

SCHEDULE C
Target Market Program

NOTE:

PARTICIPATION IN THE TARGET MARKET PROGRAM IS LIMITED TO SUBMITTERS WHICH ARE MBEs, WBEs, AND JOINT VENTURES CONSISTING EXCLUSIVELY OF MBEs, WBEs OR BOTH. HOWEVER, SUBCONTRACTORS MAY BE MBEs, WBEs, OR NON-MBE/WBEs

TO BE COMPLETED BY SUBMITTER ONLY

Statement of Submitter Regarding Its Subcontractor Utilization Plan

Submitter: Dust to Clean Maintenance

Project: RFP Janitorial Services For The Central Lakefront, Comfort Stations, Beach Houses and Special Use Facilities

Specification #: P-23008

Please identify the submitter's current certification status: MBE: ☒ Yes ☐ No WBE: ☒ Yes ☐ No

Is the submitter currently certified in the designated commodity/service area? ☒ Yes ☐ No

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

Subcontracting:

1. Subcontracting and supplying of goods and services directly related to the performance of this contract are open to MBE/WBE and non MBE/WBE firms. Subcontracting cannot exceed 50% of the total contract amount.
2. All MBE/WBE firms included in the following plan must be certified as such by a public or private organization which the Chicago Park District accepts. These organizations include the City of Chicago, Cook County, State of Illinois (CMS), Chicago Minority Supplier Development Council (CMSDC), Women Business Development Center (WBDC), and the U.S. Small Business Administration.

Subcontractors:

Identify both MBE/WBE Subcontractors and non MBE/WBE Subcontractors in the designated sections below. Please include the current company information, description of services/commodities being providing, anticipated participation dollar amount and percentage. If these MBE/WBE and non MBE/WBE subcontractors sections are left blank it will be assumed that your company is self performing 100% of the contract.

MBE/WBE Subcontractors/Suppliers/Consultants:

Please provide a current certification letter for each MBE/WBE company.

1. Name of MBE/WBE: 100% Self-Performed - Dust to Clean Maintenance Co., Inc.
Address: 503 E. 61st - Chgo. IL 60637

Contact Person: _____ Phone: _____

E-mail: _____ Fax: _____

Services/Commodities Providing: _____

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

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

Schedule D and current certification letter attached? ☐ Yes ☐ No

2. Name of MBE/WBE: _____

Address: _____

Contact Person: _____ Phone: _____

E-mail: _____ Fax: _____

Services/Commodities Providing: _____

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

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

Schedule D and current certification letter attached? ☐ Yes ☐ No

3. Name of MBE/WBE: _____

Address: _____

Contact Person: _____ Phone: _____

E-mail: _____ Fax: _____

Services/Commodities Providing: _____

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

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

Schedule D and current certification letter attached? ☐ Yes ☐ No

4. Name of MBE/WBE: _____

Address: _____

Contact Person: _____ Phone: _____

E-mail: _____ Fax: _____

Services/Commodities Providing: _____

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

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

Schedule D and current certification letter attached? ☐ Yes ☐ No

Non-MBE/WBE Subcontractors:

1. Name of Subcontractor: _____
Address: _____
Contact Person: _____ Phone: _____
E-mail: _____ Fax: _____
Services/Commodities Providing: _____
Participation: Dollars \$ _____ Percent: _____ %

2. Name of Subcontractor: _____
Address: _____
Contact Person: _____ Phone: _____
E-mail: _____ Fax: _____
Services/Commodities Providing: _____
Participation: Dollars \$ _____ Percent: _____ %

3. Name of Subcontractor: _____
Address: _____
Contact Person: _____ Phone: _____
E-mail: _____ Fax: _____
Services/Commodities Providing: _____
Participation: Dollars \$ _____ Percent: _____ %

4. Name of Subcontractor: _____
Address: _____
Contact Person: _____ Phone: _____
E-mail: _____ Fax: _____
Services/Commodities Providing: _____
Participation: Dollars \$ _____ Percent: _____ %

(Attach additional sheets if necessary)

II. Summary of Subcontractor Utilization Plan:

A. MBE Participation:

<u>MBE Firm Name</u>	Dollar amount of Participation	Percent amount of Participation	Direct or Indirect (check <input checked="" type="checkbox"/> one)
<u>Dust on Clean Maintenance Co. Inc</u>	<u>368,163.28</u>	<u>100</u> %	<input checked="" type="checkbox"/>
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____

Total MBE Participation: \$ 368,163.28 100 %

B. WBE Participation:

<u>WBE Firm Name</u>	Dollar amount of Participation	Percent amount of Participation	Direct or Indirect (check <input checked="" type="checkbox"/> one)
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____

