(Print or Type Name and Title)

Address: 1937 W Fulton St Chicago, IL 60612

Telephone: 312-492-8740

Fax: 312-492-8741

End of Schedule B

SCHEDULE B

Statement of Intent from MBE/WBE to Perform as Subcontractor, Supplier and/or Consultant
MBE/WBE PRIME CONTRACTOR MUST SUBMIT A SCHEDULE B, IF SELF-PERFORMING ANY WORK, TO RECEIVE MBE/WBE CREDIT

Project: AT&T Agreement

From: Mobility.Me

(Name of MBE/WBE Firm)

MBE: ☐ Yes ☒ No

WBE: ☒ Yes ☐ No

To: AT&T Enterprise, LLC

(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:

☐ 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, 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:

Telecom consulting and expense management services

The above described performance is offered for the following price and described terms of payment:
\$90,000 10% standard form of 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.

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: Metaxia Schmitz

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

Date: 5/22/2025

Name/Title: Mimi Schmitz - President

(Print or Type Name and Title)

Address: 431 N Adams St. Hinsdale, IL 60521

Telephone: 773-617-7116

Fax: _____

End of Schedule B

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

BUSINESS NAME	MZI Group, Inc., DBA MZI BUILDING SERVICES, INC.
OWNER	Mr. Arthur Miller
ADDRESS	1937 W Fulton St Chicago, IL 60612 [map]
PHONE	312-492-8740
FAX	312-492-8741
EMAIL	amiller@mzigroup.com
WEBSITE	http://www.mzigroup.com
ETHNICITY	Hispanic/Latino

Certification Information

CERTIFYING AGENCY	City of Chicago
CERTIFICATION TYPE	MBE - Minority Business Enterprise
CERTIFICATION DATE	12/11/2024
RENEWAL DATE	1/1/2026
EXPIRATION DATE	1/1/2026
CERTIFIED BUSINESS DESCRIPTION	NAICS 236220 Commercial and Institutional Building Construction NAICS 237130 Power and Communication Line and Related Structures Construction

Commodity Codes

Code	Description
NAICS 236220	Commercial and Institutional Building Construction
NAICS 237130	Power and Communication Line and Related Structures Construction

Additional Information

WARD	27
COMMUNITY AREA	N/A
QUALIFIED INVESTMENT AREA	No

This profile was generated on 5/27/2025

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

BUSINESS NAME	Mobility ME LLC, DBA MME Solutions
OWNER	Ms. Erin Warren
ADDRESS	700 Commerce Drive Suite 500 Oak Brook, IL 60523 [map]
PHONE	773-617-7116
EMAIL	mimi@mmesolutions.com
WEBSITE	http://www.mmesolutions.com
ETHNICITY	Caucasian

Certification Information

CERTIFYING AGENCY	City of Chicago
CERTIFICATION TYPE	WBE - Women Business Enterprise
CERTIFICATION DATE	3/6/2025
RENEWAL DATE	2/15/2026
EXPIRATION DATE	2/15/2026
CERTIFIED BUSINESS DESCRIPTION	541618 Telecommunications management consulting services

Commodity Codes

Code	Description
NAICS 541618	Telecommunications management consulting services

Additional Information

WARD	N/A
COMMUNITY AREA	N/A

QUALIFIED INVESTMENT AREA

N/A

This profile was generated on 5/27/2025