

SCHEDULE A

Statement of Prime Submitter Regarding Its MBE/WBE Utilization Plan

TO BE COMPLETED BY SUBMITTER ONLY

Submitter: Vector Stomp Inc. Project: Pest Control Services Specification No. P-20002

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: (TBD) PEST PRO'S UNLIMITED DBA NELSON'S ENVIRONMENTAL SOLUTIONS,LLC

Address: 4526 W. Harrison St. Chicago, IL

Contact Person: LaTonya Nelson Phone: 773-696-2776

E-mail: lnelson@pestprosunlimited.com Fax: N/A

MBE/WBE Participation: Dollars \$ 7,444.08 Percent: 6 %

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: (TBD) R.B. Pest Solutions

Address: 8243 S Cottage Grove Ave Chicago, IL

Contact Person: Robiar Walton Phone: 312-217-9605

E-mail: rbpestsolutions@gmail.com Fax: N/A

MBE/WBE Participation: Dollars \$ 16,128.84 Percent: 13 %

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

Schedule B and all current certification letters attached? ☐ Yes ☒ No

(TBD) The Bug Man Inc.

3. Name of MBE/WBE:

Address: 728 E. Calhoun, Unit 1 Woodstock IL

Contact Person: Dora Sicurella Phone: 815-337-4802

E-mail: dora@thebugmanservices.com Fax: N/A

MBE/WBE Participation: Dollars \$ 16,128.84 Percent: 13 %

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.

1. MBE Participation:

2. WBE Participation:

WBE Firm Name	Dollar Amount of Participation	Percent amount Participation	Direct Indirect (check <input checked="" type="checkbox"/> one)
The Bug Man Inc.	\$ 6,203.40	5	<input checked="" 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:	\$ 6,203.40	5	<input checked="" type="checkbox"/> <input type="checkbox"/>

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

Christopher Slayton

(Name and Title)

(815-895-0423

(Phone Number)

Chris@vectorstomp.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: Vector Stomp Inc.

(Print or Type Name of Business)

Signature:



(Written Signature of Authorized Officer/Representative)

Date: 5-11-20

Name/Title:

Christopher Slayton

(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