

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: Medical Express Ambulance Service, Inc.

Project: P23017-On-Site Ambulance & Paramedical Services

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: Medical Express Ambulance Service, Inc.

Address: 5650 Howard St

Contact Person: Lauren Rubinson Phone: 847-673-6333

E-mail: lauren@medexambulance.com Fax: 847-673-4542

MBE/WBE Participation: Dollars \$ 429806.25 Percent: 75 %

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: Sutton Ford

Address: 21315 Central Avenue, Matteson, IL 60443

Contact Person: Alex Kadish Phone: 708-720-8083

E-mail: akadish@suttonford.com Fax: _____

MBE/WBE Participation: Dollars \$ 143268.75 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

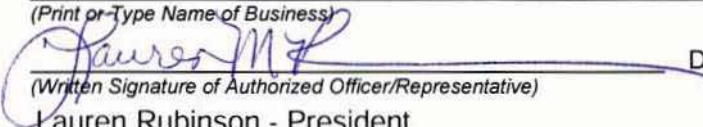
8. Name of MBE/WBE: _____
Address: _____
Contact Person: _____ Phone: _____
E-mail: _____ Fax: _____
MBE/WBE Participation: Dollars \$_____ Percent: _____%
Will this subcontractor be used for direct or indirect participation? (circle one)
Schedule B and all current certification letters attached? Yes 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.

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: Medical Express Ambulance Service, Inc.
(Print or Type Name of Business)

Signature:  Date: 03/19/2024
(Written Signature of Authorized Officer/Representative)

Name/Title: Lauren Rubinson - 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

**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 Chicago Park District.

(Name of MBE/WBE Partner Firm)

(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)

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: P-23017-ON-SITE AMBULANCE & PARAMEDICAL SERVICES

From: Sutton Ford MBE: Yes No
(Name of MBE/WBE Firm) WBE: Yes No

To: Medical Express Ambulance Service, 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 checked="" type="checkbox"/> Black/African American	<input type="checkbox"/> Partnership
<input 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:

AUTOMOTIVE VEHICLES /PARTS/SERVICE

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

\$143,268.75 over the 2 year contract, Net 60

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:  Digitally signed by KAREN M FORD
(Signature of Owner or Authorized Agent of MBE/WBE) Date: 03/19/2024

Name/Title: Karen Ford
(Print or Type Name and Title)

Address: 21315 CENTRAL AVE MATTESON IL 60443

Telephone: 708-720-8000 Fax: _____

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: P-23017-On-Site Ambulance & Paramedical Services

From: Medical Express Ambulance Service, Inc. MBE: Yes No
(Name of MBE/WBE Firm) WBE: Yes No

To: Medical Express Ambulance Service, 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:

On-Site Ambulance & Paramedical Services

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

\$429,806.25 over the 2 year contract, Net 30

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:  Date: 03/19/2024
(Signature of Owner or Authorized Agent of MBE/WBE)

Name/Title: Lauren Rubinson
(Print or Type Name and Title)

Address: 5650 Howard Street, Skokie, IL 60077

Telephone: 847-673-6333 Fax: 847-673-4542

End of Schedule B



CITY OF CHICAGO



DEPARTMENT OF PROCUREMENT SERVICES

NOV 24 2020

Lauren Rubinson-Morris
Medical Express Ambulance Services, Inc.
5650 West Howard St.
Skokie, IL 60077

Dear Mrs. Rubinson-Morris:

We are pleased to inform you that **Medical Express Ambulance Services, Inc. dba MEDEX Ambulance dba MEDEX Integrated Healthcare dba MEDEX Mobile Healthcare** is recertified as a **Women-Owned Business Enterprise ("WBE")** by the City of Chicago ("City"). This **WBE** certification is valid until **11/15/2025**; 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. Therefore, 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 **11/15/2021, 11/15/2022, 11/15/2023, and 11/15/2024**. 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 **11/15/2025**. 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 **9/15/2025**.

