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: FALCON TRANSPORTATION, INC Project: BUS TRANSPORTATION SERVICES FOR DISTRICT WIDE PROGRAMS AND EVENTS
Specification #: P-14000

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:	RACE/ETHNICITY:	TYPE OF FIRM:
☒ Male	☒ Black/African American	☐ Partnership
☐ Female	☐ Hispanic American	☐ Sole Proprietorship
	☐ Asian American	☒ Corporation
	☐ White American	☐ Joint Venture
	☐ Other _____	☐ 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: NONE

   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

2. 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

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: _____

   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:**

MBE Firm Name	Dollar Amount of Participation	Percent Amount of Participation
NONE - ALL WORK WILL	$	%
BE DONE BY PRIME	$	%
CONTRACT WHO IS A MBE	$	%
	$	%
	$	%
	$	%
	$	%
	$	%
Total MBE Participation:	$	%

B. **WBE Participation:**

WBE Firm Name	Dollar Amount of Participation	Percent Amount of Participation
NONE - AT THIS TIME	$	%
	$	%
	$	%
	$	%
	$	%
	$	%
	$	%
	$	%
Total WBE Participation:	$	%

C. **Non-MBE/WBE Participation:**

Non-MBE/WBE Firm Name	Dollar Amount of Participation	Percent Amount of Participation
NONE - AT THIS TIME	$	%
	$	%
	$	%
	$	%
	$	%
	$	%
	$	%
	$	%
Total Non-MBE/WBE Participation:	$	%

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

EDWARD A. PETERSON, PRESIDENT (773) 638-8000

(Name and Title) *(Phone Number)*

(773) 638-6947

(Fax Number)

email → edwarda32@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: FALCON TRANSPORTATION, INC Date: 4/3/2014
(Print or Type Name of Business)

Signature: Date: 4/3/2014
(Written Signature of Authorized Officer/Representative)

Name/Title: EDWARD A. PETERSON
(Print or Type Name and Title of Person Signing Statement)

Subscribed to before me on (date) APRIL 3, 2014, *at* COOK *County,*

ILLINOIS *(state).*

Print or type name of signatory:
Melanie Peterson

Melanie Peterson, *Notary Public*

Commission Expires: 12-10-2017

Seal

OFFICIAL SEAL
MELANIE PETERSON
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:12/10/17

Certification: View

Help & Tools

Certification List

Vendor Information

Business Name	Falcon Transportation, Inc.
VendorID	20069905
Primary Owner's Name	Edward Peterson
Company Type	Corporation
Ethnic Group	African American
Gender	Male

Certification Information

Certifying Agency	City of Chicago
Certification Type	MBE - Minority Business Enterprise
Effective Date	12/21/2011
Renewal/Anniversary Date	4/28/2014
Expiration Date	12/30/2016

Contact Information

Main Company Email	edpete1@aol.com
Main Phone	773-638-8000
Main Fax	773-638-6947
Internet Web Page	

Addresses

Physical Address	8204 Greystone Court Burr Ridge,, IL 60527
Mailing Address	8204 Greystone Court Burr Ridge,, IL 60527

Business Capabilities

Business certified for	School Bus Transportation Services	
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.

CITY OF CHICAGO

OFFICE OF COMPLIANCE

December 22, 2011

Edward Peterson
Falcon Transportation
8204 Grey stone Court
Burr Ridge, IL 60527

Annual Certificate Expires: December 30, 2012

Dear Ricky Haynes:

We are pleased to inform you that Falcon Transportation has been re-certified as a Minority Business Enterprise (MBE) by the City of Chicago. This MBE certification is valid until **December 30, 2016**; however your firm must be re-validated annually.

As a condition of continued certification during this five year period, you must file a No-Change Affidavit **within 60 days prior** to the date of expiration. Failure to file this Affidavit will result in the termination of your certification. You must also notify the City of Chicago of any changes in ownership or control of your firm or any other matters or facts affecting your firm's eligibility for certification.

It is important to note that you also have an ongoing affirmative duty to notify the City of Chicago 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, and/or gross receipts that exceed the program threshold.

Please note – you shall be deemed to have had your certification lapse and will be ineligible to participate as a MBE/WBE/BEPD <u>if you fail to:</u>

- file your No Change Affidavit within the required time period;
- provide financial or other records requested pursuant to an audit within the required time period; or
- notify the City of any changes affecting your firm's certification within 10 days of such change.

Falcon Transportation
Page 2

Further, 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. And 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 that the individual or entity, or the individual or entity assisted, is a minority-owned business or a woman-owned business, 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 $5,000.00 and not more than $10,000, or both.

Your firm's name will be listed in the City's Directory of Minority Business Enterprises and Women Business Enterprises in the specialty area(s) of:

NAICS CODE: 485410 – School Bus Service

NIGP CODE: 96216 0 – Bus Transportation Service

Your firm's participation on City contracts will be credited only toward Minority Business Enterprise (MBE) goals in your area(s) of specialty. While your participation on City contracts is not limited to your specialty, credit toward goals will be given only for work done in the specialty category.

Thank you for your continued interest in the City's Minority Business Enterprise (MBE) Program.

Sincerely,

Michael Chambers
Senior Compliance Officer
CITY OF CHICAGO
City Hall

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