

INSTRUCTIONS FOR COMPLETING SCHEDULES A & B

CHICAGO PARK DISTRICT

A. SCHEDULE A [STATEMENT OF PRIME SUBMITTER]

1. Completion of Schedule A

- a. Schedule A must be completed and signed by the submitter who is the prospective awardee.
- b. That submitter 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 submitter's MBE/WBE proposal includes the participation of any MBE/WBE as a joint venture partner, the submitter 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 Submittal

Failure to submit a properly completed and signed Schedule A (and joint venture documentation, if applicable) will render the submittal non-compliant, which will remove the submitter 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 Supplier Development Council (CMSDC), the Women's Business Development Center (WBDC), or the Small Business Administration.

2. Non-compliant Submittal

Failure of the prime submitter to submit a completed and signed Schedule B and current certification letter(s) for each subcontractor listed on the Schedule A will render the submittal 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: ArborPro Inc. Project: CHICAGO PARK DISTRICT TREE INVENTORY AND MANAGEMENT PLAN

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: R. W. Hendricksen Tree Care

Address: 2131 S. Foster Avenue, Wheeling, IL 60090

Contact Person: Robert Hendricksen Phone: 847.767.8148

E-mail: robert@rwhtreecare.com Fax: _____

MBE/WBE Participation: Dollars \$ \$61,875 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 MBE/WBE: Core Tree Care

Address: 11762 De Palma Road, Corona CA 92883

Contact Person: John Hernandez Phone: 9514921933

E-mail: John@coretreecare.com Fax: _____

MBE/WBE Participation: Dollars \$ \$309,375 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 \$ _____ 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

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 Proposal:

A. MBE Proposal:

1. MBE Participation:

<u>MBE Firm Name</u>	Dollar Amount of Participation	Percent Amount of Participation	Direct (check <input checked="" type="checkbox"/> one)	Indirect
<u>Core Tree Care</u>	\$ <u>\$309,375</u>	<u>25</u> %	<u>x</u>	
	\$ _____	_____ %		
	\$ _____	_____ %		
	\$ _____	_____ %		
	\$ _____	_____ %		
	\$ _____	_____ %		
	\$ _____	_____ %		
	\$ _____	_____ %		
	\$ _____	_____ %		
Total MBE Participation:	\$ <u>\$309,375</u>	<u>25</u> %		

2. WBE Participation:

<u>WBE Firm Name</u>	Dollar Amount of Participation	Percent Amount of Participation	Direct	Indirect
<u>R.W. Hendrickson Tree Care</u>	\$ <u>\$61,875</u>	<u>5</u> %	<u>x</u>	
	\$ _____	_____ %		
	\$ _____	_____ %		
	\$ _____	_____ %		
	\$ _____	_____ %		
	\$ _____	_____ %		
	\$ _____	_____ %		
	\$ _____	_____ %		
	\$ _____	_____ %		
Total WBE Participation:	\$ <u>\$61,875</u>	<u>5</u> %		

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

Keith Hennig (Name and Title) (951) 741 4630 (Phone Number)
khennig@arborprousa.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: ArborPro Inc.
(Print or Type Name of Business)

Signature: Keith Hennig Date: 12/4/25
(Written Signature of Authorized Officer/Representative)

Name/Title: Keith Hennig - 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

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: CHICAGO PARK DISTRICT TREE INVENTORY AND MANAGEMENT PLAN

From: Robert W. Hendrickson Co. MBE: ☐ Yes ☒ No
(Name of MBE/WBE Firm) WBE: ☒ Yes ☐ No

To: ArborPro Inc. 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:

Tree Inventory Services

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

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: Darlene Hendrickson Date: December 3, 2025
(Signature of Owner or Authorized Agent of MBE/WBE)

Name/Title: Darlene Hendrickson, President
(Print or Type Name and Title)

Address: 2131 Foster Avenue, Wheeling, IL 60090

Telephone: (847) 342-8733 Fax: (847) 342-8734

darlene@rwhendricksonco.com

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: CHICAGO PARK DISTRICT TREE INVENTORY AND MANAGEMENT PLAN

From: Core Tree Care, INC. MBE: ☒ Yes ☐ No
(Name of MBE/WBE Firm) WBE: ☐ ☐

To: ArborPro Inc. 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 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, the Chicago Minority Supplier Development Council (CMSDC), the Women's Business Development Center (WBDC), and the Small Business Administration.

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

Signature:  Date: 12/3/25
(Signature of Owner or Authorized Agent of MBE/WBE)

Name/Title: John Hernandez President
(Print or Type Name and Title)

Address: 11762 De Palma Road, Suite 1C-103, Corona, CA 92883

Telephone: 951-492-1933 Fax: _____

End of Schedule B