

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

**SCHEDULE A – M/W/DBE UTILIZATION PLAN**  
**(To Be Completed by PRIME CONTRACTOR)**

RFP/IFB/CONTRACT/PURCHASE ORDER NO: \_\_\_\_\_ DATE FORM SUBMITTED: \_\_\_\_\_

PROJECT TITLE: \_\_\_\_\_

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

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

CONTACT NAME/TITLE: \_\_\_\_\_

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

Certification Status: MBE \_\_\_ WBE \_\_\_ DBE \_\_\_ Certified By: \_\_\_\_\_

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

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

CONTRACT AMOUNT: \$ \_\_\_\_\_

M/W/DBE TOTAL: \$ \_\_\_\_\_

M/W/DBE TOTAL PERCENTAGE: \_\_\_\_\_%

*NOTE: The M/W/DBE Total represents the sum of all of the subcontracts listed on this Schedule A, including Self-Performing Prime's portion.*

PRIME SELF-PERFORMER? Yes \_\_\_ NO \_\_\_ IF YES, SELF-PERFORMANCE AMOUNT: \$ \_\_\_\_\_ % \_\_\_\_\_

The Contractor shall in determining the manner of M/W/DBE participation, first consider **Direct Participation** with M/W/DBE companies as subcontractors, suppliers of goods and services, or as joint venture partners, directly related to the performance of this contract. After exhausting reasonable good faith efforts and with prior CHA approval, the bidder/proposer may also meet all or part of the CHA's M/W/DBE commitment goals, through **Indirect Participation**, by contracting with M/W/DBEs for the provision of goods and services not directly related to the performance of the contract/scope of work. 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 (must be entered into B2Gnow and Contract Compliance Specialist will approve). Indirect participation must occur within this contract period and will not be considered as acceptable participation on multiple contracts.

Firms seeking M/W/DBE subcontracting credit via Direct or Indirect participation must include **one (1) current certification** from a CHA approved certifying agency. A copy of a current Letter of Certification is required. Applications for certified status will not be accepted. M/W/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 Supplier Development Council (CMSDC), Illinois Department of Transportation (IDOT), and/or the Small Business Administration (SBA 8(a)). For contractors whose principal business address is located outside of the metropolitan Chicago area, certification of comparable agencies will be considered.

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**I. DIRECT PARTICIPATION**

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

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

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

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

ORIGINAL M/W/DBE DOLLAR VALUE: \_\_\_\_\_ % of Total Contract Value: \_\_\_\_\_

AMENDED M/W/DBE DOLLAR VALUE: \_\_\_\_\_ % of Total Contract Value: \_\_\_\_\_

*NOTE: Amended Dollar Value only used when changes are made and approved by Compliance during a contract.*

WORK TO BE PERFORMED/MATERIALS SUPPLIED:

\_\_\_\_\_

Anticipated Performance Timeframe (When will the contractor be onsite performing the work and for how long):

\_\_\_\_\_

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

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

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

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

ORIGINAL M/W/DBE DOLLAR VALUE: \_\_\_\_\_ % of Total Contract Value: \_\_\_\_\_

AMENDED M/W/DBE DOLLAR VALUE: \_\_\_\_\_ % of Total Contract Value: \_\_\_\_\_

*NOTE: Amended Dollar Value only used when changes are made and approved by Compliance during a contract.*

WORK TO BE PERFORMED/MATERIALS SUPPLIED:

\_\_\_\_\_

Anticipated Performance Timeframe (When will the contractor be onsite performing the work and for how long):

\_\_\_\_\_

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

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

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

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

ORIGINAL M/W/DBE DOLLAR VALUE: \_\_\_\_\_ % of Total Contract Value: \_\_\_\_\_

AMENDED M/W/DBE DOLLAR VALUE: \_\_\_\_\_ % of Total Contract Value: \_\_\_\_\_

*NOTE: Amended Dollar Value only used when changes are made and approved by Compliance during a contract.*

WORK TO BE PERFORMED/MATERIALS SUPPLIED:

