

## SCHEDULE A

### Statement of Prime Submitter Regarding Its MBE/WBE Utilization Plan

#### TO BE COMPLETED BY SUBMITTER ONLY

Submitter: Clarity Partners, LLC

Project: Chicago Park District: Website Hosting and Support

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 Limited Liability Company

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: Clarity Partners, LLC

Address: 20 N. Clark Street, Suite 3600, Chicago, IL 60602

Contact Person: Kelly Tetterton

Phone: (312) 920-0550

E-mail: k.tetterton@claritypartners.com

Fax: (312) 920-0554

MBE/WBE Participation: Dollars \$ 1,185,125.00 Percent: 95 %

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: The William Everett Group

Address: 35 East Wacker Drive, Suite 3100, Chicago, IL 60601

Contact Person: Ellen Rozelle Turner Phone: (312) 564-5680

E-mail: e.turner@wegrp.com Fax: N/A

MBE/WBE Participation: Dollars \$ 62,375.00 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: 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

5. 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

6. Name of MBE/WBE: N/A

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: 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

8. 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

9. 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

**Attach additional sheets as needed.**

## II. Summary of MBE/WBE Proposal:

### A. MBE Proposal:

#### 1. MBE Participation:

MBE Firm Name	Dollar Amount of Participation	Percent Amount of Participation	Direct	Indirect (check <input checked="" type="checkbox"/> one)
Clarity Partners, LLC	\$ 1,185,125.00	95 %	<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 MBE Participation:	\$	%		

#### 2. WBE Participation:

WBE Firm Name	Dollar Amount of Participation	Percent Amount of Participation		
The William Everett Group	\$ 62,375.00	5 %	<input type="checkbox"/>	<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"/>
Total WBE Participation:	\$	%		

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

David C. Namkung, Managing Member  
(Name and Title)

( 312 ) 920-0550  
(Phone Number)

d.namkung@claritypartners.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: Clarity Partners, LLC  
(Print or Type Name of Business)

Signature:  Date: 10/6/2022  
(Written Signature of Authorized Officer/Representative)

Name/Title: David C. Namkung, Managing Member  
(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

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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  
**MBE/WBE PRIME CONTRACTOR MUST SUBMIT A SCHEDULE B, IF SELF-PERFORMING ANY WORK, TO RECEIVE MBE/WBE CREDIT**

Project: Chicago Park District: Website Hosting and Support

From: Clarity Partners, LLC

(Name of MBE/WBE Firm)

MBE: ☒ Yes ☐ No

WBE: ☐ Yes ☒ No

To: Clarity Partners, LLC

(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 Venturer  
☒ Other Limited Liability Company

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:

Website hosting and support, project management, and other related services.

The above described performance is offered for the following price and described terms of payment:  
Clarity will be providing 95% of the total contract value of \$1,185,125.00.

Clarity is the prime contractor and the MBE firm so the terms of payment is not applicable.

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: David C. Namkung  
(Signature of Owner or Authorized Agent of MBE/WBE)

Date: 10/6/2022

Name/Title: David C. Namkung, Managing Member  
(Print or Type Name and Title)

Address: 20 N. Clark Street, Suite 3600, Chicago, IL 60602

Telephone: (312) 920-0550

Fax: (312) 920-0554

**End of Schedule B**



CITY OF CHICAGO

DEPARTMENT OF PROCUREMENT SERVICES

MAY 18 2021

David C. Namkung  
Clarity Partners, LLC  
20 N. Clark Street, Suite 3600,  
Chicago, Illinois 60602

Dear Mr. Namkung:

We are pleased to inform you that **Clarity Partners, LLC** is recertified as a **Minority-Owned Business Enterprise ("MBE")** by the City of Chicago ("City"). This **MBE** certification is valid until **5/15/2026**; 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 **5/15/2022, 5/15/2023, 5/15/2024 and 5/15/2025**. 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 **5/15/2026**. 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 **3/15/2026**.

