SCHEDULE A

	Statement of Prime Submitter Regarding	lts MBE/WBE Utilization Plar	n
	TO BE COMPLETED BY SUB	MITTER ONLY	- lated magazial:
Submitter: <u>John</u>	nson Piper Supply Co-In	Project: Andole Lurry	P-24003
Is the submitter a c	certified MBE/WBE?	MBE: ☐ Yes 🗷 No	WBE: ☐ Yes Æ-No
	If yes, attach all current Letter	s of Certification.	
CERTIFICATION OF	THE SUBMITTER AS AN MBE SATISFIES ONLY TO THE SUBMITTER AS A WBE SATISFIES ONLY THE FICATION OF THE SUBMITTER AS BOTH MBE AND	HE WBE GOAL; THE MBE GOAL	_ MUST STILL BE MET.
	The submitter intends to perform work in co	nnection 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 Proprieto Corporation Joint Venturer Other	
such as the City	ns included in the following plan must be cer of Chicago, Chicago Minority Supplier Deve Development Center (WBDC), and the Sn	elopment Council (CMSDC),	Women Business
_	of MBE/WBE Firms the manner of MBE/WBE participation in the	e performance of this contra	ct_the submitter shall
consider involv	the manner of MBE/WBE participation in the rement with MBE/WBE firms as joint venture sither directly or indirectly.	partners, subcontractors, at	nd suppliers of goods
copies of L	r is a joint venture and one or more joint ver etters of Certification and a copy of the Join /BE firm(s) and its ownership interest in the	t Venture Agreement clearly	BEs or WBEs, attach describing the role of
B. Proposing I not directly	MBE/WBE subcontractors/suppliers/consultage related to the performance of this contract is	ants to perform work or suppose considered to be indirect page	ply goods or services articipation.
MBE/WBE	Subcontractors/Suppliers/Consultants:	,	
1. Name	of MBE/WBE: Bove JAnn	torm /	
Addres	s: 3830 W 95th 5	<u> </u>	
Contac	t Person: Tany Adebayer	Phone: 773.4	517.3100
E-mail:	those @ Boxian. Com	Fax: <u>723</u>	. 414.5600
MBE/M	VBE Participation: Dollars Not 10 (1)	ed 32,150 ercent: 2520	P. Tom/spendy
Will this	s subcontractor be used for direct or indirect	participation? (Circle one)	BIZBGOD
Schodi	ule B and all current certification letters attac	hed? WYes D No	/-

2.	Name of MBE(WBE) No Problem Cleaning	5 Sirv Inc	
	Address: 2305 E 103 Rd Chicas	DI G0617	
	Contact Person: Sheer / Smith	Phone: 773 · 437 · 5600	
	E-mail: NOPROBLEMCLEANINGSRV/@gmas		
	MREMRE Participation: Dollars \$ 86,430	Percent: 5 of Total Spen	d%
	Will this subcontractor be used for direct or indirect participations.	ation? (Circle one)	ed 128,60
	Schedule B and all current certification letters attached?	☐Yes ☐ No	
2	Name of MBE/WBE:		
3.			
	Address:		 0
	Contact Person:		
	E-mail:		
	MBE/WBE Participation: Dollars \$	Percent:	_%
	Will this subcontractor be used for direct or indirect participations.		
	Schedule B and all current certification letters attached?	⊔ Yes ⊔ No	
4	Name of MBE/WBE:		
4.			
	Address:		
	Contact Person:		
	E-mail:	Fax:	
	MBE/WBE Participation: Dollars \$	Percent:	_%
	Will this subcontractor be used for $\underline{\text{direct}}$ or $\underline{\text{indirect}}$ participate		
	Schedule B and all current certification letters attached?	☐ Yes ☐ No	
5.	Name of MBE/WBE:		<u> </u>
	Address:		
	Contact Person:	Phone:	
	E-mail:	Fax:	
	MBE/WBE Participation: Dollars \$	Percent:	_%
	Will this subcontractor be used for direct or indirect participal	ation? (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 <u>direct</u> or <u>indirect</u> particips Schedule B and all current certification letters attached?		
7.	Name of MBE/WBE:		
	Address:		
	Contact Person:	Phone:	
	E-mail:	Fax:	
	MBE/WBE Participation: Dollars \$	Percent:	%
8	Name of MBE/WBE;		
	Address:		
	Contact Person:		
	E-mail:		
	MBE/WBE Participation: Dollars \$	Percent:	%
	Will this subcontractor be used for <u>direct</u> or <u>indirect</u> particips Schedule B and all current certification letters attached?		
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 particip		
	Schedule B and all current certification letters attached?	☐ Yes ☐ No	

