

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: Mid-American Elevator Project: CPD Elevator and Lift Maintenance and Repairs

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: Motion Solutions LLC

Address: 9912 Irving Park Rd, Schiller Park, IL

Contact Person: Anthony Swan Phone: 888-636-8878

E-mail: ts@motionsolutionsllc.com Fax: 312-729-5398

MBE/WBE Participation: Dollars \$ 62,000 Percent: 25% %

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: _____
 Address: 16W291 S Frontage Rd, Burr Ridge, IL
 Contact Person: Jessica Garmon Phone: 773-624-7333
 E-mail: michelleh@skywayelevatorrepair.com Fax: _____
 MBE/WBE Participation: Dollars \$ 12,400.00 Percent: 5% %
 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: N/A
 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.

P-21005

A. MBE Proposal:

1. MBE Participation:

MBE Firm Name	Dollar Amount of Participation	Percent amount Participation	Direct Indirect (check <input checked="" type="checkbox"/> one)
Motion Solutions LLC	\$ 62,000	25%	direct labor
	\$	%	
	\$	%	
	\$	%	
	\$	%	
	\$	%	
	\$	%	
	\$	%	
	\$	%	
Total MBE Participation:	\$ 62,000	25%	%

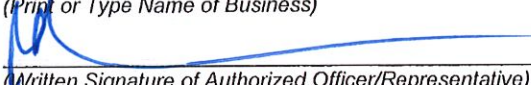
2. WBE Participation:

WBE Firm Name	Dollar Amount of Participation	Percent amount Participation	Direct Indirect (check <input checked="" type="checkbox"/> one)
Industrial electric	\$ 12,400.00	5%	direct labor
	\$	%	
	\$	%	
	\$	%	
	\$	%	
	\$	%	
	\$	%	
	\$	%	
	\$	%	
Total WBE Participation:	\$ 12,400	5%	%

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

Veronica Lamb, Business Manager 773-486-6900
 (Name and Title) (Phone Number)
 veronica@mid-americanelevator.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: Mid-American Elevator
 (Print or Type Name of Business)
 Signature:  Date: 4/13/21
 (Written Signature of Authorized Officer/Representative)
 Name/Title: Cullen Bailey, Vice-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.

N/A

(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
DO NOT FILL OUT OR SIGN THIS FORM IF YOU ARE THE PRIME SUBMITTER

Project: CPD Elevator and Lift Maintenance and Repairs

From: Motion Solutions LLC MBE: Yes No
(Name of MBE/WBE Firm) WBE: Yes No

To: Mid-American Elevator 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 type="checkbox"/> Corporation |
| | <input type="checkbox"/> White American | <input type="checkbox"/> Joint Venturer |
| | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other <u>LLC</u> |

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:

25% of direct labor \$62,000.00

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

25% of direct labor to be paid within 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.

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: 04-20-2021
(Signature of Owner or Authorized Agent of MBE/WBE)

Name/Title: Anthony E Swan (Owner)
(Print or Type Name and Title)

Address: 9912 Irving Park Road, Schiller Park, IL, 60176

Telephone 847-636-8477 Fax: 312-729-5398



OFFICE OF CONTRACT COMPLIANCE

EDWARD H. OLIVIERI

DIRECTOR

118 N. Clark, County Building, Room 1020 • Chicago, Illinois 60602 • (312) 603-5502

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PRESIDENT

Cook County Board
of Commissioners

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12th District

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13th District

SCOTT R. BRITTON

14th District

KEVIN B. MORRISON

15th District

JEFFREY R. TOBOLSKI

16th District

SEAN M. MORRISON

17th District

November 13, 2019

Mr. Anthony Swan, Owner
Motion Solutions LLC
9912 Irving Park Road
Schiller Park, IL 60176

Annual Certification Expires: November 13, 2020

Dear Mr. Swan:

Congratulations on your continued eligibility for Certification as a **Minority-owned Business Enterprise (MBE)** and **Veteran-owned Business Enterprise (VBE)** by Cook County Government. This certification is valid until **November 13, 2021**; however, you must re-validate your firms' certification annually.

As a condition of continued Certification during the five (5) year term, you must file an annual **"No Change Affidavit"** within **sixty (60) business days** prior to the date of the annual expiration. Failure to file this Affidavit may result in the termination of your Certification. You must notify Cook County's Office of Contract Compliance of any change in ownership or control or any other matters or facts affecting your firm's eligibility for Certification within **fifteen (15) business days** of such change.

Cook County Government may commence action to remove your firm as a certified vendor if you fail to notify us of any changes of facts affecting your firm's Certification, or if your firm otherwise fails to cooperate with the County in any inquiry or investigation. Removal of your status may also be commenced if your firm is found to be involved in bidding or contractual irregularities.

