SCHEDULE A

Affidavit of Bidder/Proposer MBE / WBE Goal Implementation Plan

Contract Name:  

State of:  
County of:  

In connection with the above - captioned contract:

I HEREBY DECLARE AND AFFIRM that I am a duly authorized representative of:

(print name of bidder/proposer)

(print and sign signature of bidder/proposer)

and that I have personally reviewed the material and facts set forth herein describing our proposed plan to achieve the MBE/WBE goals of this contract.

All MBE/WBE firms included in this plan have been certified as such by approved certifying agencies, (Letters of Certification attached).

SECTION I. DIRECT PARTICIPATION OF CERTIFIED MBE/WBE FIRMS IN THE PERFORMANCE OF THIS CONTRACT

(Note: The bidder/proposer shall, in determining the manner of MBE/WBE participation, must first consider involvement with MBE/WBE firms as joint venture partners, subcontractors, and suppliers of goods and services directly related to the performance of this contract).

A. If bidder/proposer is a certified MBE or WBE firm, attach a copy of the Letter of Certification. (Certification of the bidder/proposer as an MBE satisfies the MBE goal only. Certification of the bidder/proposer as a WBE satisfies the WBE goal only.)

B. If bidder/proposer is a joint venture and one or more joint venture partners are certified MBEs or WBEs, attach copies of Letters of Certification and a copy of Joint Venture Agreement clearly describing the role of the MBE/WBE goal only.

C. Certified MBE/WBE Subcontractors/Suppliers/Consultants:

1. Name of MBE/WBE: _________________________________  
Address: _________________________________  
Telephone Number: _________________________________  
Contact Person: _________________________________  
Dollar Amount of Participation: $_______________  
Percent Amount of Participation: ________________%  
Schedule C attached ?   Yes (  )   No (  )   
C. Certified MBE/WBE Subcontractors/Suppliers/Consultants - Continued:  

2. Name of MBE/WBE: _________________________________  

City Colleges of Chicago  
December 14, 2009
Address: _________________________________________________

Telephone Number: _________________________________________________

Contact Person: ________________________________________________________

Dollar Amount of Participation: $_______________

Percent Amount of Participation: ________________%

Schedule C attached ?:   Yes ( ) No ( )

3. Name of MBE/WBE: _________________________________________________

Address: _________________________________________________

Telephone Number: _________________________________________________

Contact Person: ________________________________________________________

Dollar Amount of Participation: $_______________

Percent Amount of Participation: ________________%

Schedule C attached ?:   Yes ( ) No ( )

4. Name of MBE/WBE: _________________________________________________

Address: _________________________________________________

Telephone Number: _________________________________________________

Contact Person: ________________________________________________________

Dollar Amount of Participation: $_______________

Percent Amount of Participation: ________________%

Schedule C attached ?:   Yes ( ) No ( )

All Schedule C and Letters of Certification must be submitted with bid/proposals. Please duplicate this blank page when additional certified MBE/WBE subcontractors are being used on this contract.
SECTION II. INDIRECT PARTICIPATION OF CERTIFIED MBE/WBE FIRMS

(Note: This section need not be completed if the MBE/WBE goals have been met through the direct participation outlined in Section I. If the MBE/WBE goals have not been met through direct participation, Contractor will be required to demonstrate that the proposed MBE/WBE direct participation represents the maximum achievable under the circumstances. After such a demonstration is presented, in writing, with the bid/proposal then indirect participation will be considered).

1. Name of MBE/WBE: _________________________________________________
   Address: __________________________________________________________
   Telephone Number: _________________________________________________
   Contact Person: ______________________________________________________
   Dollar Amount of Participation: $_______________
   Percent Amount of Participation: ________________%
   Schedule C attached ?:   Yes ( ) No ( )

2. Name of MBE/WBE: _________________________________________________
   Address: __________________________________________________________
   Telephone Number: _________________________________________________
   Contact Person: ______________________________________________________
   Dollar Amount of Participation: $_______________
   Percent Amount of Participation: ________________%
   Schedule C attached ?:   Yes ( ) No ( )

