

SCHEDULE C
Target Market Program

NOTE:

PARTICIPATION IN THE TARGET MARKET PROGRAM IS LIMITED TO PRIME SUBMITTERS WHICH ARE MBES, WBES, AND JOINT VENTURES CONSISTING EXCLUSIVELY OF MBES, WBES OR BOTH. HOWEVER, SUBCONTRACTORS MAY BE MBES, WBES, OR NON-MBE/WBES

TO BE COMPLETED BY SUBMITTER ONLY

Statement of Submitter Regarding Its Subcontractor Utilization Plan

Submitter: CAROVON TRANSPORTATION INC

Project: _____
Specification #: _____

Please identify the submitter's current certification status: MBE: ☒ Yes ☐ No WBE: ☐ Yes ☐ No

Is the submitter currently certified in the designated commodity/service area? ☒ Yes ☐ No

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 Venture
☐ Other

Subcontracting:

1. Subcontracting and supplying of goods and services directly related to the performance of this contract are open to MBE/WBE and non MBE/WBE firms. Subcontracting **cannot** exceed 50% of the total contract amount.
2. All MBE/WBE firms included in the following plan must be certified as such by a public or private organization which the Chicago Park District accepts. These organizations include the City of Chicago, Cook County, State of Illinois (CMS), Chicago Minority Supplier Development Council (CMSDC), Women Business Development Center (WBDC), and the U.S. Small Business Administration.

Subcontractors:

Identify both MBE/WBE Subcontractors and non MBE/WBE Subcontractors in the designated sections below. Please include the current company information, description of services/commodities being providing, anticipated participation dollar amount and percentage. If these MBE/WBE and non MBE/WBE subcontractors sections are left blank it will be assumed that your company is self-performing 100% of the contract.

MBE/WBE Subcontractors/Suppliers/Consultants:

Please provide a current certification letter for each MBE/WBE company.

1. Name of MBE/WBE: N/A

Address: _____

Contact Person: _____ Phone: _____

E-mail: N/A Fax: _____

Services/Commodities Providing: _____

MBE/WBE Participation: Dollars \$ _____ Percent: _____%

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

Schedule D and current certification letter attached? ☐ Yes ☐ No

2. Name of MBE/WBE: N/A

Address: _____

Contact Person: _____ Phone: _____

E-mail: _____ Fax: _____

Services/Commodities Providing: _____

MBE/WBE Participation: Dollars \$ _____ Percent: _____%

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

Schedule D and current certification letter attached? ☐ Yes ☐ No

3. Name of MBE/WBE: _____

Address: _____

Contact Person: _____ Phone: _____

E-mail: _____ Fax: _____

Services/Commodities Providing: _____

MBE/WBE Participation: Dollars \$ _____ Percent: _____%

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

Schedule D and current certification letter attached? ☐ Yes ☐ No

4. Name of MBE/WBE: _____

Address: _____

Contact Person: _____ Phone: _____

E-mail: _____ Fax: _____

Services/Commodities Providing: _____

MBE/WBE Participation: Dollars \$ _____ Percent: _____%

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

Schedule D and current certification letter attached? ☐ Yes ☐ No

Non-MBE/WBE Subcontractors:

1. Name of Subcontractor: N/A
Address: _____
Contact Person: _____ Phone: _____
E-mail: _____ Fax: _____
Services/Commodities Providing: _____
Participation: Dollars \$ _____ Percent: _____ %
2. Name of Subcontractor: _____
Address: _____
Contact Person: _____ Phone: _____
E-mail: _____ Fax: _____
Services/Commodities Providing: _____
Participation: Dollars \$ _____ Percent: _____ %
3. Name of Subcontractor: _____
Address: _____
Contact Person: _____ Phone: _____
E-mail: _____ Fax: _____
Services/Commodities Providing: _____
Participation: Dollars \$ _____ Percent: _____ %
4. Name of Subcontractor: _____
Address: _____
Contact Person: _____ Phone: _____
E-mail: _____ Fax: _____
Services/Commodities Providing: _____
Participation: Dollars \$ _____ Percent: _____ %

(Attach additional sheets if necessary)

II. Summary of Subcontractor Utilization Plan:

A. MBE Participation:

<u>MBE Firm Name</u>	Dollar Amount of Participation	Percent Amount of Participation
<u>N/A</u>	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
Total MBE Participation:	\$ _____	_____ %

B. WBE Participation:

<u>WBE Firm Name</u>	Dollar Amount of Participation	Percent Amount of Participation
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
Total WBE Participation:	\$ _____	_____ %

C. Non-MBE/WBE Participation:

Non-MBE/WBE Firm Name	Dollar Amount of Participation	Percent Amount of Participation
<u>N/A</u>	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
Total Non-MBE/WBE Participation:	\$ _____	_____ %

The prime submitter designates the following person as its Schedule C Liaison:

EARNEST L. ALDRIDGE, President (773) 826-8141
(Name and Title) (Phone Number)

(773) 826-8144
(Fax Number)

caravanbus@aol.com
(Email Address)

SCHEDULE C SIGNATURE PAGE

(Complete this signature page only if you are the MBE/WBE operating as the prime submitter)

To the best of my knowledge, information and belief, the facts and representations contained in this Schedule C are true, and no material facts have been omitted.

