SCHEDULE A

	Statement of	Prime Submitter Regard	ding Its MBE/W	BE Utili	ization Pl	an		
		TO BE COMPLETED BY	SUBMITTER ONLY		Addams	Recre	ation	Cente
Submit	ter: Burling Builders	, Inc	Project		008-012			000
Is the s	submitter a certified MBE/W	BE?	MBE: 🗵	Yes	☐ No	WBE:	☐ Yes	☑ No
	If y	es, attach all current Le		ation.				
	FICATION OF THE SUBMITTER A FICATION OF THE SUBMITTER A CERTIFICATION OF THE S		Y THE WBE GOA	L; THE	VIBE GOA	L MUST S	TILL BE I	
	The submitter in	tends to perform work in	n connection wi	th this p	oroject as	s a:		
凶	Male Female Q B Q A Q V	E/ETHNICITY: lack/African American lispanic American sian American Vhite American other		☐ Par ☐ Sol	or FIRM: tnership e Proprie poration nt Ventur eer			
such	rticipation of MBE/WBE F	cago Minority Business Center (WBDC), and the irms	Development C e Small Busines	ouncil (ss Admi	(CMBDC inistratior), Wome า.	n Busin	ess
sh	determining the manner of l all consider involvement wit goods and services, either o	h MBE/WBE firms as jo						
A.:	If submitter is a joint ventuattach copies of Letters of the role of the MBE/WBE	Certification and a copy	of the Joint Ve	enture A	Agreemer			
В.	Proposing MBE/WBE subc services not directly relate participation.							
	MBE/WBE Subcontractors	/Suppliers/Consultants:						
	Name of MBE/WBE:	Burling Builders,	Inc					
		h Street, Chicago					-	
	Contact Person: Joe	Targett		Phone	773-2	241-682	1	
	E-mail: Jtargett@b	urlingbuilders.com	1	1	Fax: _773	3-304-1	457	
	MBE WBE Participation	on: Dollars \$ 4,295,00	0.00	Percer	nt:	19.2		%
		be used for direct or increment certification letters		ion? (ci □ Yes				

2. Name of MBE/WBE: M Cannon Roof	
Address: 1238 Remington Road,	Schaumburg, IL 60173
Contact Person: Mark Cannon	Phone: 847-519-0698
E-mail:mark@mcannonroofing.co	Fax: <u>847-519-0670</u>
	Percent: 6.2
Will this subcontractor be used for direct Schedule B and all current certification	or indirect participation? (circle one)
3. Name of MBE/WBE: May Aire Heat	ing & Cooling Co., Inc
Address: 698 N. Larch Ave, Elml	hurst, IL 60126
Contact Person: Gina M. Ciconte	Phone: 630-516-1050
	Fax: 630-279-8730
	779,500.00 Percent: 8.0
4. Name of MBE/WBE:	
Address:	
	Phone:
E-mail:	Fax:
MBE/WBE Participation: Dollars \$	Percent:
Will this subcontractor be used for direct	
Schedule B and all current certification	letters attached? ☐ Yes ☐ No
5. Name of MBE/WBE:	
Address:	
	Phone:
E-mail:	Fax:
MBE/WBE Participation: Dollars \$	Percent:
Will this subcontractor be used for direct	t or indirect participation? (circle one)
Schedule B and all current certification	letters attached? ☐ Yes ☐ No

P-16008-012

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II. Summary of MBE/WBE Proposal:

A. MBE Proposal:

MBE Participation: MBE Firm Name	Dollar Amount of Participation	Percent Amo Participation	unt of
Burling Builders, Inc	\$ 4,295,000.00	19.2	%
M. Cannon Roofing	\$_1,376,000.00	6.2	%
	\$		%
	\$		%
	\$		%
	<u> </u>		%
	\$		%
	\$		%
Total MBE Participation:	\$_5,671,000.00	25.4	%
WBE Participation:WBE Firm Name	Dollar Amount of Participation	Percent Amo Participation	unt of
Mayaire	\$ 1,779,500.00	8.0	%
Mayarre	\$ \$		^
	\$		^
	\$		%
			% %
	\$		
	\$		%
-	\$		%
T-I-LIMPE D-Historia	\$\$ \$1,779,500.00	8.0	%
Total WBE Participation:	\$ 1,773,300.00		%
ne submitter designates the following person a	as its MBE/WBE Liaison Officer:		
Sharmel Brown	(773) 241-6815		
ame and Title)	(Phone Number)		
orown@burlingbuilders.com			