A. MBE Proposal:		
MBE Participation:	Dollar Amount of Percent amount Direct Indirect Participation Participation (check √ one)	
MBE Firm Name BOYE JAN HARM	\$ _ \$ 32,150 of mal machine	7.
	\$	
	\$	
	\$%	
	\$ % \$ %	
	\$ % \$ %	
	Not to exceed	
Total MBE Participation:	\$ #82,150 - Of TOTAL PURCHASED NOT TO exceed \$128,600	
2. WBE Participation:	Dollar Amount of Percent amount Direct Indirect Participation Participation (check √ one)	
WBE Firm Name No PROBLEM CLEANING	NOT TO exceed 5% of Total \$ \$6,430 Spend North Indizzed	
E.	\$ % \$	
	\$%	_
_	Φ. 9/.	
*	\$ % \$ %	
	\$ \$	
	\$%	

P-24003	
Total WRF Participati	on

6,430 Spend Nor To exceed #128,600

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

(Name and Title)

(Name And Title)

(Name And Title)

(Name And Title)

(Phone Number)

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:

(Print or Type Name of Business)

Signature:

(Written Signature of Authorized Officer/Representative)

Name/Title:

(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

Certified Profile



Pant

Business & Contact Information

BUSINESS NAME No Problem Cleaning Service, Inc., DBA \

OWNER Sherell Smith

ADDRESS 2305 East 103rd St.

Chicago, IL 60617 [map]

PHONE **773-437-5600**

FAX **773-437-3531**

EMAIL <u>noproblemcleaningsrv1@gmail.com</u>

WEBSITE http://www.noproblemcleaning.com

ETHNICITY African American

Certification Information

CERTIFYING AGENCY City of Chicago

CERTIFICATION TYPE MBE - Minority Business Enterprise

CERTIFICATION DATE 1/10/2024
RENEWAL DATE 1/15/2025
EXPIRATION DATE 1/15/2026

CERTIFIED BUSINESS DESCRIPTION NAICS 561720 Building cleaning services, interior

NAICS 561790 Building exterior cleaning services (except sand blasting, window

cleaning)

Commodity Codes

Code	Description
NAICS 561720	Building cleaning services, interior
NAICS 561790	Building exterior cleaning services (except sandblasting, window cleaning)

Additional Information

SCHEDULE B

		as Subcontractor, Supplier and/or Consultant SELF-PERFORMING ANY WORK, TO RECEIVE MBE/	WBE CREDI
Project: Tool Bulens	OF RELATED MATE	KUA1 P-24003	
From: Box Jan Han. 1 (Name of NBENBE Firm)	Α/	MBE: ≱Yes □ No WBE: □ Yes ♠No	
To: Johnson Pros. (Name of Prime Contractor-Submittee	Supply Co-Inc	and the Chicago Park District:	
The undersig	ned intends to perform work in	connection with the above projects as a:	
GENDER: A Male □ Female	RACE/ETHNICITY: Black/African American Hispanic American Asian American White American Other	TYPE OF FIRM: Partnership Sole Proprietorship Corporation Joint Venturer Other	
entities such as the City of Chicago Developm At The undersigned is prepared to	, the Chicago Minority Supplier nent Center (WBDC), and the S tach all current certification I provide the following services of project/con	etters behind Schedule B. r supply the following goods in connection with tract:	Business
The above described	performance is offered for the fo	blowing price and described terms of payment:	
	· · · · · · · · · · · · · · · · · · ·	ene consecut court exceed 1789	50 0 0
If more space is needed to fully des	cribe the MBE/WBE firm's prop additional shee	osed scope of work and/or payment schedule, is.	attach
	igo Park District, and will do so	ork with you as prime contractor, conditioned up within (3) three working days of receipt of a sig	
Signature: (Signature of Owner or Adthorn Name/Title: Jon, Ade box		Date: 9/19/24	
(Print or Type Name and T	ille	773-414.5600	
Telephone: 773 5/7-340	Pax:	773-414-5600	

End of Schedule B

Certified Profile



Print

Business & Contact Information

BUSINESS NAME Boye Janitorial Service Inc.

OWNER Mr. Tony Adeboyejo

ADDRESS 3830 W. 95th Street

Suite 110,

Evergreen Park, IL 60803 [map]

PHONE **773-779-3800**

FAX **773-779-3801**

EMAIL <u>Tony boyejanitorialservice@yahoo.com</u>

ETHNICITY African American

Certification Information

CERTIFYING AGENCY City of Chicago

CERTIFICATION TYPE MBE - Minority Business Enterprise

CERTIFICATION DATE 4/24/2024

RENEWAL DATE 3/15/2025

EXPIRATION DATE 3/15/2025

CERTIFIED BUSINESS DESCRIPTION NAICS 238990 All Other Specialty Trade Contractors; Cleaning building interiors

during and immediately after construction

NAICS 561720 Janitorial services

NAICS 561740 Carpet and Upholstery Cleaning Services

NAICS 561790 Pressure washing (e.g., buildings, decks, fences)

Commodity Codes

Code	Description
NAICS 238990	All Other Specialty Trade Contractors
NAICS 561720	Janitorial services
NAICS 561740	Carpet and Upholstery Cleaning Services
NAICS 561790	Pressure washing (e.g., buildings, decks, fences)