

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: A.M. Bos Company Project: Bus Transportation
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: A.M. Bos Company
Address: 100 W 91st Street, Chicago, IL 60620
Contact Person: Pamela Williams Phone: 773-346-5556

E-mail: pwilliams@ambuscompany.com Fax: 773-568-3490

Services/Commodities Providing: Bus Transportation

MBE/WBE Participation: Dollars \$ _____ Percent: 100 %

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

A.M. Bros Company

Dollar Amount of
Participation

\$ _____

Percent Amount of
Participation

100 %

\$ _____

_____ %

\$ _____

_____ %

\$ _____

_____ %

\$ _____

_____ %

\$ _____

_____ %

\$ _____

_____ %

\$ _____

_____ %

Total MBE Participation:

\$ DUB

100 %

B. WBE Participation:

WBE Firm Name

Dollar Amount of
Participation

\$ _____

Percent Amount of
Participation

_____ %

\$ _____

_____ %

\$ _____

_____ %

\$ _____

_____ %

\$ _____

_____ %

\$ _____

_____ %

\$ _____

_____ %

\$ _____

_____ %

Total WBE Participation:

\$ _____

_____ %

C. Non-MBE/WBE Participation:

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

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

Andreall Estay, Office Manager (773) 396-5556 ext. 16

(Name and Title)

(Phone Number)

(773) 568-3490

(Fax Number)

aestay@ambuscompany.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:

A. M. Bus
(Print or Type Name of Business)

Date:

4-2-14

Signature:

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

Date:

4-2-14

Name/Title:

Pamela Williams - President
(Print or Type Name and Title of Person Signing Statement)

Subscribed to before me on (date) _____
County, _____

Illinois (state).

Print or type name of signatory:

[Signature], Notary Public

Commission Expires:

7-30-17

Seal

OFFICIAL SEAL
EDDIE WILLIAMS
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 07/30/17



DEPARTMENT OF PROCUREMENT SERVICES
CITY OF CHICAGO

March 5, 2014

Ms. Pamela Williams
A.M. Bus Company
100 West 91st Street
Chicago, IL 60620

Dear Ms. Williams:

This letter is to inform you that the city of Chicago has extended your status as a **Minority Business Enterprise (MBE)**, and as a **Woman Business Enterprise (WBE)** until **April 5, 2014**. We are providing this extension to allow enough time to provide any additional documentation that your application may be missing and/or for our office to complete our review of all of the submitted documents.

This extension does not guarantee eligibility in the program but will act as a courtesy extension until we receive all of the required documentation and complete a review of that documentation.

Please present this letter as evidence of your certification to be included with bid document submittals as needed.

If you have any questions, please feel free to call our office at 312-744-4900.

Sincerely,

A handwritten signature in black ink, appearing to read "George Coleman", written over the word "Sincerely,".

George Coleman
Deputy Procurement Officer

GC/cm