Total WBE Participation: \$ _____ %

C. Non-MBE/WBE Participation:

<u>Non-MBE/WBE Firm Name</u>	<u>Dollar Amount of Participation</u>	<u>Percent Amount of Participation</u>	<u>Direct / Indirect (check <input checked="" type="checkbox"/> one)</u>
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____

Total Non-MBE/WBE Participation: \$ _____ %

The submitter designates the following person as its Schedule C Liaison:

Cheryl Gill - President (773) 407-0585

(Name and Title)

(Phone Number)

(312) 244-3795

(Fax Number)

dustemclean@gmail.com

(Email Address)

SCHEDULE C SIGNATURE PAGE

(Complete this signature page only if you are the MBE/WBE operating as the submitter)

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

The submitter is currently certified in the appropriate category of services and is self performing a minimum of 50% of the contract value.

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.

Submitter: Dust On Clean Maintenance Co. Inc Date: 2-21-24
(Print or Type Name of Business)
Signature: [Signature] Date: 2-21-24
(Written Signature of Authorized Officer/Representative)
Name/Title: Cheryl Gill - President
(Print or Type Name and Title of Person Signing Statement)

Subscribed to before me on (date) 2-21-2024, at COOK
County,

IL (state).

Print or type name of signatory:

Cheryl Gill - [Signature]

_____, Notary Public

Commission Expires: NOV. 28, 2026

Seal



Tamika Palmer

SCHEDULE D
FOR MBE OR WBE SUBCONTRACTOR
Target Market Program

COMPLETE THIS PAGE ONLY IF YOU ARE A MBE OR WBE SUBCONTRACTOR

RFP - Janitorial Services for the Central Lakefront
PROJECT: Central Station, Beach House, and Special Use Facilities
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
SPECIFICATION NUMBER: P-23008

From: Dust Rn Clean Maintenance Co. Inc.
(Name of MBE/WBE Firm)

MBE: ☒ Yes ☐ No
WBE: ☒ Yes ☐ No

To: Dust Rn Clean Maintenance Co. Inc.
(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 Venture
☐ Other

The MBE/WBE status of the undersigned is confirmed by current Letters of Certification from public or private entities including the City of Chicago, Cook County, State of Illinois (CMS), Chicago Minority Supplier Development Council (CMSDC), Women's Business Development Center (WBDC), and the U.S. Small Business Administration (SBA).

Attach all current certification letters behind Schedule D.

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

Janitorial Services

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

368,163.28 (24-term) Terms of payment - Net 30-Days

If more space is needed to fully describe the MBE/WBE firm's proposed scope of work and/or payment schedule, attach additional sheets.

Signature:

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

Date: 2-21-24

Name/Title:

Cheryl Gill - President
(Print or Type Name and Title)

Address:

503 E. 61st - Chg. IL 60637

Telephone: (773) 407-0585

Fax: (312) 244-3795

SCHEDULE C SIGNATURE PAGE FOR MBE/WBE JOINT VENTURE FIRMS

(Complete this signature page only if you are a MBE/WBE operating as a joint venture with a 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 Chicago Park District.

Attach joint venture agreement clearly describing the role of each MBE/WBE firm and its ownership interest in the joint venture.

(Name of MBE/WBE Partner Firm)

(Name of 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)

Subscribed to before me on (date) _____, at _____
County, _____ (state).

Print or type name of signatory:

_____, Notary Public

Commission Expires: _____

Seal



State of Illinois Commission on Equity and Inclusion
Business Enterprise Program
100 W. Randolph St., Suite 4-100, Chicago, IL 60601
www.cei.illinois.gov

June 15, 2023

Ms. Cheryl Ann Gill
Dust Em Clean Maintenance Company, Inc.
P.O. BOX 377823
CHICAGO, IL 60637

Re: BE Enrolled Business Enterprise Program (BE BEP)

Dear Ms. Cheryl Ann Gill:

Congratulations, as Chairperson of the Illinois Commission on Equity and Inclusion (CEI), I would like to advise you that your business qualifies for enrollment in the new BE Enrolled Business Enterprise Certification Program (BE BEP). In January 2022, the Commission on Equity and Inclusion (CEI) was created to modernize the state's practices and protocols related to equity and inclusion in contracting and hiring. The BEP Program was removed from CMS and placed in CEI, whose mission is directly aligned with the mission of BEP. As we establish our new agency, CEI has been carefully reviewing all aspects of the BEP program and council. The BE BEP Certification Program was established to allow for the seamless activation state M/W/PBE certification and reduces duplicative red tape. CEI enrolled your business in the BE BEP Program based on the diversity certification issued by the City of Chicago's and/or Cook County's MWBE Vendor directory OR certified within the IL UCP program by CTA, Pace, Metra, IDOT, or the City of Chicago.

