

SCHEDULE A

Statement of Proposer Regarding Its MBE/WBE Utilization Plan TO BE COMPLETED BY THE PROPOSER ONLY

orop	ooser: (Computer Aid, In	c. Project:	Cons. App. Suppo	ort Services for Enterp	prise Apps./CITY-	26835
s th	e propo	oser a certified MBB	EWBE?		MBE: □ Yes X	No WBE: □ Yes	X No
0 11	о ргоре	,00, 4 00, 1,1100		n all current Letters o	of Certification.		
orop	oser as	n of the proposer as a WBE satisfies on ay satisfy one goa	is an MBE satisfies inly the WBE goal; th	NOTE:	the WBE goal must still If be met. Certification o	be met. Certification of the proposer as bo	n of the th MBE
		The	proposer intends to p	erform work in conn	ection with this project as	a:	
A II A	GENDE X Male D Fen	e nale	RACE/ETHNICITY: Black/African A Hispanic America X White America Other the following plan m	ican n in	TYPE OF FIRM: Partnership Sole Proprie X Corporation Joint Ventur Other Other	etorship n rer ————————— organization such as t	the City
of C Red	hicago Iamatio	, Cook County-Illin on District, the Sma	aic the Illinoic Dans	ation, the Chicago N	anagement Services (CN linority Supplier Developr	MOI HIG MICHOPOLICAL	INACTOR
١.	Partic	ipation of MBE/	WBE Firms.				
	involve	ermining the mannerment with MBE/WI	er of MBE/WBE part BE firms as joint ven	icipation in the perfo ture partners, subco	ormance of this contract, ntractors, and suppliers o	the proposer shall coof goods and services	onsider , either
	Le an	etters of Certification and its ownership into	and a copy of the Jerest in the joint vent	oint Venture Agreem ure.	artners are certified MBE: ent clearly describing the	Tote of the MDL/MDL	. 11111(3)
	rel	ated to the perform	ance of this contract	is considered to be i	perform work or supply gondirect participation.	oods or services not	directly
	ME	BEMBE Subcontra	ctors/Suppliers/Cons	ultants:			
	1.	Name of MBE/	WBE: Senryo Ted	hnologies			
		Address: 387	Shuman Blvd, 208	ie, Naperville, IL 6	30563		
		Contact Persor	: Dinkar Karumu	ri	Phone: 630-35	5-7429	
		E-mail: Dinkar	@senryo.com		Fax: 630.364.58	838	
		MBE/WBE Par	ticipation: Dollars	\$1,825,000.00	Percent: 25%		
			ntractor be used fo		participation? (circle o ed? X Yes 🛚 No		

2.	Name of MBE/WBE: Mind Your Manners D.B.A. The William Everett Group				
	Address: 35 East Wacker Drive, Suite 914, Chicago, IL	60601			
	Contact Person: Ellen R. Turner	Phone: 312-564-5680			
	E-mail: e.turner@wegrp.com	Fax: 773-929-4553			
	MBE/WBE Participation: Dollars \$365,000.00	Percent: 5%			
	Will this subcontractor be used for <u>direct</u> or <u>indirect</u> partic Schedule B and all current certification letters attached?				
3.	Name of MBE/WBE:				
	Address:				
	Contact Person:	Phone:			
	E-mail:	Fax:			
	MBE/WBE Participation: Dollars \$	Percent:	%		
	Will this subcontractor be used for <u>direct</u> or <u>indirect</u> participal schedule B and all current certification letters attached?				
4.	Name of MBE/WBE:				
	Address:				
	Contact Person:	Phone:			
	E-mail:	Fax:			
	MBE/WBE Participation: Dollars \$				
	Will this subcontractor be used for <u>direct</u> or <u>indirect</u> participus Schedule B and all current certification letters attached?				
5.	Name of MBE/WBE:				
	Address:				
	Contact Person:	Phone:			
	E-mail:	Fax:			
	MBE/WBE Participation: Dollars \$	Percent:	%		
	Will this subcontractor be used for <u>direct</u> or <u>indirect</u> particip Schedule B and all current certification letters attached?				