\_\_\_\_\_

Anticipated Performance Timeframe (When will the contractor be onsite performing the work and for how long):

\_\_\_\_\_

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D. COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ TELEPHONE:(    ) \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_  
ORIGINAL M/W/DBE DOLLAR VALUE: \_\_\_\_\_ % of Total Contract Value: \_\_\_\_\_  
AMENDED M/W/DBE DOLLAR VALUE: \_\_\_\_\_ % of Total Contract Value: \_\_\_\_\_  
*NOTE: Amended Dollar Value only used when changes are made and approved by Compliance during a contract.*  
WORK TO BE PERFORMED/MATERIALS SUPPLIED:

\_\_\_\_\_

Anticipated Performance Timeframe (When will the contractor be onsite performing the work and for how long):

\_\_\_\_\_

E. COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ TELEPHONE:(    ) \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_  
ORIGINAL M/W/DBE DOLLAR VALUE: \_\_\_\_\_ % of Total Contract Value: \_\_\_\_\_  
AMENDED M/W/DBE DOLLAR VALUE: \_\_\_\_\_ % of Total Contract Value: \_\_\_\_\_  
*NOTE: Amended Dollar Value only used when changes are made and approved by Compliance during a contract.*  
WORK TO BE PERFORMED/MATERIALS SUPPLIED:

\_\_\_\_\_

Anticipated Performance Timeframe (When will the contractor be onsite performing the work and for how long):

\_\_\_\_\_

F. COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ TELEPHONE:(    ) \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_  
ORIGINAL M/W/DBE DOLLAR VALUE: \_\_\_\_\_ % of Total Contract Value: \_\_\_\_\_  
AMENDED M/W/DBE DOLLAR VALUE: \_\_\_\_\_ % of Total Contract Value: \_\_\_\_\_  
*NOTE: Amended Dollar Value only used when changes are made and approved by Compliance during a contract.*  
WORK TO BE PERFORMED/MATERIALS SUPPLIED:

\_\_\_\_\_

Anticipated Performance Timeframe (When will the contractor be onsite performing the work and for how long):

\_\_\_\_\_

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G. COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ TELEPHONE:(    ) \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_  
ORIGINAL M/W/DBE DOLLAR VALUE: \_\_\_\_\_ % of Total Contract Value: \_\_\_\_\_  
AMENDED M/W/DBE DOLLAR VALUE: \_\_\_\_\_ % of Total Contract Value: \_\_\_\_\_  
*NOTE: Amended Dollar Value only used when changes are made and approved by Compliance during a contract.*  
WORK TO BE PERFORMED/MATERIALS SUPPLIED:

\_\_\_\_\_

Anticipated Performance Timeframe (When will the contractor be onsite performing the work and for how long):

\_\_\_\_\_

H. COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ TELEPHONE:(    ) \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_  
ORIGINAL M/W/DBE DOLLAR VALUE: \_\_\_\_\_ % of Total Contract Value: \_\_\_\_\_  
AMENDED M/W/DBE DOLLAR VALUE: \_\_\_\_\_ % of Total Contract Value: \_\_\_\_\_  
*NOTE: Amended Dollar Value only used when changes are made and approved by Compliance during a contract.*  
WORK TO BE PERFORMED/MATERIALS SUPPLIED:

\_\_\_\_\_

Anticipated Performance Timeframe (When will the contractor be onsite performing the work and for how long):

\_\_\_\_\_

I. COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ TELEPHONE:(    ) \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_  
ORIGINAL M/W/DBE DOLLAR VALUE: \_\_\_\_\_ % of Total Contract Value: \_\_\_\_\_  
AMENDED M/W/DBE DOLLAR VALUE: \_\_\_\_\_ % of Total Contract Value: \_\_\_\_\_  
*NOTE: Amended Dollar Value only used when changes are made and approved by Compliance during a contract.*  
WORK TO BE PERFORMED/MATERIALS SUPPLIED:

\_\_\_\_\_

Anticipated Performance Timeframe (When will the contractor be onsite performing the work and for how long):

