

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: Latino Express, 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:

- ☒ Male
☐ Female

RACE/ETHNICITY:

- ☐ Black/African American
☒ Hispanic American
☐ Asian American
☐ White American
☐ Other _____

TYPE OF FIRM:

- ☐ Partnership
☐ Sole Proprietorship
☒ Corporation
☐ Joint Venturer
☐ 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: _____

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: United Quick Transportation, INC
Address: 2004 S Kostner ave
Contact Person: Henry Gardunio Jr. Phone: (773) 522-1995
E-mail: Unitedquick@sbcglobal.net Fax: (773) 522-9443
Services/Commodities Providing: Bus Transportation Services
Participation: Dollars \$ DUR Direct-Direct Percent: 25 %

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
Latino Express	\$ 75,000	75%
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%
Total MBE Participation:	\$ 75,000	75%

B. WBE Participation:

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

C. Non-MBE/WBE Participation:

<u>Non-MBE/WBE Firm Name</u>	<u>Dollar Amount of Participation</u>	<u>Percent Amount of Participation</u>
<u>United Quick Transportation INC</u>	<u>\$ DUR</u>	<u>25</u> %
<u></u>	<u>\$</u>	<u></u> %
<u></u>	<u>\$</u>	<u></u> %
<u></u>	<u>\$</u>	<u></u> %
<u></u>	<u>\$</u>	<u></u> %
<u></u>	<u>\$</u>	<u></u> %
<u></u>	<u>\$</u>	<u></u> %
<u></u>	<u>\$</u>	<u></u> %
<u></u>	<u>\$</u>	<u></u> %
Total Non-MBE/WBE Participation:	<u>\$ DUR</u>	<u>25</u> %

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

Michael Rosas Jr., General Manager (773) 254-5545
(Name and Title) (Phone Number)

(773) 254-5583
(Fax Number)

Latinoexpress@ameritech.net (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: Latino Express, INC Date: 4/4/2014
(Print or Type Name of Business)

Signature: [Handwritten Signature] Date: 4/4/2014
(Written Signature of Authorized Officer/Representative)

Name/Title: Michael Rosas, President
(Print or Type Name and Title of Person Signing Statement)

Subscribed to before me on (date) April 4th, 2014, at
COOK County,
ILLINOIS (state).

Print or type name of signatory: Sylvia Torres
_____, Notary Public

Commission Expires: June 4th, 2015



SCHEDULE D
FOR NON-MBE OR NON-WBE SUBCONTRACTOR
Target Market Program

COMPLETE THIS PAGE ONLY IF YOU ARE A NON-MBE or NON-WBE SUBCONTRACTOR

Statement of Intent from NON-MBE/WBE to Perform as Subcontractor, Supplier and/or Consultant
DO NOT FILL OUT OR SIGN THIS FORM IF YOU ARE THE PRIME SUBMITTER

Statement of Intent from NON-MBE/WBE to Perform as Subcontractor, Supplier and/or Consultant

PROJECT Bus Transportation Services for District Wide Programs and Events SPECIFICATION NUMBER: p-14000

From: United Quick Transportation, INC
(Name of Non-MBE/WBE Firm)

To: Latino Express, INC and the Chicago Park District:
(Name of Prime Contractor-Submitter)

The undersigned intends to perform work in connection with the above projects as a:

TYPE OF FIRM:

- ☐ Partnership
☐ Sole Proprietorship
☒ Corporation
☐ Joint Venture
☐ Other _____

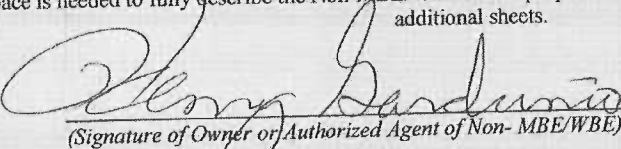
The undersigned is prepared to provide the following services or supply the following goods in connection with the above project:

Bus Transportation Services

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

DUR- 25%

If more space is needed to fully describe the Non-MBE/WBE firm's proposed scope of work and/or payment schedule, attach additional sheets.

Signature:  Date: 4/4/2014
(Signature of Owner or Authorized Agent of Non-MBE/WBE)

Name/Title: Henry Garduno, President
(Print or Type Name and Title)

Address: 2004 S Kostner

Telephone: (773)522-1995 Fax: (773) 522-9443



DEPARTMENT OF PROCUREMENT SERVICES

CITY OF CHICAGO

JAN 15 2014

Michael Rosas
Latino Express, Inc.
3230 W. 38th Street
Chicago, IL 60632

Dear Mr. Rosas:

We are pleased to inform you that **Latino Express, Inc.** has been recertified as a **Minority Business Enterprise ("MBE")** by the City of Chicago ("City"). This **MBE** certification is valid until **01/01/2019**; 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. 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 **01/01/2015, 01/01/2016, 01/01/2017, and 01/01/2018**. 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 **01/01/2019**. 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 **11/01/2018**.

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 if you fail to:

gfc
DW

- 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, 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):


485410 - School and Employee Bus Transportation

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

Sincerely,



Jamie L. Rhee 
Chief Procurement Officer

JLR/ha

