

SCHEDULE A

Statement of Prime Bidder Regarding Its MBE/WBE Utilization Plan

TO BE COMPLETED BY BIDDER ONLY

Bidder: UNIVER SOLUTIONS LLC

Project: INVITATION FOR BID 50012M HYPOGLUCEMIC P-25018

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 LLC

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: TWIN FUELS LOGISTICS LLC

Address: 72 SOUTH LaGrange RD. SUITE A

Contact Person: Shannon Kowalski/mike Kowalski Phone: 708-639-4504

E-mail: mike@Twinfuels.com Fax: _____

MBE/WBE Participation: Dollars \$ 152,000/year 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: Petromex Inc.
 Address: 14702 S. Hamlin Ave.
 Contact Person: Felipe Estrada Phone: 708-489-1733
 E-mail: quimex@quimexinc.com Fax: 708-597-8655
 MBE/WBE Participation: Dollars \$ 463,872/year 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 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 type="checkbox"/> one)
<u>PETROMEX</u>	\$ <u>463,872/year</u>	<u>25</u> %	<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:	\$ <u>463,872/year</u>	<u>25</u> %	

2. WBE Participation:

WBE Firm Name	Dollar Amount of Participation	Percent amount Participation	Direct Indirect (check <input type="checkbox"/> one)
<u>TWIN FUELS LOGISTICS LLC</u>	\$ <u>152,000/year</u>	_____ %	<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:	\$ <u>152,000/year</u>	<u>5</u> %	

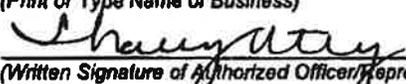
The bidder designates the following person as its MBE/WBE Liaison Officer:

(Name and Title) ()
(Phone Number)

(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.

Bidder: Univar Solutions LLC
(Print or Type Name of Business)

Signature:  Date: 2/12/26
(Written Signature of Authorized Officer/Representative)

Name/Title: Shawnasey McCarthy, Municipal Commercial Manager
(Print or Type Name and Title of Person Signing Statement)

NOTE

If bidder is an MBE/WBE joint venture with a non-MBE/WBE firm, use the following signature page instead:

**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 Park District.

N/A

(Name of MBE/WBE Partner Firm)

N/A

(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)

(Date)

End 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 BIDDER

Project: P-25018 SODIUM HYPOCHLORITE SUPPLY AND DELIVERY

From: PETROPLEX, INC. MBE: Yes No
(Name of MBE/WBE Firm) WBE: Yes No

To: UNIVAR SOLUTIONS USA LLC and the Park District:
(Name of Prime Contractor-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 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. 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:

FUEL SUPPLY AND DELIVERY FOR UNIVAR SOLUTIONS VEHICLES

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

PRICING VARIES BASED ON MARKET CONDITIONS
ESTIMATED ANNUAL CONTRACT VALUE \$150,000

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 Park District, and will do so within (3) three working days of receipt of a signed contract from the Park District.

Signature: Jennifer Estrada-Orr Date: 1/30/2020
(Signature of Owner or Authorized Agent of MBE/WBE)

Name/Title: Jennifer Estrada-Orr President
(Print or Type Name and Title)

Address: 14702 S. Yamanlin Ave. Midlothian, IL 60445

Telephone: 708 489-1733 Fax: 708 597-8655

End of Schedule B

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

BUSINESS NAME	Petromex, Inc.
OWNER	Felipe Estrada
ADDRESS	14702 S. Hamlin Ave. Midlothian, IL 60445 [map]
PHONE	708-489-1733
FAX	708-597-8655
EMAIL	quimex@quimexinc.com
ETHNICITY	Hispanic/Latino

Certification Information

CERTIFYING AGENCY	City of Chicago
CERTIFICATION TYPE	MBE - Minority Business Enterprise
CERTIFICATION DATE	6/13/2023
RENEWAL DATE	8/1/2024
EXPIRATION DATE	8/1/2028
CERTIFIED BUSINESS DESCRIPTION	NAICS 424720 Petroleum and petroleum products merchant wholesalers (except bulk stations, terminals)

Commodity Codes

Code	Description
NAICS 424720	Petroleum and petroleum products merchant wholesalers (except bulk stations, terminals)

Additional Information

WARD	N/A
COMMUNITY AREA	N/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 BIDDER

Project: P-25018 SODIUM HYPOCHLORITE SUPPLY AND DELIVERY

From: TWIN FUELS MBE: Yes No
(Name of MBE/WBE Firm) WBE: Yes No

To: UNIVAR SOLUTIONS USA LLC and the Park District
(Name of Prime Contractor-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 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 Schedule B.

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

FUEL SUPPLY AND DELIVERY FOR UNIVAR SOLUTIONS' VEHICLES

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

PRICING VARIES BASED ON MARKET CONDITIONS
ESTIMATED ANNUAL CONTRACT VALUE \$30,000

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 Park District, and will do so within (3) three working days of receipt of a signed contract from the Park District.

Signature: [Signature] Date: 01/30/2026
(Signature of Owner or Authorized Agent of MBE/WBE)

Name/Title: Michael Tomaszewski President
(Print or Type Name and Title)

Address: 72 S La Grange Road Suite 1, La Grange IL

Telephone: 708-639-4504 Fax: _____

Business & Contact Information

BUSINESS NAME **Twin Fuel Logistics L.L.C.**
OWNER **Mrs. Shannon Kowalski**
ADDRESS **72 South La Grange Road**
Suite 1
La Grange, IL 60525 [\[map\]](#)
PHONE **708-639-4504**
EMAIL info@twinfuels.com
WEBSITE <http://www.twinfuels.com>
ETHNICITY **Caucasian**

Certification Information

CERTIFYING AGENCY **City of Chicago**
CERTIFICATION TYPE **WBE - Women Business Enterprise**
CERTIFICATION DATE **5/6/2025**
RENEWAL DATE **2/1/2026**
EXPIRATION DATE **2/1/2026**
CERTIFIED BUSINESS DESCRIPTION **424720 Diesel Fuel Merchant Wholesalers (except Bulk Stations, Terminals)**
424720 Petroleum and Petroleum Products Merchant Wholesalers (except Bulk Stations and Terminals)
484220 Specialized Freight (except Used Goods) Trucking, Local
484220 Tanker Trucking (e.g., chemical, juice, milk, petroleum), Local

Commodity Codes

Code	Description
NAICS 424720	Diesel fuel merchant wholesalers (except bulk stations, terminals)
NAICS 424720	Petroleum and Petroleum Products Merchant Wholesalers (except Bulk Stations and Terminals)
NAICS 484220	Specialized Freight (except Used Goods) Trucking, Local
NAICS 484220	Tanker trucking (e.g., chemical, juice, milk, petroleum), local