

SCHEDULE A

Statement of Prime Bidder Regarding Its MBE/WBE Utilization Plan

TO BE COMPLETED BY BIDDER ONLY

Bidder: Topnotch Silk Screening Project: Supply + Deliver of t-shirts + Apparel with Silk Screen

Is the bidder a certified MBE/WBE?

MBE: ☐ Yes ☒ No WBE: ☐ 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: Multi Products Distribution Inc
Address: 4300 Lincoln Ave Unit P Rolling Meadows IL 60008
Contact Person: Bentrix Montalvo-Brown Phone: 630 843-9612
E-mail: bbrown@multi-prod.com Fax: 630 843-9612
MBE/WBE Participation: Dollars \$ 4600 Percent: 5%
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: The Owens Group
Address: 19 S. LaSalle St Ste 500 Chicago IL 60603
Contact Person: Bill Owens Phone: 312368-5110
E-mail: theowensgroupinc@tognirisk.com Fax: 312368-5113
MBE/WBE Participation: Dollars \$ + bcl Percent: 2090 %
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: Arrow Messenger Service Inc
Address: 1322 W Walton Chicago IL 60622
Contact Person: Danielle Matzdorf Phone: 7734896688
E-mail: danielle@arrowmessenger.com Fax: 7734896920
MBE/WBE Participation: Dollars \$ + bcl Percent: 590 %
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

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>THE OWENS GROUP</u>	\$ <u>tbd</u>	<u>20%</u> %
\$ <u>Multi-Products</u>	\$ <u>tbd</u>	<u>5%</u> %
\$ _____	\$ _____	_____ %
\$ _____	\$ _____	_____ %
\$ _____	\$ _____	_____ %
\$ _____	\$ _____	_____ %
\$ _____	\$ _____	_____ %
\$ _____	\$ _____	_____ %
Total MBE Participation:	\$ <u>tbd</u>	<u>25%</u> %

B. WBE Participation:

WBE Firm Name	Dollar Amount of Participation	Percent Amount of Participation
\$ <u>Arrow Messenger</u>	\$ <u>tbd</u>	<u>5</u> %
\$ _____	\$ _____	_____ %
\$ _____	\$ _____	_____ %
\$ _____	\$ _____	_____ %
\$ _____	\$ _____	_____ %
\$ _____	\$ _____	_____ %
\$ _____	\$ _____	_____ %
\$ _____	\$ _____	_____ %
Total WBE Participation:	\$ _____	_____ %

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

Anthony Slezak Vice President [773] 8476335
 (Name and Title) (Phone Number)
Slezake@topnotch-trees.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:

Top Notch Silkscreening inc
(Print or Type Name of Business)

Signature:

[Signature] Date: 2-18-15
(Written Signature of Authorized Officer/Representative)

Name/Title:

Salvatore S Vainisi 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

N/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.

(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

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 and deliver of t-shirts and apparel with silk screening and embroidery

From: Arrow Messenger Service, Inc.
(Name of MBE/WBE Firm)

MBE: ☐ Yes ☒ No
WBE: ☒ Yes ☐ No

To: Topnotch Silkscreening, 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:

Same day delivery services.

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

5% of total contract.

Rates based on individual services requested. Terms are net 30 days.

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: _____

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

Date: 02/16/2015

Name/Title: Barbara Toomey, Executive Assistant
(Print or Type Name and Title)

Address: 1322 W Walton St., Chicago, IL 60642

Telephone: (773) 489-8008

Fax: (773) 489-6920

End of Schedule B

MBE/WBE UTILIZATION REPORTING REQUIREMENTS

TERM AGREEMENT CONTRACTS

For term agreement contracts for materials, supplies, equipment, services, etc., utilization reports are to be submitted monthly. The MBE/WBE Utilization Report form will be provided to the awardee with the awardee's executed contract, and the awardee's first MBE/WBE Utilization Report will be due no later than ninety (90) days after the date of that contract's execution.

All utilization reports must be accompanied by the following supporting documentation:

1. Copies of cancelled checks (both sides), wire transfers, and other forms of payments to MBE(s) and WBE(s). These payments must be for services provided on this contract only
2. Copies of invoices from MBE(s) & WBE(s) for services provided on this contract only
3. Signed and notarized waivers of lien, when applicable

Submission Address: MBE/WBE Utilization Reports are to be submitted directly to:

Compliance Officer
Chicago Park District - Department of Purchasing
541 N. Fairbanks Court
3rd Floor
Chicago, IL. 60611

Submission Fax: 312-742-5326

For more information, contact Michelle Parker, Compliance Officer, at 312-742-4439,
or via e-mail at michelle.parker@chicagoparkdistrict.com

End of MBE/WBE Reporting Requirements



DEPARTMENT OF PROCUREMENT SERVICES
CITY OF CHICAGO

JUN 27 2014

Phyllis L. Apfelbaum
Arrow Messenger Service, Inc.
1322 West Walton Street
Chicago IL, 60642

Dear Ms. Apfelbaum:

We are pleased to inform you that **Arrow Messenger Services, Inc.** has been recertified as a **Women-Owned Business Enterprise ("WBE")** by the City of Chicago ("City"). This **WBE** certification is valid until **06/01/2019**; 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 **06/01/2015, 06/01/2016, 06/01/2017, and 06/01/2018**. Please remember, you have an affirmative duty to file your **No-Change 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 **06/01/2019**. 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 **04/01/2019**.