3. Name of MBE/WBE: _________________________________________________
   Address: __________________________________________________________
   Telephone Number: _________________________________________________
   Contact Person: ______________________________________________________
   Dollar Amount of Participation: $_______________
   Percent Amount of Participation: ________________%
   Schedule C attached ?:   Yes ( ) No ( )

4. Name of MBE/WBE: _________________________________________________
   Address: __________________________________________________________
   Telephone Number: _________________________________________________
   Contact Person: ______________________________________________________
   Dollar Amount of Participation: $_______________
Percent Amount of Participation: ________________%

Schedule C attached?: Yes ( ) No ( )

All Schedule C and Letters of Certification must be submitted with bid/proposals. Please duplicate this blank page when using additional certified MBE/WBE subcontractors are being used on this project.

SECTION III. Summary of MBE/WBE Proposal

A. MBE PROPOSAL

1. MBE Direct Participation (refer to Section I):

<table>
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<tr>
<th>MBE Firm</th>
<th>Dollar Amount</th>
<th>Percent Amount</th>
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2. MBE Indirect Participation (refer to Section II):

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<th>MBE Firm</th>
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B. WBE PROPOSAL

1. WBE Direct Participation (refer to Section I):

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<th>WBE Firm</th>
<th>Dollar Amount</th>
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2. WBE Indirect Participation (refer to Section II):

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<th>WBE Firm</th>
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IN WITNESS WHEREOF, I HEREBY SET MY HAND AND OFFICIAL SEAL.

_______________________________________________
(Signature of Notary Public)

My Commission Expires: ___________________________(Seal)
SCHEDULE C
Letter of Intent from Certified MBE/WBE
To Perform As
Subcontractor, Subconsultant and/or Material Supplier

Name of Project: ______________________________________________________________

From: ___________________________________________ MBE _______ WBE _______

(Name of Certified MBE or WBE)

To:___________________________________________________________________________

(Name of Prime Contractor or General Bidder/Proposer)

The undersigned intends to perform work in connection with the above-referenced project as (check one):

______ A Sole Proprietor  ________ A Corporation

______ A Partnership  ________ A Joint Venture

The MBE/WBE status of the undersigned is confirmed by the attached Letter of Certification, dated firm, a Joint Venture agreement.

The undersigned is prepared to provide the following described service(s) and or goods in connection with above-named project:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

The above described service(s) or goods from the above-named certified MBE/WBE are offered for the following price, with terms of payment as stipulated in the Contract Documents, provided below: Price $_____________________

Terms of Payment  ______________________________________________________________

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
**Partial Pay Item(s)**

Do you as the Prime Contractor anticipate any partial payment items?  Yes (  )No (  )
If your response is yes, please indicate which partial pay items are to be made, specifically describe the work and subcontract dollar amount:

1. Description of Work ____________________________________________________________
   ___________________________________ Dollar Amount $ ________________

2. Description of Work ____________________________________________________________
   ___________________________________ Dollar Amount $ ________________
If more space is needed to add additional scope of work descriptions or more fully describe the certified MBE/WBE firm’s proposed scope of work and/or payment schedule, attach additional sheet(s).

**Sub-Contracting Levels**

If MBE/WBE subcontractor will not be sub-contracting any of the work described in this Schedule, a zero (0) must be filled in each blank below.

______% of the dollar value of the certified MBE/WBE subcontract will be sublet to non-MBE contractors.

______% of the dollar value of the certified MBE/WBE subcontract to other certified MBE/WBE contractors.

If more than 10% percent of the value of the certified MBE/WBE subcontractor’s scope of work will be sublet, a brief explanation and description of the work to be sublet must be provided on a separate sheet. The undersigned certified MBE/WBE will enter into a formal agreement for the above work with you as a Prime Contractor, conditioned upon your execution of a contract with the City Colleges of Chicago, and will do so within five (5) working days of receipt of Contract Award notification.

By:_________________________________________________________________________
Print Name of MBE/WBE
Print and Sign Signature of Prime Contractor Authorized Representative
Phone: (          ) ____________________ Date: ______________

**IF APPLICABLE for Joint Ventures:**

By:_________________________________________________________________________
Print Name of Joint Venture Partner
Print and Sign Signature of Joint Venture Partner Authorized Representative
Phone: (          ) ____________________ Date: ______________