

SCHEDULE A

Statement of Prime Submitter Regarding Its MBE/WBE Utilization Plan

TO BE COMPLETED BY SUBMITTER ONLY

Submitter: Jewell's Bus Company

Project: Summer Day Camp Bus Transportation Services - Central Region / P-16002

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 Business Development Council (CMBDC), 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: Jewell's Bus Company

Address: 1035 W. 111th Street, Chicago, Illinois 60643

Contact Person: Carshena Ross

Phone: 773-291-9900

E-mail: Cross@jewellsbuscompany.com

Fax: 773-291-9906

MBE/WBE Participation: Dollars \$ 71,041.95

Percent: 25 %

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: Back to Health Chiropractic - Medical Center
Address: 12647 S. Justice, Calumet Park, IL 60827
Contact Person: Dr. Lolita A. Wilburn Phone: 708-489-2225
E-mail: backtohealth@aol.com Fax: 708-489-2610
MBE/WBE Participation: Dollars \$ 14,208.39 Percent: 5 %
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

II. Summary of MBE/WBE Plan:

A. MBE Participation:

MBE Firm Name	Dollar Amount of Participation	Percent Amount of Participation
<u>Jewell's Bus Company</u>	<u>\$ 71,041.95</u>	<u>25</u> %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
Total MBE Participation:	<u>\$ 71,041.95</u>	<u>25</u> %

B. WBE Participation:

WBE Firm Name	Dollar Amount of Participation	Percent Amount of Participation
<u>Back to Health Chiropractic Medical Center</u>	<u>\$ 14,208.39</u>	<u>5</u> %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
Total WBE Participation:	<u>\$ 14,208.39</u>	<u>5</u> %

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

Carshena Ross, General Manager
(Name and Title)

(773) 291-9900
(Phone Number)

Cross@jewellsbuscompany.com
(E-mail address)

CONTINUE TO NEXT PAGE

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:

Jewel's Bus Company

(Print or Type Name of Business)

Signature:

Jewel Lockhart

(Written Signature of Authorized Officer/Representative)

Date: 3-8-16

Name/Title:

Jewel Lockhart / 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: P-16002 - Summer Day Camp Bus Transportation Services - Central Region
From: Jewell's Bus Company MBE: ☒ Yes ☐ No
(Name of MBE/WBE Firm) WBE: ☒ Yes ☐ No
To: Jewell's Bus Company 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 Business Development Council (CMBDC), 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:

School bus transportation - including drivers, fuel and equipment

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

Price - \$11,041.95
Terms - 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: Jewel Lockhart Date: 3-8-16
(Signature of Owner or Authorized Agent of MBE/WBE)

Name/Title: Jewel Lockhart, President
(Print or Type Name and Title)

Address: 1035 W. 111th St., Chicago, IL 60643

Telephone: (773) 291-9900 Fax: (773) 291-9906

End of Schedule B

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: P-16002 - Summer Day Camp Bus Transportation Services - Central Region
 From: Back to Health Chiropractic - Medical Center MBE: ☒ Yes ☐ No
(Name of MBE/WBE Firm) WBE: ☒ Yes ☐ No
 To: Jewel's Bus Company 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: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	RACE/ETHNICITY: <input checked="" type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Asian American <input type="checkbox"/> White American <input type="checkbox"/> Other _____	TYPE OF FIRM: <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Joint Venturer <input type="checkbox"/> Other _____
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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 Business Development Council (CMBDC), 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:

Employee drug screening and physicals - to examine, test, order and interpret drug screening test and institute whatever follow-up or ancillary procedures and test necessary and physical examination with urine analysis for pre, post accidents.