\_\_\_\_\_

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**II. INDIRECT PARTICIPATION**

A. COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ TELEPHONE:( ) \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_  
ORIGINAL M/W/DBE DOLLAR VALUE: \_\_\_\_\_ % of Total Contract Value: \_\_\_\_\_  
AMENDED M/W/DBE DOLLAR VALUE: \_\_\_\_\_ % of Total Contract Value: \_\_\_\_\_  
*NOTE: Amended Dollar Value only used when changes are made and approved by Compliance during a contract.*  
WORK TO BE PERFORMED/MATERIALS SUPPLIED:  
\_\_\_\_\_

Anticipated Performance Timeframe (When will the contractor be onsite performing the work and for how long):  
\_\_\_\_\_

B. COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ TELEPHONE:( ) \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_  
ORIGINAL M/W/DBE DOLLAR VALUE: \_\_\_\_\_ % of Total Contract Value: \_\_\_\_\_  
AMENDED M/W/DBE DOLLAR VALUE: \_\_\_\_\_ % of Total Contract Value: \_\_\_\_\_  
*NOTE: Amended Dollar Value only used when changes are made and approved by Compliance during a contract.*  
WORK TO BE PERFORMED/MATERIALS SUPPLIED:  
\_\_\_\_\_

Anticipated Performance Timeframe (When will the contractor be onsite performing the work and for how long):  
\_\_\_\_\_

C. COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ TELEPHONE:( ) \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_  
ORIGINAL M/W/DBE DOLLAR VALUE: \_\_\_\_\_ % of Total Contract Value: \_\_\_\_\_  
AMENDED M/W/DBE DOLLAR VALUE: \_\_\_\_\_ % of Total Contract Value: \_\_\_\_\_  
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WORK TO BE PERFORMED/MATERIALS SUPPLIED:  
\_\_\_\_\_

Anticipated Performance Timeframe (When will the contractor be onsite performing the work and for how long):  
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D. COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ TELEPHONE:( ) \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_  
ORIGINAL M/W/DBE DOLLAR VALUE: \_\_\_\_\_ % of Total Contract Value: \_\_\_\_\_  
AMENDED M/W/DBE DOLLAR VALUE: \_\_\_\_\_ % of Total Contract Value: \_\_\_\_\_  
*NOTE: Amended Dollar Value only used when changes are made and approved by Compliance during a contract.*  
WORK TO BE PERFORMED/MATERIALS SUPPLIED:

\_\_\_\_\_

Anticipated Performance Timeframe (When will the contractor be onsite performing the work and for how long):

\_\_\_\_\_

E. COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ TELEPHONE:( ) \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_  
ORIGINAL M/W/DBE DOLLAR VALUE: \_\_\_\_\_ % of Total Contract Value: \_\_\_\_\_  
AMENDED M/W/DBE DOLLAR VALUE: \_\_\_\_\_ % of Total Contract Value: \_\_\_\_\_  
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WORK TO BE PERFORMED/MATERIALS SUPPLIED:

\_\_\_\_\_

Anticipated Performance Timeframe (When will the contractor be onsite performing the work and for how long):

\_\_\_\_\_

F. COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ TELEPHONE:( ) \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_  
ORIGINAL M/W/DBE DOLLAR VALUE: \_\_\_\_\_ % of Total Contract Value: \_\_\_\_\_  
AMENDED M/W/DBE DOLLAR VALUE: \_\_\_\_\_ % of Total Contract Value: \_\_\_\_\_  
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WORK TO BE PERFORMED/MATERIALS SUPPLIED:

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Anticipated Performance Timeframe (When will the contractor be onsite performing the work and for how long):

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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, 60 East Van Buren, 13<sup>th</sup> Floor, Chicago, IL 60605.

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)**

\_\_\_\_\_

**AUTHORIZED OFFICER**

\_\_\_\_\_

Name

Signature

Date

**NAME OF NOTARY (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:

\_\_\_\_\_