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):

492110 – Courier Services (i.e., Intercity Network)

492110 – Express Delivery Services

492110 – Local Letter and Parcel Delivery Services as Part of an Intercity Courier Network

492210 – Bicycle Courier

492210 – Messenger Service

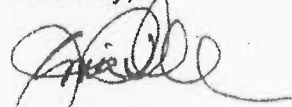
484110 – Trucking, General Freight, Local

561210 – Facilities (except computer operation) Support Services

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

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 and deliver of T-shirts & Apparel w/ Silk Screening & embroidery
From: Multi-Products Distribution Inc. MBE: ☒ Yes ☐ No
(Name of MBE/WBE Firm) WBE: ☒ Yes ☐ No
To: Top-Notch Silkscreening 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:

Office Supplies

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

5% of Contract / 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: Beatriz Montalvo-Brown Date: 2/13/15
(Signature of Owner or Authorized Agent of MBE/WBE)

Name/Title: Beatriz Montalvo-Brown
(Print or Type Name and Title)

Address: 4300 Lincoln Ave, Unit P Rolling Meadows IL 60008

Telephone: 630-893-9612 Fax: 630-893-9613



DEPARTMENT OF PROCUREMENT SERVICES
CITY OF CHICAGO

NOV 18 2014

Beatriz Montalvo- Brown
Multi-Products Distribution, Inc.
951 West Golf Road
Schaumburg, IL 60194

Dear Beatriz Montalvo-Brown:

We are pleased to inform you that **Multi-Products Distribution, Inc.**, has been recertified as a **Minority-Owned Business Enterprise ("MBE")**, **Women-Owned Business Enterprise ("WBE")** by the City of Chicago ("City"). This **MBE/WBE** certification is valid until **11/15/2019**; 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 **11/15/2015, 11/15/2016, 11/15/2017, and 11/15/2018**. 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 **11/15/2019**. 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 **9/15/2019**.

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:

- 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:

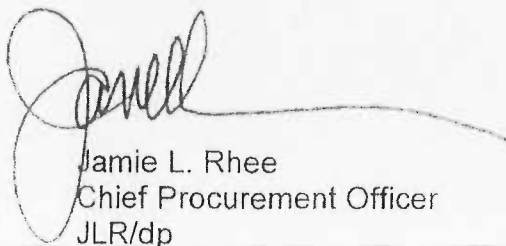
NAICS Code(s):

- 423830 - Industrial Machinery and Equipment Merchant Wholesalers**
- 424130 - Industrial and Personal Service Paper Merchant Wholesalers**
- 424120 - Stationery and Office Supplies Merchant Wholesalers**
- 424690 - Other Chemical and Allied Products Merchant Wholesalers**
- 453210 - Office Supplies and Stationery Stores**

Your firm's participation on City contracts will be credited only toward **Minority-Owned Business Enterprise and Women-Owned 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/dp

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 with Silk Screening & Embroid

From: The Owens Group, Inc

(Name of MBE/WBE Firm)

MBE: ☒ Yes ☐ No

WBE: ☐ Yes ☐ No

To: Topnotch Silk Screening, Inc.

(Name of Prime Contractor-Submitter)

and the Chicago Park District:

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:

Insurance Brokerage and Risk Management Services

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

DUR 20%

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: _____

William H. Owens III/President

(Print or Type Name and Title)

Address: 19 South LaSalle Street, Suite 500, Chicago, IL 60603

Telephone: 312-368-5110

Fax: 312-368-5113

End of Schedule B



TONI PRECKWINKLE

PRESIDENT

Cook County Board
of Commissioners

EARLEAN COLLINS

1st District

ROBERT STEELE

2nd District

JERRY BUTLER

3rd District

STANLEY MOORE

4th District

DEBORAH SIMS

5th District

JOAN PATRICIA MURPHY

6th District

JESUS G. GARCIA

7th District

EDWIN REYES

8th District

PETER N. SILVESTRI

9th District

BRIDGET GAINER

10th District

JOHN P. DALEY

11th District

JOHN A. FRITCHEY

12th District

LARRY SUFFREDIN

13th District

GREGG GOSLIN

14th District

TIMOTHY O. SCHNEIDER

15th District

JEFFREY R. TOBOLSKI

16th District

ELIZABETH ANN DOODY GORMAN

17th District

OFFICE OF CONTRACT COMPLIANCE

JACQUELINE GOMEZ

DIRECTOR

118 N. Clark, County Building, Room 1020 • Chicago, Illinois 60602 • (312) 603-5502

January 22, 2014

Mr. William Owens

President

The Owens Group, Inc.