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 an **MBE** 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.

*Handwritten signature/initials*



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](http://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):**

**518210 – Data Entry Services**

**518210 – Web Hosting**

**541511 – Custom Computer Programming Services**

**541512 – Computer Systems Design Services**

**541611 – Administrative Management and General Management Consulting Services**

Your firm's participation on City contracts will be credited only toward **MBE** 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,



Monica Jimenez  
Acting Chief Procurement Officer

MJ/lj

## 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: Chicago Park District: Website Hosting and Support

From: The William Everett Group

(Name of MBE/WBE Firm)

MBE: ☒ Yes ☐ No

WBE: ☒ Yes ☐ No

To: Clarity Partners, LLC

(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 Venturer

☐ 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:

Related website development services, such as business analysis, requirements documentation,  
and quality assurance services.

*Rodney S. Jr.*  
The above described performance is offered for the following price and described terms of payment:  
\$62,375.00 - 5% of total contract - ~~\$74,125.00~~. William Everett will submit monthly invoices. Payment will be  
net 30 days 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: *Ellen Rozelle Turner*

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

Date: 09/26/22

Name/Title: Ellen Rozelle Turner

(Print or Type Name and Title)

Address: 35 East Wacker Drive, Suite 3100, Chicago, IL

Telephone: 312-564-5680

Fax: 312-929-4553

**End of Schedule B**

## Certification: View

Help & Tools 

## Certification List

This record is from **Cook County**. It is not managed by Chicago Park District.

## Vendor Information

BUSINESS NAME	The William Everett Group
SYSTEM VENDOR NUMBER	20103020
PRIMARY OWNER'S NAME	Mrs. Ellen Rozelle Turner
COMPANY TYPE	Corporation
ETHNIC GROUP	African-American (Black)
GENDER	Female

## Certification Information

CERTIFYING AGENCY	Cook County
CERTIFICATION TYPE	WBE - Women Business Enterprise
EFFECTIVE DATE	12/29/2021
RENEWAL DATE	12/29/2022

## Contact Information

MAIN COMPANY EMAIL	e.turner@wegrp.com
MAIN PHONE	312-564-5680 Ext. 100
MAIN FAX	312-929-4553
MAIN COMPANY WEBSITE	<a href="http://www.wegrp.com">http://www.wegrp.com</a>

## Addresses

PHYSICAL ADDRESS	35 East Wacker Drive Suite 3100 Chicago, IL 60601 <a href="#">[map]</a>
MAILING ADDRESS	35 East Wacker Drive Suite 3900 Chicago, IL 60601 <a href="#">[map]</a>

## Certification: View

Help & Tools 

## Certification List

This record is from **State of Illinois Commission on Equity and Inclusion**. It is not managed by Chicago Park District.

## Vendor Information

BUSINESS NAME	The William Everett Group
SYSTEM VENDOR NUMBER	20103020
PRIMARY OWNER'S NAME	Mrs. Ellen Rozelle Turner
COMPANY TYPE	Corporation
ETHNIC GROUP	African American
GENDER	Female

## Certification Information

CERTIFYING AGENCY	State of Illinois Commission on Equity and Inclusion
CERTIFICATION TYPE	WMBE - Women/Minority Business Enterprise
EFFECTIVE DATE	11/8/2017
RENEWAL DATE	11/8/2023

## Contact Information

MAIN COMPANY EMAIL	e.turner@wegrp.com
MAIN PHONE	312-564-5680 Ext. 100
MAIN FAX	312-929-4553
MAIN COMPANY WEBSITE	<a href="http://www.wegrp.com">http://www.wegrp.com</a>

## Addresses

PHYSICAL ADDRESS	35 East Wacker Drive, Suite 3100 Suite 3100 Chicago, IL 60601 <a href="#">[map]</a>
MAILING ADDRESS	35 East Wacker Drive, Suite 3100 Suite 3100 Chicago, IL 60601 <a href="#">[map]</a>