

P-15001

SCHEDULE A

Statement of Prime Bidder Regarding Its MBE/WBE Utilization Plan

TO BE COMPLETED BY BIDDER ONLY

Bidder:

SILK SCREEN EXPRESS, INC.

Project:

Supply & Delivery of T-shirts
& Apparel for Screening

Is the bidder a certified MBE/WBE?

MBE: ☐ Yes ☐ NoWBE: ☒ Yes ☐ No

If yes, attach all current Letters of Certification.

NOTE:

Certification of the bidder as an MBE satisfies only the MBE goal; the WBE goal must still be met. Certification of the bidder as a WBE satisfies only the WBE goal; the MBE goal must still be met. Certification of the bidder as both MBE and WBE may satisfy one goal only.

The bidder 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

All MBE/WBE firms included in the following plan must be certified as such by a public or private organization such as the City of Chicago, Chicago Minority Supplier Development Council (CMSDC), Women Business Development Center (WBDC), and the Small Business Administration.

I. Participation of MBE/WBE Firms

In determining the manner of MBE/WBE participation in the performance of this contract, the bidder shall consider involvement with MBE/WBE firms as joint venture partners, subcontractors, and suppliers of goods and services, either directly or indirectly.

- A. If bidder is a joint venturer and one or more joint venture partners are certified MBEs or WBEs, attach copies of Letters of Certification and a copy of the Joint Venture Agreement clearly describing the role of the MBE/WBE firm(s) and its ownership interest in the joint venture.
- B. Proposing MBE/WBE subcontractors/suppliers/consultants to perform work or supply goods or services not directly related to the performance of this contract is considered to be indirect participation.

MBE/WBE Subcontractors/Suppliers/Consultants:

1. Name of MBE/WBE:

Address:

Contact Person:

Phone:

E-mail:

Fax:

MBE/WBE Participation: Dollars \$

Percent:

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

Schedule B and all current certification letters attached? ☒ Yes ☐ No

2. Name of MBE/WBE: Intercity Supply
Address: 8830 S. Dobson
Contact Person: JACKIE DYESS Phone: 773-731-8007
E-mail: _____ Fax: 773-731-9115
MBE/WBE Participation: Dollars \$ TBD Percent: 13 %
Will this subcontractor be used for direct or indirect participation? (circle one)
Schedule B and all current certification letters attached? ☒ Yes ☐ No
3. Name of MBE/WBE: U.S. Messenger
Address: 1790 QUINCY WILLOWBROOK IL
Contact Person: RON LIBMAN Phone: 312-564-7274
E-mail: STACKSON@USMESSENGER.NET Fax: _____
MBE/WBE Participation: Dollars \$ TBA Percent: 13 %
Will this subcontractor be used for direct or indirect participation? (circle one)
Schedule B and all current certification letters attached? ☒ Yes ☐ No
4. Name of MBE/WBE: _____
Address: _____
Contact Person: _____ Phone: _____
E-mail: _____ Fax: _____
MBE/WBE Participation: Dollars \$ _____ Percent: _____ %
Will this subcontractor be used for direct or indirect participation? (circle one)
Schedule B and all current certification letters attached? ☐ Yes ☐ No
5. Name of MBE/WBE: _____
Address: _____
Contact Person: _____ Phone: _____
E-mail: _____ Fax: _____
MBE/WBE Participation: Dollars \$ _____ Percent: _____ %
Will this subcontractor be used for direct or indirect participation? (circle one)
Schedule B and all current certification letters attached? ☐ Yes ☐ No
6. Name of MBE/WBE: _____
Address: _____
Contact Person: _____ Phone: _____
E-mail: _____ Fax: _____
MBE/WBE Participation: Dollars \$ _____ Percent: _____ %
Will this subcontractor be used as direct or indirect participation? (circle one)
Schedule B and all current certification letters attached? ☐ Yes ☐ No

SCHEDULE B

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

Project: SUPPLY & DELIVERY OF T-SHIRTS AND APPAREL
From: INTER-CITY SUPPLY CO, INC MBE: ☒ Yes ☐ No
(Name of MBE/WBE Firm) WBE: ☐ Yes ☐ No
To: SIK SCREEN 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:

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

The MBE/WBE status of the undersigned is confirmed by the attached current Letters of Certification from public or private entities such as the City of Chicago, the Chicago Minority Supplier Development Council (CMSDC), the Women's Business Development Center (WBDC), and the Small Business Administration.