Host Agency: ILUCP (CTA, Pace, Metra, or IDOT)

Renewal Date: June 14, 2024

Certification Expiration Date: June 14, 2024

Certification Type: Women/Minority Business Enterprise (WMBE)

Your new BE BEP Certification is based on your business maintaining its certification with its initial host agency. The newly activated BE BEP Certification duration and commodity codes will match the existing certification held with the City of Chicago and/or Cook County. If the vendor's certification with the host agency expires or its bidding privileges are suspended, then your BE BEP Certification will also be suspended. You may however apply for full State of Illinois BEP Certification at cei.illinois.gov/bepvendor.

You will be notified by BEP through email to update your BE BEP Certification 60 days prior to the expiration of your host agency's certification and your BE BEP Certification.

Additionally, you must notify BEP within two weeks if any of the following changes occur:

- Changes in ownership
- Changes in who controls the business; or
- Changes in the business' certification status with the host organization.

Failure to notify BEP of these changes may result in the termination of the business' BE BEP Certification.

Activation of your BE BEP Certification has several benefits. Your business's name will be listed in the state's BEP Certified Vendor Directory, used by prime vendors to identify certified M/W/PBEs who can fulfill the state's minority contracting goals. Your business name will appear in the BEP Certified Vendor Directory as a Women/Minority Business Enterprise (WMBE). The State of Illinois uses National Institute of Government Purchasing (NIGP) commodity codes that have been translated from your NAICS codes to NIGP codes as listed below. The translation table may be accessed:

<https://cei.illinois.gov/document/cei/cei-bep-codes>

Please note that there are four (4) Chief Procurement Officers (CPO) who exercise the state's procurement authority. Each of the four CPOs have a separate bulletin that publishes the state's solicitations and opportunities to bid for each of their respective portfolios. BEP strongly recommends **all** certified vendors register with **each** of the four State of Illinois Procurement Bulletins (<https://cei.illinois.gov/business-enterprise-program/illinois-procurement-opportunities.htm>) to ensure you receive notification of all prime and subcontractor bidding opportunities that match the goods and services your company provides.

State Procurement Sites:

Chief Procurement Officer of General Services has oversight of 65 state agencies:

- <https://www2.illinois.gov/cpo/pathwaytoprocurement/pages/bidbuy.aspx>
- www.illinoistollway.com

Chief Procurement Officer of Higher Education has oversight of 17 state universities:

- www.procure.stateuniv.state.il.us

Chief Procurement Officer of Capital Development Board (CDB) has oversight of CDB:

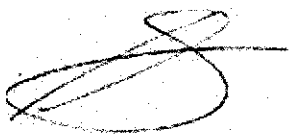
- www.illinois.gov/cdb

Illinois Department of Transportation:

- www.idot.illinois.gov

The Commission on Equity and Inclusion and BEP Council welcome your participation in the Business Enterprise Program and wish you continued success. If you have any comments, feel free to contact us via cei.bep.compliance@illinois.gov or call the BEP at 312-814-4190.

Sincerely,



Carlos Gutiérrez
Certification Manager



DEPARTMENT OF PROCUREMENT SERVICES

CITY OF CHICAGO

FEB 22 2019

Cheryl Ann Gill
Dust Em Clean Maintenance Company, Inc.
503 E. 61st St.
Chicago, IL 60637

Dear Ms. Gill:

We are pleased to inform you that **Dust Em Clean Maintenance Company, Inc.** has been recertified as a **Minority and Women-Owned Business Enterprise ("M/WBE")** by the City of Chicago ("City"). This **M/WBE** certification is valid until **2/15/2024**; 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 **2/15/2020, 2/15/2021, 2/15/2022, and 2/15/2023**. 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 **2/15/2024**. 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 **12/15/2023**.

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 **M/WBE** if you fail to:

- File your annual No-Change Affidavit within the required time period;

121 NORTH LASALLE STREET, ROOM 806, CHICAGO, ILLINOIS 60602

- 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):

238320- Painting (Except Roof) Contractors

238910- Demolition Contractors

238990- Cleaning New and Existing Building Interiors During and Immediately After Construction

561720- Janitorial Services

561730- Landscaping Services

561720- Building Cleaning Services, Janitorial; Cleaning Homes and Offices; Cleaning Shopping Services; Custodial Services; Deodorant Servicing of Rest Rooms; Deodorizing Services; Housekeeping Services (i.e. Cleaning Services); Janitorial Services; Office Cleaning Service; Residential Cleaning Services; Restroom Cleaning Services; Restaurant Kitchen Cleaning Services; Service Station Cleaning and Degreasing Services; Washroom Sanitation Services; Window Cleaning Services. 561730- Garden Maintenance Services; Landscape Care and Maintenance; Landscape Contractors (Except Construction), Lawn Mowing and Maintenance Services; Maintenance of Plants and Shrubs in Building; Ornamental Tree and Shrub Services; Seasonal Property Maintenance Services (i.e., Snow, Plowing in Winter, Landscaping During Other Seasons); Shrub and Tree Services (e.g., Bracing, Planting, Pruning, Removal Spraying, Surgery, Trimming); Snow Plowing Services Combined with Landscaping Services (i.e., Seasonal, Property Maintenance Services); Sod Laying Services; Tree and Bush Trimming, Overhead Utility Line; Tree Trimming Services.