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 **WBE** if you fail to:

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

621910 - Ambulance Services

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

Sincerely,



Shannon E. Andrews
Chief Procurement Officer

SEA/do

Business & Contact Information

BUSINESS NAME	Medical Express Ambulance Service, Inc., DBA MedEx Ambulance
OWNER	Ms. Lauren Rubinson-Morris
ADDRESS	5650 West Howard Street Skokie, IL 60077-2623 [map]
PHONE	847-673-6333 Ext. 102
FAX	847-673-4542
EMAIL	lauren@medexambulance.com
ETHNICITY	Caucasian

Certification Information

CERTIFYING AGENCY	City of Chicago
CERTIFICATION TYPE	WBE - Women Business Enterprise
CERTIFICATION DATE	11/2/2023
RENEWAL DATE	11/15/2024
EXPIRATION DATE	11/15/2025
CERTIFIED BUSINESS DESCRIPTION	NAICS 621910 Ambulance Services

Commodity Codes

Code	Description
NAICS 621910	Ambulance Services

Additional Information

WARD	N/A
COMMUNITY AREA	N/A
QUALIFIED INVESTMENT AREA	N/A



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

December 14, 2023

Ms. Lauren Rubinson-Morris
Medical Express Ambulance Service, Inc. DBA MedEx Ambulance
5650 West Howard Street
Skokie, IL 60077-2623

Re: BE Enrolled Business Enterprise Program (BE BEP)

Dear Ms. Lauren Rubinson-Morris:

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: City of Chicago

Renewal Date: November 15, 2024

Certification Expiration Date: November 15, 2024

Certification Type: Women Business Enterprise (WBE)

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 Business Enterprise (WBE). 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/content/dam/soi/en/web/cei/documents/CEI%20BEP%20CROSSWALK.xls>.

NIGP 94812: AMBULANCE SERVICES, NON-EMERGENCY (SEE 990-37 FOR EMERGENCY AMBULANCE SERVICES)

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](#) 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,

A handwritten signature in black ink, appearing to read 'Carlos Gutiérrez', with a stylized, overlapping loop structure.

Carlos Gutiérrez
Certification Manager

Business & Contact Information

BUSINESS NAME **Sutton Ford, Inc**

OWNER **Ms. Karen Sutton Ford**

ADDRESS **21315 Central Avenue
Matteson, IL 60443 [\[map\]](#)**

PHONE **708-720-8000 Ext. 8039**

FAX **708-720-4290**

EMAIL **pwhite@suttonautoteam.com**

ETHNICITY **African-American (Black)**

Certification Information

CERTIFYING AGENCY **Cook County**

CERTIFICATION TYPE **MBE - Minority Business Enterprise**

CERTIFICATION DATE **2/16/2023**

RENEWAL DATE **3/11/2024**

EXPIRATION DATE **1/11/2026**

CERTIFIED BUSINESS DESCRIPTION **Regular Dealer: Automotive Dealership - New Vehicles & Used Vehicles Sales; Wholesale Parts**

Commodity Codes

Code	Description
NAICS 423120	Automotive parts, new, merchant wholesalers
NAICS 423120	Motor Vehicle Supplies and New Parts Merchant Wholesalers
NAICS 441110	Automobile dealers, new only or new and used

Additional Information

MBE/WBE UTILIZATION REPORTING REQUIREMENTS

CHICAGO PARK DISTRICT

Construction Contracts

The prime bidder shall, within 30 days of receiving the contract award, execute contracts or purchase orders with the MBE and WBE firms included in its approved MBE/WBE Utilization Plan. These written agreements shall be made available to the Department of Purchasing upon request.

The prime bidder shall submit the “MBE/WBE Utilization Report” with every progress payment request.

Term Agreement Contracts

For term agreement contracts for materials, supplies, equipment, services, etc., the Director of Purchasing will determine the frequency with which utilization reports are to be submitted. In the absence of written notice from the Director of Purchasing, the submitter’s first “MBE/WBE Utilization Report” will be due no later than ninety (90) days after the date of contract execution.

Submission Address: MBE/WBE Utilization Reports are to be submitted directly to:

Compliance Officer
Department of Purchasing
Chicago Park District
541 N. Fairbanks Court
3rd Floor
Chicago, IL. 60611

Do not submit invoices with the “MBE/WBE Utilization Report.”