Your firm's name will be listed in Cook County's Directory of certified firms in the following area(s) of specialty:

Construction: Elevator Installation and Repair

Your firm's participation on Cook County contracts will be credited toward **MBE** or **VBE** goals in your area(s) of specialty. While your participation on Cook County contracts is not limited to your specialty, credit toward **MBE** or **VBE** goals will be given only for work done in the specialty category.

Thank you for your continued interest in Cook County Government's Minority, Women, Veteran and People with Disabilities Business Enterprise Programs.

Sincerely,

Edward H. Olivieri
Contract Compliance Director

EHO/ek

City of Chicago
General Contractor License Program

P.O. Box 388249
Chicago, IL 60638-8249

Your application for a City of Chicago General Contractor's License has been issued please note that if your insurance certificate expiration date differs from your license expiration date it is your responsibility to provide a current one upon its renewal.

IF THE RENEWED INSURANCE CERTIFICATE IS NOT RECEIVED before the insurance expiration date. YOUR LICENSE WILL GO TO AN INACTIVE STATUS ON THE CITY OF CHICAGO'S LIST OF REGISTERED CONTRACTORS. YOU WILL NOT BE ABLE TO PULL PERMITS IF YOUR INSURANCE IS EXPIRED AND THE LICENSE WILL BECOME INACTIVE.

- *Please forward the renewed insurance certificate upon its renewal, to our office using the contact information below either by email or mail. Contact our office if you have any questions.*

Respectfully,

*Patty Garber
pgarber@continentaltesting.net
phone 800-359-1313 ext. 117*

*City of Chicago
General Contractors License Program
PO Box 388249
Chicago IL 60638*

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 SUBMITTER

Project: CPD Elevator and Lift Maintenance and Repairs

From: Industrial Electric Supply, Inc. MBE: Yes No
(Name of MBE/WBE Firm) WBE: Yes No

To: Mid-American Elevator 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 checked="" 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:

Distributor: Electrical Equipment, Supplies, Materials and Electronic Parts
5% of parts value of \$12,400

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

30 days upon receipt of invoice

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: Jessica Ashley Garmon Date: 4/20/2021
(Signature of Owner or Authorized Agent of MBE/WBE)

Name/Title: Jessica Ashley Garmon
(Print or Type Name and Title)

Address: 16W291 S. Frontage Rd. Burr Ridge, IL 60527

Telephone: 312-972-3814 Fax: _____



TONI PRECKWINKLE

PRESIDENT

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17th District

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EDWARD H. OLIVIERI

DIRECTOR

118 N. Clark, County Building, Room 1020 • Chicago, Illinois 60602 • (312) 603-5502

August 12, 2020

Ms. Jessica Ashley Garmon
President
Industrial and Utility Supply Ltd.
d/b/a Industrial Electric Supply, Inc.
16 W 291 South Frontage Road
Burr Ridge, IL 60527

Re: Annual Certification Expires: August 12, 2021

Dear Ms. Garmon:

Congratulations on your continued eligibility for Certification as a **Minority-owned Business and Woman-owned Business Enterprise (MBE/WBE)** Cook County Government. This certification is valid until **August 12, 2024**; however, you must re-validate your firms' certification annually.

As a condition of continued Certification, you must file a **"No Change Affidavit"** within **sixty (60) business days prior to the date of Annual Certification Expiration**. Failure to file this Affidavit shall result in the termination of your Certification. You must notify Cook County Government's Office of Contract Compliance of any change in ownership or control or any other matters or facts affecting your firm's eligibility for Certification within **fifteen (15) business days** of such change.

Cook County Government may commence action to remove your firm as an **MBE/WBE** vendor if you fail to notify us of any changes of facts affecting your firm's Certification, or if your firm otherwise fails to cooperate with the County in any inquiry or investigation. Removal of status may also be commenced if your firm is found to be involved in bidding or contractual irregularities.

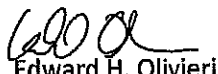
Your firm's name will be listed in Cook County's Directory of certified firms in the following area(s) of specialty:

DISTRIBUTOR: ELECTRICAL EQUIPMENT, SUPPLIES, MATERIALS AND ELECTRONIC PARTS

Your firm's participation on Cook County contracts will be credited toward **MBE** or **WBE** goals in your area(s) of specialty. While your participation on Cook County contracts is not limited to your specialty, credit toward **MBE** or **WBE** goals will be given only for work performed in the specialty category.

Thank you for your continued interest in Cook County Government's Minority, Women, Veteran, Service-Disabled Veteran and People with Disabilities Business Enterprise Programs.

Sincerely,



Edward H. Olivieri
Contract Compliance Director

EHO/ew