19 South LaSalle Street Suite 500

Chicago, IL 60601

The Owens Group, Inc.

JAN 25 2014

19 S. LaSalle St., Ste 500
Chicago, IL 60603

Annual Certification Expires: January 22, 2015

Dear Mr. Owens:

Congratulations on your continued eligibility for Certification as a **MBE** by Cook County Government. This **MBE** Certification is valid until January 22, 2017.

As a condition of continued certification during this three (3) year period, you must file a **"No Change Affidavit"** within sixty (60) days prior to the date of annual expiration. Failure to file this Affidavit shall result in the termination of your certification. You must notify Cook County Government's Office of Contract Compliance of any change in ownership or control or any other matters or facts affecting your firm's eligibility for certification.

Cook County Government may commence action to remove your firm as a **MBE** vendor if you fail to notify us of any changes of facts affecting your firm's certification, or if your firm otherwise fails to cooperate with the County in any inquiry or investigation. Removal of status may also be commenced if your firm is found to be involved in bidding or contractual irregularities.

Your firm's name will be listed in Cook County's Directory of Minority Business Enterprise, Women Business Enterprise and/ or Veteran Business Enterprise in the area(s) of specialty:

**INSURANCE: INSURANCE BROKERAGE, RISK MANAGEMENT & CONSULTING,
EMPLOYEE BENEFITS & THIRD PARTY CLAIMS ADMINISTRATION**

Your firm's participation on County contracts will be credited toward **MBE** goals in your area(s) of specialty. While your participation on Cook County contracts is not limited to your specialty, credited toward **MBE** goals will be given only for work performed in the specialty category.

Thank you for your continued interest in Cook County Government's Minority, Women and Veteran Business Enterprise Programs.

Sincerely,

Jacqueline Gomez
Jacqueline Gomez

Contract Compliance Director

JG/ehw

2017



TONI PRECKWINKLE

PRESIDENT

Cook County Board
of Commissioners

EARLEAN COLLINS

1st District

ROBERT STEELE

2nd District

JERRY BUTLER

3rd District

STANLEY MOORE

4th District

DEBORAH SIMS

5th District

JOAN PATRICIA MURPHY

6th District

JESUS G. GARCIA

7th District

EDWIN REYES

8th District

PETER N. SILVESTRI

9th District

BRIDGET GAINER

10th District

JOHN P. DALEY

11th District

JOHN A. FRITCHEY

12th District

LARRY SUFFREDIN

13th District

GREGG GOSLIN

14th District

TIMOTHY O. SCHWEIDLE

15th District

JEFFREY R. TOBOLSKI

16th District

ELIZABETH ANN BOODY COSTANZO

17th District

JACQUELINE GOMEZ

DIRECTOR

118 N. Clark, County Building, Room 1020 • Chicago, Illinois 60602 • (312) 603-5502

January 22, 2014

Mr. William Owens

President

The Owens Group, Inc.

19 South LaSalle Street Suite 500

Chicago, IL 60601

The Owens Group Inc

JAN 25 2014

19 S. LaSalle St., Ste 500
Chicago, IL 60603

Annual Certification Expires: January 22, 2015

Dear Mr. Owens:

Congratulations on your continued eligibility for Certification as a MBE by Cook County Government. This MBE Certification is valid until January 22, 2017.

As a condition of continued certification during this three (3) year period, you must file a "No Change Affidavit" within sixty (60) days prior to the date of annual expiration. Failure to file this Affidavit shall result in the termination of your certification. You must notify Cook County Government's Office of Contract Compliance of any change in ownership or control or any other matters or facts affecting your firm's eligibility for certification.

Cook County Government may commence action to remove your firm as a MBE vendor if you fail to notify us of any changes of facts affecting your firm's certification, or if your firm otherwise fails to cooperate with the County in any inquiry or investigation. Removal of status may also be commenced if your firm is found to be involved in bidding or contractual irregularities.

Your firm's name will be listed in Cook County's Directory of Minority Business Enterprise, Women Business Enterprise and/ or Veteran Business Enterprise in the area(s) of specialty:

**INSURANCE: INSURANCE BROKERAGE, RISK MANAGEMENT & CONSULTING,
EMPLOYEE BENEFITS & THIRD PARTY CLAIMS ADMINISTRATION**

Your firm's participation on County contracts will be credited toward MBE goals in your area(s) of specialty. While your participation on Cook County contracts is not limited to your specialty, credited toward MBE goals will be given only for work performed in the specialty category.

Thank you for your continued interest in Cook County Government's Minority, Women and Veteran Business Enterprise Programs.

Sincerely,

Jacqueline Gomez

Contract Compliance Director

JG/ehw

2017