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

Price - \$14,208.39
Terms - 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: [Signature] Date: 3-8-16
(Signature of Owner or Authorized Agent of MBE/WBE)
 Name/Title: Doretha A. Wilson - Director
(Print or Type Name and Title)
 Address: 12647 S. Justice Calumet Park IL 60821
 Telephone: (708) 419 2225 Fax: 708 419 2110

End of Schedule B



DEPARTMENT OF PROCUREMENT SERVICES

CITY OF CHICAGO

FEB 19 2015

Lolita A. Wilburn
Lolita A. Wilburn, D.C. P.C. d/b/a
Back to Health Chiropractic-Medical Center
12647 S. Justine
Calumet Park, IL 60827

Dear Lolita A. Wilburn:

We are pleased to inform you that that Lolita A. Wilburn, D.C. P.C. d/b/a Back to Health Chiropractic-Medical Center has been recertified as a Minority-Owned Business Enterprise ("MBE") and Women's-Owned Business Enterprise ("WBE") by the City of Chicago ("City"). This MBE/WBE certification is valid until 7/15/2017; 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 7/15/2015 and 7/15/2016. 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.

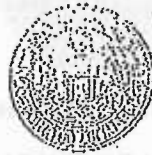
Your firm's five year certification will expire on 7/15/2017. You have an affirmative duty to file for recertification 60 days prior to the date of the five year anniversary date. Therefore, you must file for recertification by 4/15/2017.

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 MBE/WBE if you fail to:

121 NORTH LASALLE STREET, ROOM 806, CHICAGO, ILLINOIS 60602

OK



DEPARTMENT OF PROCUREMENT SERVICES
CITY OF CHICAGO

JUN 27 2013

Jewel Lockhart
Jewel's Bus Company
1035 W. 111st. Street
Chicago, Illinois 60643

Dear Ms. Lockhart:

We are pleased to inform you that Jewel's Bus Company, has been recertified as a Minority Business Enterprise (MBE), Woman Business Enterprise (WBE) by the City of Chicago ("City"). This MBE/WBE certification is valid until June 15, 2018, however your firm's certification must be re-validated 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 June 15, 2014, June 15, 2015, June 15, 2016, and June 15, 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 June 15, 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 April 15, 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 MBE/WBE if you fail to;

121 NORTH LASALLE STREET, ROOM 806, CHICAGO, ILLINOIS 60602

Jewell's Bus Company

- 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 a minority-owned business or a woman-owned business, 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 - 485410 - School & Employee Bus Transportation (not in C2)
NAICS Code - 485510 - Charter Bus Industry (not in C2)

Your firm's participation on City contracts will be credited only toward Minority Business Enterprise goals in your area(s) of 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 (MBEWBE) Program.

Sincerely,



Jamie L. Rhee
Chief Procurement Officer

JLR/jea

Certification: View

Help & Tools 

Certification List

Vendor Information

Business Name	Jewel's Bus Company
VendorID	20069132
Primary Owner's Name	Jewel Lockhart
Company Type	Corporation
Ethnic Group	African American
Gender	Female

Certification Information

Certifying Agency	City of Chicago
Certification Type	MBE - Minority Business Enterprise
Effective Date	8/25/2015
Renewal/Anniversary Date	8/31/2016

Contact Information

Main Company Email	cross@jewelsbuscompany.com
Main Phone	773-291-9900
Main Fax	773-291-9906
Internet Web Page	www.jewel'sbuscompany.com

Addresses

Physical Address	1035 West 111th Street Chicago, IL 60643-4634
Mailing Address	1035 West 111th Street Chicago, IL 60643-4634

Business Capabilities

Business certified for	NAICS 485410 School and Employee Bus Transportation NAICS 485510 Charter bus services (except scenic, sightseeing)	
Full Description of Capabilities/Products	NAICS 485410 School and Employee Bus Transportation NAICS 485510 Charter bus services (except scenic, sightseeing)	
Commodity Codes	NAICS 48541	School and Employee Bus Transportation (More)
	NAICS 485510	Charter bus services (except scenic, sightseeing) (More)

Owner Ethnicity and Gender

Ethnic Group	African American
Gender	Female
DBE Ethnic Group	Black American

Location

County	Cook (IL)
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Certification List

Customer Support

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Customer Name	Phone Number	Address	City	State	Zip
John Doe	555-123-4567	123 Main St	Chicago	IL	60601
Jane Smith	555-987-6543	456 Oak St	Chicago	IL	60602
Bob Johnson	555-234-5678	789 Elm St	Chicago	IL	60603
Alice Brown	555-345-6789	101 Maple St	Chicago	IL	60604