A.	MBE Participation:		Description of
	MBE Firm Name	Dollar Amount of Participation	Percent Amount of Participation
	Senryo Technologies	\$ 1,825,000.00	25%
		\$	%
		\$	%
		\$	%
		\$	%
		\$	%
		\$	%
		\$	%
	Total MBE Participation:	\$ 1,825,000.00	25%
В.	WBE Participation:		
	WBE Firm Name	Dollar Amount of Participation	Percent Amount of Participation
	Mind Your Manners (The William Everett Group)	\$ \$365,000.00	5%
		\$	%
	The state of the s	\$	%
		\$	%
		\$	%
		\$	%
		\$	%
		\$	%
	Total WBE Participation:	\$ \$365,000.00	5%
The propos	ser designates the following person as its MBE/WBE	Liaison Officer:	
2: 1 01	(212) 5	46-9457	
Rìch Chan 'Nàme and Ti		(Phone Number)	

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.

Proposer:

Computer Aid, Inc. (CAI)

(Print or Type Name of Business)

Signature:

(Signature of Authorized Officer/Representative)

Date: August 8, 2017

Name/Title:

Thomas C. Weaver, Executive Vice President

(Print or Type Name and Title of Person Signing Statement)

NOTE

If the proposer is a MBE/WBE operating as a joint venture with a non-MBE/WBE firm, then use the signature page that follows instead.

End of Schedule A



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 PROPOSER Consolidated Application Support Services for Enterprise Application/CITY-26835 Project: Senryo Technologies MBE: Yes Q No From: WBE: TYes Tho (Name of MBE/WBE Firm) Computer Aid, Inc. and the Chicago Park District: To: (Name of Proposer) The undersigned intends to perform work in connection with the above projects as a: TYPE OF FIRM (CHECK ONE): RACE/ETHNICITY (CHECK ONE): GENDER: ☐ Black/African American ☐ Partnership Male ☐ Sole Proprietorship Q Female ☐ Hispanic American Or Corporation ☐ Asian American ☐ Joint Venturer ☐ White American Other ___ Other Asian Indias The MBEWBE status of the undersigned is confirmed by the attached current Letters of Certification from public or private entities such as the City of Chicago, Cook County, the Chicago Minority Supplier Development Council (CMSDC), the Women's Business Development Center (WBDC), Illinois Department of Central Management Services (CMS), The Metropolitan Water Reclamation District of Greater Chicago, and the Small Business Administration (SBA). 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: IT Consulting The above described performance is offered for the following price and described terms of payment: 25% of the total contract. Payment 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.



execution of	ned will enter into a written agreement for the above a contract with the Chicago Park District, and will do the Chicago Park District.		
Signature:	(Signature of Owner or Authorized Agent of MBEAWBE)		Date: 8/2/17
Name/Title:	Dinkar Karumuri CEO/President		
	(Print or Type Name and Tille)	and the second s	
Address:	387 Shuman Blvd, Suite 208 E Naperville, II 60	563	
Telephone:	630-355-7429	Fax:	630-364-5838

End of 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 PROPOSER Project: Consolidated Application Support Services for Enterprise Applications/CITY 26835 From: The William Everett Group MBE: Q Yes Q No (Name of MBE/WBE Firm) WBE: x⊠ Yes □ No To: _____ and the Chicago Park District: Computer Aid, Inc. (Name of Proposer) The undersigned intends to perform work in connection with the above projects as a: GENDER: RACE/ETHNICITY (CHECK ONE): TYPE OF FIRM (CHECK ONE): D Male ☑ Black/African American ☐ Partnership ☐ Hispanic American xx Female ☐ Sole Proprietorship ☐ Asian American □ White American ☐ Joint Venturer □ Other ____ ☐ Other The MBEWBE status of the undersigned is confirmed by the attached current Letters of Certification from public or private entities such as the City of Chicago, Cook County, the Chicago Minority Supplier Development Council (CMSDC), the Women's Business Development Center (WBDC), Illinois Department of Central Management Services (CMS), The Metropolitan Water Reclamation District of Greater Chicago, and the Small Business Administration (SBA). 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: The William Everett Group will provide technical consulting staffing services to CAI. The above described performance is offered for the following price and described terms of payment: The William Everett Group will be paid \$365,000.00/ 5% of the contract value of \$7,129,000.00. Payment terms are 30 days net.