Your firm's participation on City contracts will be credited only toward **M/WBE** goals in your area(s) of 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, Women, Veteran-Owned Business Enterprise and Business Enterprise Owned or Operated by People with Disabilities (MBE/WBE/VBE/BEPD) Program.

Sincerely,

A handwritten signature in black ink, appearing to read "Shannon E. Andrews".

Shannon E. Andrews
Chief Procurement Officer

SEA/fn



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

DUST EM CLEAN MAINTENANCE COMPANY, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 08, 1996, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 6TH day of MARCH A.D. 2023 .

SECRETARY OF STATE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/21/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The Ziegler Insurance Agency 1920 West 87th Street Chicago, Illinois 60620	CONTACT NAME: Joseph C. Ziegler, Jr.	
	PHONE (A/C No. Ext.): (773) 239-6650	FAX (A/C No.): (773) 239-6683
	E-MAIL ADDRESS: Ziegler@Zieglerins.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED DUST EM CLEAN MAINTENANCE 503 E 61ST ST CHICAGO IL 60637	INSURER A: Ohio Casualty Insurance Company	NAIC # 24082
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LINE	TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	BKS 58838964	05/11/2023	05/11/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	BAS 58838464	05/11/2023	05/11/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		USO 58838964	05/11/2023	05/11/2024	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y/N	XWS 58838964	02/20/2023	02/20/2024	WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Chicago Park District, Live Nation Worldwide, Inc. and its landlords or licensors, if any, and their respective parents, members, partners, affiliates, divisions and subsidiaries and their respective officers, directors and employees (collectively, the "Purchaser Parties") shall be listed as Additional Insured with respect to the operations of the Named Insured. Coverage naming the Additional Insureds shall be on a primary basis irrespective of any other insurance, whether collectible or not, to the extent of Contractor's liability as described in this Agreement.

CERTIFICATE HOLDER

Chicago Park District
541 N. Fairbanks
Chicago, Illinois 60611

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Joseph Ziegler, Jr.

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chicago park district

Clarification 1

Date – 01/31/24

Janitorial Comfort Station for Central Region Lakefront Comfort Stations, Special use Facilities, and Beach Houses.

Specification P-23008

Question – Can a certified MBE/WBE firm be 100 percent self – performing.

Answer Yes this is a target market RFP, a certified MBE/WBE firm can be 100 percent self-performing.

Brian Stepp
Director Of Purchasing

End of Clarification 1

CITY OF CHICAGO

LICENSE CERTIFICATE NON-TRANSFERABLE

BY THE AUTHORITY OF THE CITY OF CHICAGO, THE FOLLOWING SPECIFIED LICENSE IS HEREBY GRANTED TO

DUST EM CLEAN MAINTENANCE COMPANY, INC.

PRINTED ON
05/17/2023

NAME: DUST EM CLEAN MAINTENANCE COMPANY, INC.
503 E. 61ST ST., Floor 1ST
DBA: CHICAGO, IL 60637
AT:

2542648

1010

\$****250.00

LICENSE NO.: Limited Business License

CODE:

FEE:

LICENSE:

PRESIDENT: CHERYL ANN GILL
SECRETARY: CHERYL ANN GILL

THIS LICENSE IS ISSUED AND ACCEPTED SUBJECT TO THE REPRESENTATIONS MADE ON THE APPLICATION THEREFOR, AND MAY BE SUSPENDED OR REVOKED FOR CAUSE AS PROVIDED BY LAW, LICENSEE SHALL OBSERVE AND COMPLY WITH ALL LAWS, ORDINANCES, RULES AND REGULATIONS OF THE UNITED STATES GOVERNMENT, STATE OF ILLINOIS, COUNTY OF COOK, CITY OF CHICAGO AND ALL AGENCIES THEREOF:

WITNESS THE HAND OF THE MAYOR OF SAID CITY AND THE CORPORATE SEAL THEREOF
THIS 15 DAY OF JUNE, 2023

EXPIRATION DATE: June 15, 2025

ATTEST:

Anna M. Valencia

CITY CLERK

ACCOUNT NO. 41888

MAYOR
SITE: 6

TRANS NO.

THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE UPON THE LICENSED PREMISES.

