

**CHICAGO HOUSING AUTHORITY**  
**Department of Procurement and Contracts Contract Compliance Division**

**SCHEDULE A - MBE/WBE/DBE UTILIZATION PLAN**  
**(To be completed by PRIME CONTRACTORS)**

SPEC. OR RFP OR PURCHASE ORDER NO: \_\_\_\_\_

SPEC OR RFP TITLE: \_\_\_\_\_

PRIME CONTRACTOR NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_

FEDERAL TAX IDENTIFICATION OR SOCIAL SECURITY NO. : \_\_\_\_\_

CONTRACT AMOUNT: \$ \_\_\_\_\_ MBEWBE TOTAL: \$ \_\_\_\_\_

**I. DIRECT PARTICIPATION**

The Contractor shall in determining the manner of MBE/WBE/DBE participation, first consider involvement with MBE/WBE/DBE companies as subcontractors, suppliers of goods and services, or as joint venture partners, directly related to the performance of this contract. MBE/WBE/DBEs utilized for direct or indirect participation must be currently certified by one of the following agencies: City of Chicago, METRA, PACE, Cook County, State of Illinois - Central Management Services (CMS), Women Business Development Center (WBDC), Chicago Transit Authority (CTA), the Chicago Minority Business Development Council (CMBDC), Illinois Department of Transportation (IDOT), and/or the Small Business Administration (SBA 8(a)). **Firms seeking M/W/DBE subcontracting credit via Direct or Indirect participation must include one (1) current certification from CHA approved certifying agencies. A copy of a current Letter of Certification is required. Applications for certified status will not be accepted.** For contractors whose principal business address is located out of the metropolitan Chicago area, certification of comparable agencies will be considered.

A. COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

MBE/WBE/DBE DOLLARS: \_\_\_\_\_

WORK TO BE PERFORMED/MATERIALS SUPPLIED: \_\_\_\_\_

Anticipated Timeframe for performance: \_\_\_\_\_

At what percentage of project is work to be performed by this subcontractor? \_\_\_\_\_

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B. COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TELEPHONE:( ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

MBE/WBE/DBE DOLLARS: \_\_\_\_\_

WORK TO BE PERFORMED/MATERIALS SUPPLIED: \_\_\_\_\_

Anticipated Timeframe for performance: \_\_\_\_\_

At what percentage of project is work to be performed by this subcontractor? \_\_\_\_\_

C. COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TELEPHONE:( ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

MBE/WBE/DBE DOLLARS: \_\_\_\_\_

WORK TO BE PERFORMED/MATERIALS SUPPLIED: \_\_\_\_\_

Anticipated Timeframe for performance: \_\_\_\_\_

At what percentage of project is work to be performed by this subcontractor? \_\_\_\_\_

D. COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TELEPHONE:( ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

MBE/WBE/DBE DOLLARS: \_\_\_\_\_

WORK TO BE PERFORMED/MATERIALS SUPPLIED: \_\_\_\_\_

Anticipated Timeframe for performance: \_\_\_\_\_

At what percentage of project is work to be performed by this subcontractor? \_\_\_\_\_

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**II. INDIRECT PARTICIPATION**

This section need not be completed if the MBE/WBE/DBE goal has been met through item I. DIRECT participation as outlined in *Article I of the Amendment to Special Conditions MBE/WBE/DBE Utilization Plan*.

After exhausting reasonable good faith efforts and with prior CHA approval, the bidder/proposer may also meet all or part of the CHA's MBE/WBE/DBE commitment goals by contracting with MBE/WBE/DBEs for the provision of goods and services not directly related to the performance of the contract. Indirect participation can be demonstrated by providing copies of canceled checks (both front and back) paid to the certified subcontractors, and a Letter of Certification that was current at the time the checks were issued to the subcontractor. Indirect participation must have occurred within a six month period of the dates of this contract and will not be considered as acceptable participation on multiple contracts or for use on more than one contract.

A. COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TELEPHONE:( ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

MBE/WBE/DBE DOLLARS: \_\_\_\_\_

WORK TO BE PERFORMED/MATERIALS SUPPLIED: \_\_\_\_\_

Timeframe for performance: \_\_\_\_\_

B. COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TELEPHONE:( ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

MBE/WBE/DBE DOLLARS: \_\_\_\_\_

WORK TO BE PERFORMED/MATERIALS SUPPLIED: \_\_\_\_\_

Timeframe for performance: \_\_\_\_\_

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C. COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_  
MBE/WBE/DBE DOLLARS: \_\_\_\_\_  
WORK TO BE PERFORMED/MATERIALS SUPPLIED: \_\_\_\_\_  
Timeframe for performance: \_\_\_\_\_

D. COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_  
MBE/WBE/DBE DOLLARS: \_\_\_\_\_  
WORK TO BE PERFORMED/MATERIALS SUPPLIED: \_\_\_\_\_  
Timeframe for performance: \_\_\_\_\_

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**AFFIDAVIT OF PRIME CONTRACTOR**

To the best of my knowledge, information and belief, the facts and representations contained in this Schedule A are true and no material facts have been omitted.

The undersigned will enter into agreements with the above listed companies for work as indicated on this Schedule A within five (5) days after receipt of a signed contract executed by the Chicago Housing Authority. Copies of agreements including but not limited to joint ventures, subcontracts, supplier agreements, purchase orders referencing the SPEC., RFP, or Purchase Order Number shall be forwarded to the Procurement & Contracts Department, Contract Compliance Section, 626 West Jackson, 2nd Floor., Chicago, Illinois 60661.

I do solemnly declare and affirm under the penalty of perjury that the contents of the forgoing document are true and correct, and that I am authorized on behalf of the Prime Contractor to make this affidavit.

NAME OF PRIME CONTRACTOR (Print or Type)

\_\_\_\_\_

NAME OF AUTHORIZED OFFICER

\_\_\_\_\_ Date \_\_\_\_\_

NAME OF AFFIANT (Print or Type)

\_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

BEFORE ME APPEARED (NAME) \_\_\_\_\_

TO ME PERSONALLY KNOWN WHO, BEING DULY SWORN, DID EXECUTE THE FOREGOING AFFIDAVIT,

AND DID STATE THAT HE OR SHE WAS PROPERLY

AUTHORIZED BY (NAME OF COMPANY) \_\_\_\_\_ TO

EXECUTE THIS AFFIDAVIT AND DID SO AS HIS OR HER FREE ACT AND DEED.

NOTARY PUBLIC \_\_\_\_\_ (SEAL)

COMMISSION EXPIRES: \_\_\_\_\_