

**MBE/WBE COMPLIANCE AFFIDAVIT****CONTRACT TITLE:** Rapid Response Construction Services**SPECIFICATION NO.:** P-15000**FROM:** Robe, Inc.*(Name of Prime Contractor - Submitter)***MBE:** ☐ Yes ☒ No**WBE:** ☐ Yes ☒ No

It is the policy of the Chicago Park District ("Park District") that members of minority groups and women participate to the maximum feasible extent in the performance of Park District contracts. During the performance of this contract, the submitter agrees that it shall not discriminate on the basis of race, color, religion, sex, national origin, ancestry, age, marital status, physical or cognitive disability, unfavorable discharge from military service, parental status, or sexual orientation in the solicitation for or purchase of goods or services, or the subcontracting of work during the contract term.

In order to be considered responsive, the submitter shall commit to the fullest extent to expend at least 25% of the MBE percentage of the dollar value of the contract with one or more Minority Owned Business Enterprises ("MBE") and at least 5% of the WBE percentage of the dollar value of the contract with one or more Women Business Owned Enterprises ("WBE"). Accordingly, submitting this affidavit shall serve as the submitter's commitment towards the Chicago Park District MBE and WBE goals during the contract term.

During the contract term, the submitter must comply with the Park District's Compliance Conditions which shall be incorporated into the contract and any project award. Further, the contractor shall complete and submit MBE/WBE Utilization Reports, either quarterly or as requested by the Park District. Lastly, the awardee is required to complete a Schedule A (Statement of Prime Submitter Regarding MBE/WBE Utilization Plan), Schedule Bs (Letter of Intent from MBE/WBE to Perform as Subcontractor, Supplier, and/or Consultant), and supply all relevant current certification letters with any project bid unless the goals have been reduced or waived by the CPD.

**Name / Title***(Written Signature of Authorized Representative)*Paul Mulvey, President*(Print or Type Name and Title of Person Signing Statement)***Date:** 10/15/2015**SUBSCRIBED AND SWORN TO BEFORE ME****THIS** 15th **DAY OF** October, 2015*(Notary Public)*

SEAL