Customer Name	Phone Number	Address	City	State	Zip
Charlie Davis	555-456-7890	202 Pine St	Chicago	IL	60605
Diana Evans	555-567-8901	303 Birch St	Chicago	IL	60606
Frank Green	555-678-9012	404 Cedar St	Chicago	IL	60607
Grace Hill	555-789-0123	505 Spruce St	Chicago	IL	60608

Customer Name	Phone Number	Address	City	State	Zip
Henry King	555-890-1234	606 Ash St	Chicago	IL	60609
Ivy Lee	555-901-2345	707 Hickory St	Chicago	IL	60610
Jack Miller	555-012-3456	808 Walnut St	Chicago	IL	60611
Karen Wilson	555-123-4567	909 Chestnut St	Chicago	IL	60612

Customer Name	Phone Number	Address	City	State	Zip
Liam White	555-234-5678	1010 Sycamore St	Chicago	IL	60613
Mia Black	555-345-6789	1111 Poplar St	Chicago	IL	60614
Noah Gray	555-456-7890	1212 Magnolia St	Chicago	IL	60615
Olivia Brown	555-567-8901	1313 Dogwood St	Chicago	IL	60616

Customer Name	Phone Number	Address	City	State	Zip
Peter Green	555-678-9012	1414 Redwood St	Chicago	IL	60617
Quinn White	555-789-0123	1515 Cypress St	Chicago	IL	60618
Rachel Black	555-890-1234	1616 Juniper St	Chicago	IL	60619
Samuel Gray	555-901-2345	1717 Willow St	Chicago	IL	60620

Customer Name	Phone Number	Address	City	State	Zip
Tina Brown	555-012-3456	1818 Hickory St	Chicago	IL	60621
Uma White	555-123-4567	1919 Maple St	Chicago	IL	60622
Victor Black	555-234-5678	2020 Oak St	Chicago	IL	60623
Wendy Gray	555-345-6789	2121 Pine St	Chicago	IL	60624

Customer Name	Phone Number	Address	City	State	Zip
Xavier Brown	555-456-7890	2222 Elm St	Chicago	IL	60625
Yara White	555-567-8901	2323 Birch St	Chicago	IL	60626
Zoe Black	555-678-9012	2424 Cedar St	Chicago	IL	60627
Adam Gray	555-789-0123	2525 Spruce St	Chicago	IL	60628

Certification: View

Help & Tools 

Certification List

Vendor Information

Business Name	Lolita A. Wilburn, D.C. P.C. d/b/a Back to Health Chiropractic-Medical Center, DBA Back To Health Chiropractic-Medical Center
VendorID	20060636
Primary Owner's Name	Dr. Lolita A Wilburn
Company Type	Corporation
Ethnic Group	African American
Gender	Female

Certification Information

Certifying Agency	City of Chicago
Certification Type	WBE - Women Business Enterprise
Effective Date	2/19/2015
Renewal/Anniversary Date	8/1/2015

Contact Information

Main Company Email	BACKIIHEALTH@AOL.COM
Main Phone	708-489-2225
Main Fax	708-489-2610
Internet Web Page	

Addresses

Physical Address	12647 S. Justine Calumet Park, IL 60827
Mailing Address	12647 S. Justice Calumet Park, IL 60827

Business Capabilities

Business certified for	Chiropractors' offices (e.g., centers, clinics), Massage therapists' offices and Testing laboratories, medical	
Full Description of Capabilities/Products	Chiropractors' offices (e.g., centers, clinics), Massage therapists' offices and Testing laboratories, medical	
Commodity Codes	NAICS 621310	Chiropractors' offices (e.g., centers, clinics) (More)
	NAICS 621399	Massage therapists' offices (More)
	NAICS 621511	Testing laboratories, medical (More)

Owner Ethnicity and Gender

Ethnic Group	African American
Gender	Female
DBE Ethnic Group	Black American

Location

County

Cook (IL)

Certification List

Customer Support

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