

## SCHEDULE C

**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. SUBCONTRACTORS MAY BE MBES, WBES, OR NON-MBE/WBES.

### TO BE COMPLETED BY SUBMITTER ONLY

Statement of Submitter Regarding Its Subcontractor Utilization Plan

Submitter: Durbin Clean Maintenance Company, Inc. Project: JFB-Territorial Services Central Region and Special Use Facilities

Specification #: P-15003

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), Metropolitan Water Reclamation of Greater Chicago 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 of participation. If the 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: \_\_\_\_\_

## II. Summary of Subcontractor Utilization Plan:

## A. MBE Participation:

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

## B. WBE Participation:

| <u>WBE Firm Name</u>             | Dollar Amount of Participation | Percent Amount of Participation |
|----------------------------------|--------------------------------|---------------------------------|
| <u>Dust Em Clean Maintenance</u> | \$ <u>302,266.01</u>           | <u>100%</u> %                   |
| _____                            | \$ _____                       | _____ %                         |
| _____                            | \$ _____                       | _____ %                         |
| _____                            | \$ _____                       | _____ %                         |
| _____                            | \$ _____                       | _____ %                         |
| _____                            | \$ _____                       | _____ %                         |
| _____                            | \$ _____                       | _____ %                         |
| _____                            | \$ _____                       | _____ %                         |
| _____                            | \$ _____                       | _____ %                         |
| Total WBE Participation:         | \$ <u>302,266.01</u>           | <u>100</u> %                    |

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**C. Non-MBE/WBE Participation:**

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

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

Cheryl Gill- President  
(Name and Title)

(773) 407-0685  
(Phone Number)

(773) 244-3795  
(Fax Number)

dustemclean@gmail.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: Dust em Clear Maintenance Company, INC. Date: 2-27-15  
(Print or Type Name of Business)

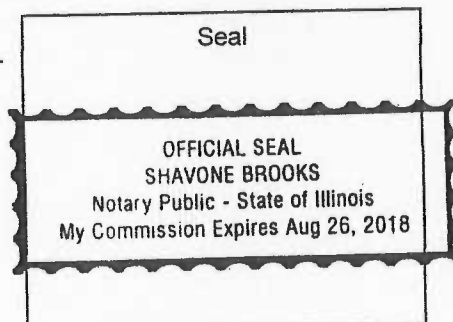
Signature: [Signature] Date: 2-27-15  
(Written Signature of Authorized Officer/Representative)

Name/Title: Cheryl Gill - President  
(Print or Type Name and Title of Person Signing Statement)

Subscribed to before me on (date) 2/27/2015, at COOK County,  
ILLINOIS (state).

Print or type name of signatory: SHAVONE BROOKS.  
[Signature], Notary Public

Commission Expires: August 26th 2018



## SELF-PERFORMANCE AFFIDAVIT

Participation in the Target Market Program shall be limited to MBEs, WBEs and joint ventures consisting exclusively of MBEs, WBEs or both. The prime contractor on a target market contract may subcontract up to 50% of the dollar value of the target market contract to subcontractors who are not MBEs or WBEs. If awarded a contract as a result of this IFB, the prime target market awardee shall perform, manage, and/or supervise at least 50% of the work of the contract with its own forces.

Bidder:

Dust On Clean Maintenance Company, Inc.  
(Print or Type Name of Business)

Signature:

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

Date: 2-27-15

Name/Title:

Cheryl Gill - President  
(Print or Type Name and Title of Person Signing Statement)

SUBSCRIBED TO BEFORE ME ON [DATE] 2/27/15, AT COOK COUNTY, STATE OF ILLINOIS

NOTARY PUBLIC

[Signature]

COMMISSION EXPIRES:

August 26<sup>th</sup> 2018



SEAL

OFFICIAL SEAL  
SHAYONE BROOKS  
Notary Public - State of Illinois  
My Commission Expires Aug 26, 2018

End of Self-Performance Affidavit