

SCHEDULE A

Statement of Prime Submitter Regarding Its MBE/WBE Utilization Plan

TO BE COMPLETED BY SUBMITTER ONLY

Submitter: ARAMARK Management Services LP Project: P-14019

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: Wild Goose Chase, Inc.

Address: 106 West Calendar Court, PMB #171, LaGrange, IL 60525

Contact Person: Susan Hagberg Phone: 708-448-8878

E-mail: shaberg@wildgoosechasers.com Fax: 708-448-8848

MBE/WBE Participation: Dollars \$ 10,000 Percent: 5 %

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: Cristina Foods, Inc.

Address: 4555 South Racine Avenue, Chicago, IL 60609

Contact Person: Cesar Dovalina Phone: 312-829-0360 x280

E-mail: cdovalina@cristinafoods.com Fax: 312-829-0408

MBE/WBE Participation: Dollars \$ 50,000 Percent: 25 %

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

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

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

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.

Bidder: ARAMARK Management Services Limited Partnership
(Print or Type Name of Business)

Signature:  Date: 4-3-14
(Written Signature of Authorized Officer/Representative)

Name/Title: Brian Pressler, Authorized Signatory
(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

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: P-14019 Avian Wildlife Management Services

From: Wild Goose Chase, Inc.
(Name of MBE/WBE Firm)

MBE: ☐ Yes ☒ No
WBE: ☒ Yes ☐ No

To: ARAMARK Management Services Limited Partnership 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:

☐ 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:

Gull harassment, goose egg depredation, chemical repellent application

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

At least \$10,000 worth of service during the first year of contract P-14019. Payment is net 45 days or less.

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: Susan Hagberg
(Signature of Owner or Authorized Agent of MBE/WBE)

Date: 4/3/14

Name/Title: Susan Hagberg, President
(Print or Type Name and Title)

Address: 106 West Calendar Court, PMB #171, LaGrange, IL 60525

Telephone: 708-448-8878

Fax: 708-448-8848

End of Schedule B

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: P-14019 Avian Wildlife Management Services

From: Cristina Foods, Inc.

(Name of MBE/WBE Firm)

MBE: ☒ Yes ☐ No

WBE: ☐ Yes ☒ No

To: ARAMARK Management Services Limited Partnership

(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
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☒ 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:

Indirect distribution of food supplies.

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

\$50,000 worth of food supplies purchased by Aramark to be paid net 45 days from invoice date.

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: _____

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

Date: 4/4/14

Name/Title: _____

Cesar Dovalina

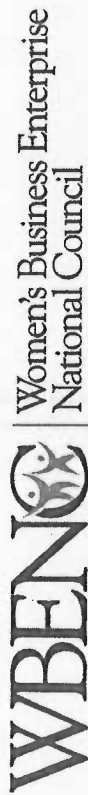
(Print or Type Name and Title)

Address: 4555 South Racine Avenue, Chicago, IL 60609

Telephone: 312-829-0360 x 280

Fax: 312-829-0408

End of Schedule B



hereby grants

National Women's Business Enterprise Certification

to

Wild Goose Chase Inc.

who has successfully met WBENC's standards as a Women's Business Enterprise (WBE).
This certification affirms the business is woman-owned, operated and controlled; and is valid through the date herein.

WBENC National WBE Certification was processed and validated by Women's Business Development Center - Chicago, a WBENC Regional Partner Organization.

Emilia DiMenco

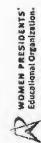
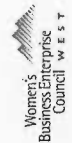
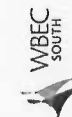
Authorized by Emilia DiMenco, President & CEO
Women's Business Development Center - Chicago



Expiration Date: 01/31/2015
WBENC National Certificate Number: 2005109843

NAICS Codes: 561710

UNSPSC Codes: 10101600





CHICAGO MINORITY SUPPLIER DEVELOPMENT COUNCIL

THIS CERTIFIES THAT

CRISTINA FOODS, INC.

Has met the requirements for certification as a bona fide Minority Business Enterprise as defined by the National Minority Supplier Development Council, Inc. (NMSDC) and as adopted by the Chicago Minority Supplier Development Council.

****NAICS Codes: 424480, 424420, 424430, 424490, 424130, 423850, 423440, 423940**

****Description of their product/services as defined by the North American Industry Classification System (NAICS)**

Product/Service Description: DISTRIBUTION OF FRESH PRODUCE, FROZEN FRUITS, VEGETABLES AND ENTREES, BEVERAGES, SNACK ITEMS, GROCERIES AND DISPOSABLES

7/31/2013

Issued Date

7/31/2014

Expiration Date

CH997

Certificate Number

Shelia L. Hill Morgan
President, ChicagoMSDC

By using your assigned (through NMSDC only) password, NMSDC Corporate Members may view the original certificate by logging in at: <http://www.nmsdc.org>



An affiliate of the National Minority Supplier Development Council, Inc. (NMSDC)