Attach all current certification letters behind Schedule B.

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

Shop Supplies, OFFICE SUPPLIES, PACKING
MATERIALS

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

NET 30

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

The undersigned will enter into a written agreement for the above work with you as prime contractor, conditioned upon your execution of a contract with the Chicago Park District, and will do so within (3) three working days of receipt of a signed contract from the Chicago Park District.

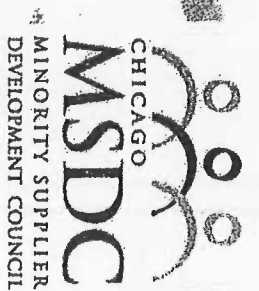
Signature: Jackie Dyess Date: 2-11-15
(Signature of Owner or Authorized Agent of MBE/WBE)

Name/Title: JACKIE DYESS, PRESIDENT
(Print or Type Name and Title)

Address: 8830 S. DOBSON AVE. CHICAGO IL 60619

Telephone: (773) 731-8007 Fax: (773) 731-9115

End of Schedule B



CHICAGO MINORITY SUPPLIER DEVELOPMENT COUNCIL

THIS CERTIFIES THAT

INTER-CITY SUPPLY CO., INC.

Has met the requirements for certification as a bona fide Minority Business Enterprise as defined by the National Minority Supplier Development Council, Inc. (NMSDC) and as adopted by the Chicago Minority Supplier Development Council.

****NAICS Codes: 423840, 423850, 424130, 424690, 424120, 423430, 424990, 424310, 423450**

****Description of their product/services as defined by the North American Industry Classification System (NAICS)**

Product/Service Description:

DISTRIBUTOR OF JANITORIAL SUPPLIES, SAFETY, FOOD SERVICE, PACKAGING PRODUCTS AND EQUIPMENT, OFFICE AND COMPUTER SUPPLIES AND EQUIPMENT, MEDICAL SUPPLIES, DISTRIBUTOR OF INK, THREAD, AND OTHER SILK SCREEN MATERIALS

4/30/2014

CH345

Issued Date

Certificate Number

4/30/2015

Expiration Date

Julie D. Sawyer
President, ChicagoMSDC

By using your assigned (through NMSDC only) password, NMSDC Corporate Members may view the original certificate

by logging in at: <http://www.nmsdc.org>



An affiliate of the National Minority Supplier Development Council, Inc. (NMSDC)

SCHEDULE B

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

Project: SUPPLY & DELIVERY OF T-SHIRTS AND APPAREL
US MESSENGER
 From: _____ MBE: ☒ Yes ☐ No
 (Name of MBE/WBE Firm) WBE: ☐ Yes ☐ No
 To: SILK SCREEN 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:

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

The MBE/WBE status of the undersigned is confirmed by the attached current Letters of Certification from public or private entities such as the City of Chicago, the Chicago Minority Supplier Development Council (CMSDC), the Women's Business Development Center (WBDC), and the Small Business Administration.

Attach all current certification letters behind Schedule B.

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

DELIVERY & MESSENGER SERVICES

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

NET 30

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

The undersigned will enter into a written agreement for the above work with you as prime contractor, conditioned upon your execution of a contract with the Chicago Park District, and will do so within (3) three working days of receipt of a signed contract from the Chicago Park District.

Signature: _____

(Signature of Owner or Authorized Agent of MBE/WBE)

Date: 2/11/15

Name/Title: _____

(Print or Type Name and Title)

Address: _____

850W JACKSON, Suite LL 2, Chicago, IL 60607

Telephone: _____

708-856-6204

Fax: _____

312-564-7277

End of Schedule B



CHICAGO MINORITY SUPPLIER DEVELOPMENT COUNCIL

THIS CERTIFIES THAT

U.S. MESSENGER & LOGISTICS, INC. (dba: USM LOGISTICS)

Has met the requirements for certification as a bona fide Minority Business Enterprise as defined by the National Minority Supplier Development Council, Inc. (NMSDC) and as adopted by the Chicago Minority Supplier Development Council.

