

## SCHEDULE A

### Statement of Prime Submitter Regarding Its MBE/WBE Utilization Plan

TO BE COMPLETED BY SUBMITTER ONLY

Submitter: Evergreen Supply Co. Project: P. 15010

Is the submitter a certified MBE/WBE?

MBE: ☐ Yes ☒ No WBE: ☒ Yes ☐ No

If yes, attach all current Letters of Certification.

#### NOTE:

CERTIFICATION OF THE SUBMITTER AS AN **MBE** SATISFIES ONLY THE **MBE** GOAL; THE **WBE** GOAL MUST STILL BE MET.  
CERTIFICATION OF THE SUBMITTER AS A **WBE** SATISFIES ONLY THE **WBE** GOAL; THE **MBE** GOAL MUST STILL BE MET.  
CERTIFICATION OF THE SUBMITTER AS BOTH **MBE** AND **WBE** MAY SATISFY **ONE GOAL** ONLY.

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

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 submitter shall consider involvement with MBE/WBE firms as joint venture partners, subcontractors, and suppliers of goods and services, either directly or indirectly.

- A. If submitter 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: Evergreen Supply Co.  
Address: 9901 S. Torrence Ave Chicago IL 60617  
Contact Person: Colleen Kramer Phone: 773 375 4150  
E-mail: CKramer@evergreensupply.com Fax: 773 375 4165  
MBE/WBE Participation: Dollars \$ 1,865,289.08 Percent: 75% %  
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: MZI Group  
Address: 1937 W. Fulton St Chicago, IL 60612  
Contact Person: Arthur Miller Phone: 312 492 8740  
E-mail: Amiller@MZIGROUP.COM Fax: 312.492.8741  
MBE/WBE Participation: Dollars \$ 621,703.03 Percent: 25 %  
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: \_\_\_\_\_  
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

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

Attach additional sheets as needed.

II. Summary of MBE/WBE Proposal:

A. MBE Proposal:

1. MBE Participation:

MBE Firm Name

MZI Group

Dollar Amount of  
Participation

\$ 621,763.03

Percent Amount of  
Participation

25 %

\$ \_\_\_\_\_ %

\$ \_\_\_\_\_ %

\$ \_\_\_\_\_ %

\$ \_\_\_\_\_ %

\$ \_\_\_\_\_ %

\$ \_\_\_\_\_ %

\$ \_\_\_\_\_ %

Total MBE Participation:

\$ 621,763.03 25 %

2. WBE Participation:

WBE Firm Name

Evergreen Supply, Co

Dollar Amount of  
Participation

\$ 1,865,289.07

Percent Amount of  
Participation

75 %

\$ \_\_\_\_\_ %

\$ \_\_\_\_\_ %

\$ \_\_\_\_\_ %

\$ \_\_\_\_\_ %

\$ \_\_\_\_\_ %

\$ \_\_\_\_\_ %

\$ \_\_\_\_\_ %

Total WBE Participation:

\$ 1,865,289.07 75 %

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

Colleen Kramer. President, 773 3754750

(Name and Title)

(Phone Number)

ckramer@evergreen supply.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.

Submitter:

Evergreen Supply Co.  
(Print or Type Name of Business)

Signature:

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

Date: 8.5.15

Name/Title:

Colleen Kramer. President  
(Print or Type Name and Title of Person Signing Statement)

**NOTE**

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

End of Schedule A

## 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: P15010 Electrical Supplies  
From: Evergreen Supply Co MBE: ☐ Yes ☒ No  
(Name of MBE/WBE Firm) WBE: ☒ Yes ☐ No  
To: Evergreen Supply Co 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:

Furnish Electrical supplies

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

Net 30 \$ 1,865,289.07

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: Colleen Kramer Date: 8.5.15  
(Signature of Owner or Authorized Agent of MBE/WBE)

Name/Title: Colleen Kramer, President  
(Print or Type Name and Title)

Address: 9901 S. Torrence Ave Chicago IL 60617

Telephone: 773 375 4750 Fax: 773 375 4765

End of Schedule B



DEPARTMENT OF PROCUREMENT SERVICES  
CITY OF CHICAGO

MAR 10 2014

Ms. Colleen Kramer  
Evergreen Supply Co.  
9901 S. Torrence Ave.  
Chicago, IL 60617

Dear Ms. Kramer:

We are pleased to inform you that **Evergreen Supply Co.**, has been recertified as a **Women Business Enterprise ("WBE")** by the City of Chicago ("City"). This **WBE** certification is valid until **2/1/2018**; 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 **2/1/2015, 2/1/2016 and 2/1/2017**. 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 **2/1/2018**. 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 **12/1/2017**.

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:

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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](http://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):**

**423610 – Construction Materials, Electrical Merchant Wholesalers**

**423610 – Fixtures, Electric Lighting, Merchant Wholesalers**

**423610 – Insulated Wire or Cable Merchant Wholesalers**

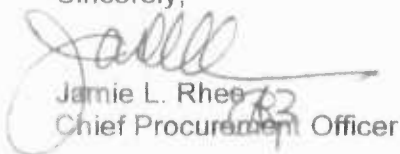
**423690 – Condensers, Electronic, Merchant Wholesalers**

**423690 – Electronic Parts (e.g., condensers, connectors, switches) Merchant Wholesalers**

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 Women-Owned Business Enterprise (WBE) Program.

Sincerely,

  
Jamie L. Rhee  
Chief Procurement Officer

JLR/cm



## SCHEDULE B

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Signature: \_\_\_\_\_

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

Date: 8.5.15

Name/Title: \_\_\_\_\_

(Print or Type Name and Title)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

End of Schedule B



## CHICAGO MINORITY SUPPLIER DEVELOPMENT COUNCIL

THIS CERTIFIES THAT

### MZI GROUP, 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: 561790, 236220, 423610, 238210, 238220, 541910, 237110, 237130**

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

**Product/Service Description:** LIGHTING SERVICES, INTERIOR & EXTERIOR LIGHTING MAINTENANCE, CONSTRUCTION MANAGEMENT, LIGHTING SUPPLIES, BUILDING MAINTENANCE, PROFESSIONAL SERVICES, ELECTRICAL AND MECHANICAL CONTRACTOR

**10/31/2014**

*Issued Date*

**CH2020**

*Certificate Number*

**10/31/2015**

*Expiration Date*

*Shelia 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)