The bidder is currently certified in the appropriate category of services and is self-performing a minimum of 50% of the contract value.

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.

Submitter:

CARAVAN TRANSPORTATION INC
(Print or Type Name of Business)

Date: 4/4/14

Signature:

[Signature]
(Written Signature of Authorized Officer/Representative)

Date: 4/4/14

Name/Title:

EARNEST L. ALDRIDGE, PRESIDENT
(Print or Type Name and Title of Person Signing Statement)

Subscribed to before me on (date)

4 - 4 2014

, at

CLGO

County,

IL

(state).

Print or type name of signatory:

Barbara Shepard

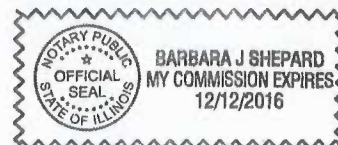
[Signature]

, Notary Public

Commission Expires:

12/12/16

Seal



Certification: View**Help & Tools****Certification List****Vendor Information**

Business Name	Caravan Transportation Inc.
VendorID	20070245
Primary Owner's Name	Earnest Aldridge
Company Type	Corporation
Ethnic Group	African American
Gender	Male

Certification Information

Certifying Agency	City of Chicago
Certification Type	MBE - Minority Business Enterprise
Effective Date	4/24/2013
Renewal/Anniversary Date	11/1/2013 - *
Expiration Date	10/1/2016

Contact Information

Main Company Email	caravanbus@aol.com
Main Phone	773-826-8141
Main Fax	773-826-8144
Internet Web Page	

Addresses

Physical Address	4155 W. Chicago Ave Chicago, IL 60651
Mailing Address	4155 West Chicago Avenue #102 Chicago, IL 60651-3623

Business Capabilities

Business certified for	Bus Transportation Services, School	
Full Description of Capabilities/Products		
Commodity Codes	NAICS 485410	School bus services (More) *
	NIGP 96216	Bus Transportation Services, School

Owner Ethnicity and Gender

Ethnic Group	African American
Gender	Male
DBE Ethnic Group	Black American

Location


County	Cook (IL)
--------	-----------

Letters Sent

No letters sent for this certification record.

Aytch, Luetha

From: Larkin, Sonia <Sonia.Larkin@cityofchicago.org>
Sent: Friday, April 04, 2014 2:47 PM
To: caravanbus@aol.com
Cc: Aytch, Luetha; Jones, Shelly
Subject: RE: P-14000 Bus Transportation Services

I am processing your Extension letter. 

Once the letter is completed, I will e-mail a scanned copy to all of you.

Sonia Larkin
Certification/Compliance Officer
City of Chicago, Department of Procurement Services
121 N. LaSalle Street, Rm. 806, Chicago, Illinois 60602
Phone: 312-744-1972 FAX: 312-744-3281
sonia.larkin@cityofchicago.org

Customer Care is our priority. Please contact us with compliments or concerns at dps.feedback@cityofchicago.org.

Please visit our website for information on programs, policies and procedures www.cityofchicago.org/procurement.

From: caravanbus@aol.com [mailto:caravanbus@aol.com]
Sent: Friday, April 04, 2014 2:32 PM
To: Larkin, Sonia
Cc: Luetha.Aytch@chicagoparkdistrict.com; shelly.jones@chicagoparkdistrict.com
Subject: Re: P-14000 Bus Transportation Services

Ms. Larkin:

Thank you for taking the time this afternoon to discuss Caravan's MBE certification letter. Per your explanation, I will not be able to receive an extension letter from you (City of Chicago) until the end of business on Monday, April 7, 2014. Although Caravan's MBE certification does not officially expires until October 1, 2016, I need the extension letter to comply with Chicago Park District's IFB request.

Please forward this extension letter to my attention at your earliest convenience. If you have any questions, please let me know.

Thank again for seeing me today.

Best regards,

Earnest L. Aldridge
Caravan Transportation, Inc
4155 W. Chicago Ave
Chicago, IL 60651
(773) 826-8141 Office