****NAICS Codes: 492210, 484110, 541614**

****Description of their product/services as defined by the North American Industry Classification System (NAICS)**

Product/Service Description: SAME DAY DELIVERY SERVICE, SPECIALIZING IN SCHEDULED AND ROUTED DELIVERIES

9/30/2014

Issued Date

CH1036

Certificate Number

9/30/2015

Expiration Date

Sharon C. Morgan
President, Chicago MSDC

By using your assigned (through NMSDC only) password, NMSDC Corporate Members may view the original certificate by logging in at: <http://www.nmsdc.org>



An affiliate of the National Minority Supplier Development Council, Inc. (NMSDC)

SCHEDULE B

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

Project: Supply & Delivery of T-Shirts AND Apparel
From: Silk Screen Express, Inc MBE: ☐ Yes ☐ No
(Name of MBE/WBE Firm) WBE: ☒ Yes ☐ No
To: Silk Screen 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:

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 _____

The MBE/WBE status of the undersigned is confirmed by the attached current Letters of Certification from public or private entities such as the City of Chicago, the Chicago Minority Supplier Development Council (CMSDC), the Women's Business Development Center (WBDC), and the Small Business Administration.

Attach all current certification letters behind Schedule B.

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

PRIME ON CONTRACT
Silk Screening EMBROIDERY & Apparel

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

Net 30

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

The undersigned will enter into a written agreement for the above work with you as prime contractor, conditioned upon your execution of a contract with the Chicago Park District, and will do so within (3) three working days of receipt of a signed contract from the Chicago Park District.

Signature: _____

(Signature of Owner or Authorized Agent of MBE/WBE)

Date: 2-13-15

Name/Title: _____

(Print or Type Name and Title)

Address: 7611 W. 185th STREET, LINLEY PARK II

Telephone: 708-845-5600

Fax: 630-257-7353

End of Schedule B



DEPARTMENT OF PROCUREMENT SERVICES
CITY OF CHICAGO

AUG 02 2013

Dawn Coleman
Silk Screen Express, Inc.
7611 W. 185th Street
Tinley Park, IL 60477

Dear Ms. Coleman:

We are pleased to inform you that **Silk Screen Express, Inc.** has been recertified as a **Women Business Enterprise ("WBE")** by the City of Chicago ("City"). This **WBE** certification is valid until **07/01/2018**; 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 **07/01/2014, 07/01/2015, 07/01/2016, and 07/01/2017**. 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 **07/01/2018**. 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 **05/01/2018**.

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 **WBE** if you fail to:

- 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):

323120 -- Screen For Printing, Preparation Services
313310 -- Printing Textile Products (except apparel)
315210 -- Embossing Textile Products and Fabrics
315210 -- Apparel Cut and Sew Contractors
315210 -- Apparel Trimming and Finds Cut & Sew Apparel Contractors
315210 -- Appliqueing Apparel
315210 -- Athletic Clothing Cut & Sew Apparel Contractors
423910 -- Athletic Goods (except apparel, footwear, non-specialty)
423910 -- Athletic Uniforms Merchant Wholesalers
448190 -- School Uniform Stores
448190 -- Swimwear Stores
448190 -- T-Shirt Shop
451110 -- Uniform Stores (except athletic)
323113 -- Commercial Screen Printing
541890 -- Advertising Specialty Distribution Services

Your firm's participation on City contracts will be credited only toward **Women 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/dw

7.

Name of MBE/WBE: _____

Address: _____

Contact Person: _____ Phone: _____

E-mail: _____ Fax: _____

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

Will this subcontractor be used for direct or indirect participation? (circle one)Schedule B and all current certification letters attached? ☐ Yes ☐ No

8.

Name of MBE/WBE: _____

Address: _____

Contact Person: _____ Phone: _____

E-mail: _____ Fax: _____

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

Will this subcontractor be used for direct or indirect participation? (circle one)Schedule B and all current certification letters attached? ☐ Yes ☐ No

9.

Name of MBE/WBE: _____

Address: _____

Contact Person: _____ Phone: _____

E-mail: _____ Fax: _____

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

Will this subcontractor be used for direct or indirect participation? (circle one)Schedule B and all current certification letters attached? ☐ Yes ☐ No

10.