P-16008-012

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 hat h

Submitter:

Burling Builders, Inc

(Print or Type Name of Business)

Signature:

(Wyden Signature of Authorized Officer/Representative)

Date: September 5, 2018

Name/Title:

Joe Targett - Vice President of Operations

(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 signature page on the page that follows instead.

End of Schedule A

SCHEDULE B

		O NOT FILL OUT OR SIGN THIS FORM IF		
Project	Jane Addam	s Recreation Center P-1600	08-012	
From:		ilders, Inc		MBE: 2 Yes D No
To:	(Name of MBE/W	A dama or an	t hac	WBE: Q Yes Q No ne Chicago Park District:
1.0.		ontractor-Submitter)	and the	ie Chicago Faik District.
	The under	signed intends to perform work in c	connection with the above p	rojects as a:
	GENDER:	RACE/ETHNICITY:	TYPE OF FIRM:	
	Male Male	Black/African American	 Partnership 	
	☐ Female	☐ Hispanic American	☐ Sole Proprietorsh	nip
		☐ Asian American	Corporation	
		☐ White American	☐ Joint Venturer	
		Other	Other	
(CMI	BDC), the Wom	ies such as the City of Chicago, the en's Business Development Center Attach all current certification le prepared to provide the following se with the above pro-	(WBDC), and the Small Buetters behind Schedule Burvices or supply the following	siness Administration.
Gener	al Condition	ns/OH&P, Earthwork and Carp	pentry	
Th	e above describ	ped performance is offered for the fo	ollowing price and describe	d terms of payment:
\$4,29	5,000.00			
The und	dersigned will er	eded to fully describe the MBE/WBI schedule, attach add nter into a written agreement for the execution of a contract with the Chi	litional sheets. above work with you as pr	ime contractor,
working	days of receipt	of a signed contract from the Chica	ago Park District.	as se main (o) unos
Signatu	re:	O Owner or Authorize Agent of MBE/WE	Date:	September 5, 2018
Name/T		rgett - Vice President of Type Name and Title)	Operations	
Address		Street, Chicago, IL		
Telepho	ne: <u>773-241</u> -	6810	Fax: 773-304-145	7

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: Jane Addams Recreation Center P-16008-012 From: WBE: Yes No (Name of MBE/WBE Firm) Builder To: 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: RACE/ETHNICITY: TYPE OF FIRM: Black/African American Male ☐ Partnership ☐ Female ☐ Hispanic American ☐ Sole Proprietorship ☐ Asian American Corporation □ 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, 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: The above described performance is offered for the following price and described terms of payment: ,376,000.00 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: or Authorized Agent of MBE/WBE) Name/Title: Address: Telephone:

End of Schedule B

SCHEDULE B

		ntent from MBE/WBE to Perform a O NOT FILL OUT OR SIGN THIS FORM I		
Project	: Jane Addam	s Recreation Center P-160	08-012	
From:	May-Aire Hea	iting & Cooling Co., Inc.		MBE: □ Yes □ No
	(Name of MBE/WBE Firm)			WBE: Yes N
To:	Burling Builde		and the	ne Chicago Park Distric
	(Name of Prime C	ontractor-Submitter)		*
	The unde	rsigned intends to perform work in	connection with the above p	orojects as a:
	GENDER: ☐ Male ☑ Female	RACE/ETHNICITY: □ Black/African American □ Hispanic American □ Asian American □ White American □ Other	TYPE OF FIRM: Partnership Sole Proprietors Corporation Joint Venturer Other	
	undersigned is	prepared to provide the following s with the above pi	services or supply the following in the	ng goods in connection
Т	he above descr	bed performance is offered for the	e following price and describe	ed terms of payment;
	\$1,779,500.	00		
lf r	more space is no	eeded to fully describe the MBE/W schedule, attach a		work and/or payment
condit workir	ioned upon your ng days of receip	enter into a written agreement for the execution of a contract with the Cot of a signed contract from the Ch	thicago Park District, and will leago Park District. /	I do so within (3) three
Signa		ure of Owner or Authorized Agent of MBE/		8/27/2018
Nama		a M Clconte, President		
Name	(Print o	r Type Name and Title)		
Addre	ss: 698 N. La	rch Ave. Elmhurst, IL 60126		
Telen	hone: 630-516	-1050	Fax: 630-279-8730)
· Orch	75.10 === = 7.5			