If more space is needed to fully describe the MBE/WBE firm's proposed scope of work and/or payment schedule, attach additional sheets.

execution of a	ed will enter into a written agreement for the above work with yo contract with the Chicago Park District, and will do so within three (go Park District.	
Signature:	(Signature of Owner of Authorized Agent of MBE/WBE)	Date: 08/8/2017
Name/Title:	Ellen Rozelle Turner, President and CEO (Print or Type Name and Title)	
Address:	_35 East Wacker Drive, Suite 3900, Chicago, Illinois 6060	1
Telephone:	312-564-5680	Fax: 312-929-4553

End of Schedule B

Certification: View



Certification List

Vendor Information	
Business Name	Senryo, Inc, DBA Senryo Technologies
VendorID	20069497
Primary Owner's Name	Mr. Dinkar Karumuri
Company Type	Corporation
Ethnic Group	Asian American
Gender	Male

Certification Information		
Certifying Agency	City of Chicago	
Certification Type	MBE - Minority Business Enterprise	
Effective Date	10/27/2016	
Renewal Date	9/15/2017	

Contact Information	
Main Company Email	accounts@senryo.com
Main Phone	630-355-7429
Main Fax	630-364-5838
Main Company Website	www.senryo.com

Addresses	
Physical Address	387 SHUMAN BLVD. SUITE 208E NAPERVILLE, IL 60563
Mailing Address	387 SHUMAN BLVD. SUITE 208E NAPERVILLE, IL 60563

Business Capabilities		
Business certified for	NAICS 541511 Cu	stom Computer Programming Services
Full Description of Capabilities/Products	NAICS 541511 Cu	stom Computer Programming Services
Commodity Codes	NAICS 541511	Custom Computer Programming Services (More)

Owner Ethnicity and Gender		
Ethnic Group	Asian American	
Gender	Male	
DBE Ethnic Group	Asian Pacific American	

Location	
County	DuPage (IL)

Additional Information	
Ward	
Community Area	

Certification List

Customer Support

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Certification: View



Certification List

Vendor Information	
Business Name	Senryo, Inc., DBA Senryo Technologies, Inc.
VendorID	20069497
Primary Owner's Name	Mr. Dinkar Karumuri
Company Type	Corporation
Ethnic Group	. Asian Indian
Gender	Male

Certification Information	on
Certifying Agency	Cook County
Certification Type	MBE - Minority Business Enterprise
Effective Date	11/5/2016
Renewal Date	11/5/2017

Contact Information	
Main Company Email	accounts@senryo.com
Main Phone	630-355-7429
Main Fax	630-364-5838
Main Company Website	www.senryo.com

Addresses	
Physical Address	387 SHUMAN BLVD. SUITE 208E NAPERVILLE, IL 60563
Mailing Address	387 SHUMAN BLVD. SUITE 208E Suite 208E NAPERVILLE, IL 60563

Business Capabilities				
Business certified for Technology: Software Development and Information Technology Consulting Certified Partner				
Full Description of Capabilities/Products	Technology: Software Development and Information Technology Consulting; Oracle Certified Partner			
Commodity Codes	NAICS 541511 Computer programming services, custom (More)			

Owner Ethnicity and	Gender	
Ethnic Group	Asian Indian	
Gender	Male	300 800 30 30 30 30 30 30 30 30 30 30 30 30 3

Location	
County	DuPage (IL)

Additional Information			
Service-Disabled Veteran Business	Not Applicable		

Generated by Michelle Parker, Chicago Park District on 8/4/2017

Certification List

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Certification: View



Certification List

Vendor Information	
Business Name	Mind Your Manners Limited dba The William Everett Grou
VendorID	20103020
Primary Owner's Name	Ms. Ellen R. Turner
Company Type	Corporation
Ethnic Group	African-American (Black)
Gender	Female

Certification Information	
Certifying Agency	Cook County
Certification Type	WBE - Women Business Enterprise
Effective Date	12/29/2016
Renewal Date	12/29/2017

Contact Information	
Main Company Email	e.turner@wegrp.com
Main Phone	312-564-5680
Main Fax	312-929-4553
Main Company Website	http://www.wegrp.com

Addresses				
Physical Address	35 East Wacker Drive, Suite 3900 Chicago, IL 60601			
Mailing Address	35 East Wacker Drive, Suite 3900 Chicago, IL 60601			

Business Capabilities					
Business certified for	Technology: Management, Application & Infrastructure Consulting Services; Staffing Training Services				
Full Description of Capabilities/Products	Technology: Management, Application & Infrastructure Consulting Services; Staffing and Training Services				
Commodity Codes	NAICS 541512	Computer software consulting services or consultants (More)			
	NAICS 541513	Computer Facilities Management Services (More)			
	NAICS 561320	Temporary staffing services (More)			
And sales in the sales of the	NAICS 61142	Computer Training (More)			

Owner Ethnicity and Gender	
Ethnic Group	African-American (Black)
Gender	Female

Location		
County	Cook (IL)	and a service of the

Additional Information

Service-Disabled Veteran Business

No

Certification List

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