Name of MBE/WBE: _____

Address: _____

Contact Person: _____ Phone: _____

E-mail: _____ Fax: _____

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

Will this subcontractor be used for direct or indirect participation? (circle one)Schedule B and all current certification letters attached? ☐ Yes ☐ No

Attach additional sheets as needed.

II. Summary of MBE/WBE Plan:

A. MBE Participation:

MBE Firm Name	Dollar Amount of Participation	Percent Amount of Participation
\$ <u>Intercity Supply</u>	\$ <u>TBD</u>	<u>13</u> %
\$ <u>U.S. Messenger</u>	\$ _____	<u>13</u> %
\$ _____	\$ _____	_____ %
\$ _____	\$ _____	_____ %
\$ _____	\$ _____	_____ %
\$ _____	\$ _____	_____ %
\$ _____	\$ _____	_____ %
\$ _____	\$ _____	_____ %
Total MBE Participation:	\$ _____	<u>26</u> %

B. WBE Participation:

WBE Firm Name	Dollar Amount of Participation	Percent Amount of Participation
\$ <u>SILK SCREEN EXPRESS, INC.</u>	\$ <u>TBA</u>	<u>74</u> %
\$ _____	\$ _____	_____ %
\$ _____	\$ _____	_____ %
\$ _____	\$ _____	_____ %
\$ _____	\$ _____	_____ %
\$ _____	\$ _____	_____ %
\$ _____	\$ _____	_____ %
\$ _____	\$ _____	_____ %
Total WBE Participation:	\$ _____	<u>74</u> %

The bidder designates the following person as its MBE/WBE Liaison Officer:

DAWN COLEMAN, President 708, 845-5600
(Name and Title) (Phone Number)
dcoleman@silkscreenx.com
(E-mail address)

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

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.

Bidder:

Silk Screen Express, Inc
(Print or Type Name of Business)

Signature:

D. Coleman Date: 2-13-15
(Written Signature of Authorized Officer/Representative)

Name/Title:

DAWN COLEMAN, President
(Print or Type Name and Title of Person Signing Statement)

NOTE

If the bidder is an MBE/WBE joint venture with a non-MBE/WBE firm, use the following signature page instead.

End of Schedule A

**ALTERNATE
SCHEDULE A SIGNATURE PAGE
FOR MBE/WBE JOINT VENTURE WITH A NON-MBE/WBE FIRM**

Complete this signature page only if you are an MBE/WBE operating as a joint venture with a non-MBE/WBE Firm

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

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.

NOTE:

After filing this statement and before the completion of the joint venture's work on this project, if there is any change in the information submitted, the joint venturer must inform the Chicago Park District.

N/A

(Name of MBE/WBE Partner Firm)

(Name of Non-MBE/WBE Partner Firm)

(Written Signature of Authorized Officer/Representative)

(Written Signature of Authorized Officer/Representative)

(Print or Type Name and Title)

(Print or Type Name and Title)

(Date)

(Date)

End of Alternate Schedule A Signature Page

VENDOR REFERENCES FORM

Bidder (company name): Silk Screen Express, Inc
Contact Person: DAWN COLEMAN Phone: 708-845-5600
1. Number of years your company has been in business: 23
2. Illinois State License Registration No. 2404-0096

NOTE:

Provide a minimum of three (3) references. All must be from companies to which you have provided goods and/or services similar to those specified herein. Subcontractors are not acceptable references.

If applicable, the CPD can be used as a reference, but only as ONE of the three. Use of the CPD as more than one reference may result in your bid being deemed non-responsive.

REFERENCES:

Company Name: City of Chicago
Address: 121 N. LA SALLE
City, State, Zip: Chicago, IL
Contact Person: JOHN BOTICA Phone: 312-848-3201
Contract Description: UNIFORMS Fax: _____

Company Name: ILLINOIS TOLLWAY
Address: 4 SOUTH NAPERVILLE ROAD
CPD, State, Zip: NAPERVILLE, IL 60563
Contact Person: ROCCO DOMINICK Phone: 630-241-6800
Contract Description: UNIFORMS Fax: _____ 2657

Company Name: SCR MEDICAL
Address: 8801-25 SOUTH GREENWOOD AVE
CPD, State, Zip: CHICAGO, IL 60619
Contact Person: DARTENE TORO Phone: 773-356-6038
Contract Description: UNIFORMS Fax: _____