End of Schedule B



BURLING BUILDERS, INC.



* Nationally certified by the: CHICAGO MINORITY SUPPLIER DEVELOPMENT COUNCIL

*NAICS Code(s): 236115; 236116; 236118; 236210; 236220

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

08/31/2018

Issued Date

Louis Green

CH02304

Certificate Number

Shelia C. Morgan

Expiration Date

08/31/2019

By using your password (NMSDC issued only), authorized users may log into NMSDC Central to view the entire profile: http://nmsdc.org

Certify, Develop, Connect, Advocate.

* MBEs certified by an Affiliate of the National Minority Supplier Development Council, Inc.®

Certification: View



Certification List

Vendor Information	
Business Name	M. Cannon Roofing Co., LLC
VendorID	20072601
Primary Owner's Name	Mr. Mark Cannon
Company Type	Corporation
Ethnic Group	African-American (Black)
Gender	Male

Certification Information	
Certifying Agency	Cook County
Certification Type	MBE - Minority Business Enterprise
Effective Date	5/21/2018
Renewal Date	5/21/2019 🗸

Contact Information			
Main Company Email	mark@mcannonroofing.com		
Main Phone	847-519-0698		
Main Fax	847-519-0870		
Main Company Website	http://www.mcannonroofing.com		

Addresses	
Physical Address	1238 Remington Rd Schaumburg, IL 60173
Mailing Address	1238 Remington Rd Schaumburg, IL 60173

Business Capabilities			
Business certified for	Construction: Ro	ofing Contractor	
Full Description of Capabilities/Products	Construction: Ro	onstruction: Roofing Contractor	
Commodity Codes	NAICS 23816	Roofing Contractors (More)	

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

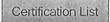
Location		
County	Cook (IL)	

Additional Information				
Service-Disabled Veteran Business	Not Applicable			

Certification List

Certification: View





Vendor Information			
Business Name	MAY AIRE HTG & COOLING CO., INC, DBA GINA CICONTE		
VendorID	20094000		
Primary Owner's Name	Loretta Ciconte, L.		
Company Type	Corporation		
Ethnic Group	Caucasian		
Gender	Female		

Certification Information		
Certifying Agency	City of Chicago	
Certification Type	WBE - Women Business Enterprise	
Effective Date	3/28/2018	
Renewal Date	2/15/2019 🗸	

Contact Information		
Main Company Email	Gina@mayaire.com	
Main Phone	630-516-1050	
Main Fax	630-516-1050	
Main Company Website	http://www.mayaire.com	

Addresses		
Physical Address	698 N. Larch Ave. ELMHURST, IL 60126-1522	
Mailing Address	698 Larch Ave. Elmhurst, IL 60126	

Business Capabilities			
Business certified for	NAICS 238220 Heating, ventilation and air-conditioning (HVAC) contractors		
Full Description of Capabilities/Products	NAICS 238220 Heating, ventilation and air-conditioning (HVAC) contractors		
Commodity Codes	NAICS 238220	Heating, ventilation and air-conditioning (HVAC) contractors (More)	

Owner Ethnicity and Gender		
Ethnic Group	Caucasian	
Gender	Female	
DBE Ethnic Group	Caucasian	

Location	
County	DuPage (IL)

Additional Information		
Ward		
Community Area		