

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: Jewell's Bus Company Project: Bus Transportation Services for district wide projects  
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:

☐ Male  
☒ Female

RACE/ETHNICITY:

☒ Black/African American  
☐ Hispanic American  
☐ Asian American  
☐ White American  
☐ Other \_\_\_\_\_

TYPE OF FIRM:

☐ Partnership  
☐ Solo 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: \_\_\_\_\_ 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

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Total MBE Participation:

Dollar Amount of  
Participation

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

Percent Amount of  
Participation

_____ %
_____ %
_____ %
_____ %
_____ %
_____ %
_____ %
_____ %
_____ %
_____ %

### B. WBE Participation:

WBE Firm Name

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_____
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_____
_____
_____

Total WBE Participation:

Dollar Amount of  
Participation

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

Percent Amount of  
Participation

_____ %
_____ %
_____ %
_____ %
_____ %
_____ %
_____ %
_____ %
_____ %
_____ %

C. Non-MBE/WBE Participation:

Non-MBE/WBE Firm Name

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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Total Non-MBE/WBE Participation:

Dollar Amount of  
Participation

\$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

Percent Amount of  
Participation

\_\_\_\_\_%  
 \_\_\_\_\_%  
 \_\_\_\_\_%  
 \_\_\_\_\_%  
 \_\_\_\_\_%  
 \_\_\_\_\_%  
 \_\_\_\_\_%  
 \_\_\_\_\_%  
 \_\_\_\_\_%

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

Carshena Ross, General Manager, TB, 291.9900

(Name and Title)

(Phone Number)

(TB), 291.9906

(Fax Number)

Cross@jewelsthuscompany.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:

Jewell's Bus Company  
(Print or Type Name of Business)

Date: 4-3-14

Signature:

Jewel Lockhart  
(Written Signature of Authorized Officer/Representative)

Date: 4-3-14

Name/Title:

Jewel Lockhart, President  
(Print or Type Name and Title of Person Signing Statement)

Subscribed to before me on (date) April 3, 2014, at Cook  
County, Illinois (state).

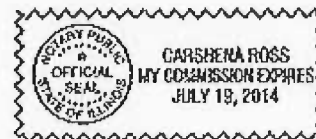
Print or type name of signatory:

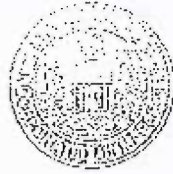
Carshena Ross

Notary Public

Commission Expires: July 19, 2014

Seal





DEPARTMENT OF PROCUREMENT SERVICES  
CITY OF CHICAGO

JUN 27 2013

Jewel Lockhart  
Jewel's Bus Company  
1035 W. 111st. Street  
Chicago, Illinois 60643

Dear Ms. Lockhart:

We are pleased to inform you that Jewel's Bus Company, has been recertified as a Minority Business Enterprise (MBE), Woman Business Enterprise (WBE) by the City of Chicago ("City"). This MBE/WBE certification is valid until June 15, 2018; however your firm's certification must be re-validated annually. In the past the City has provided you with an annual letter confirming your certification; such letters will no longer be issued. As a consequence, 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 June 15, 2014, June 15, 2015, June 15, 2016, and June 15, 2017. 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 June 15, 2018. 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 April 15, 2018.

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 a MBE/WBE if you fail to:

Jewel's Bus Company

- 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.

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 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 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:

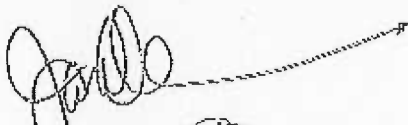
**NAICS Code – 485410 – School & Employee Bus Transportation (not in C2)**

**NAICS Code – 485510 – Charter Bus Industry (not in C2)**

Your firm's participation on City contracts will be credited only toward Minority Business Enterprise goals in your area(s) of 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 and Women-Owned Business Enterprise (MBE/WBE) Program.

Sincerely,



Jamie L. Rhee  
Chief Procurement Officer

JLR/jea