



SCHEDULE D-3
Affidavit of Prime Contractor
Task Order Services Contracts
MBE/WBE Compliance Plan

**FOR
 TASK ORDER
 SERVICES
 CONTRACTS ONLY**

**MUST BE SUBMITTED WITH THE BID. FAILURE TO SUBMIT THE SCHEDULE D-3 WILL CAUSE THE
 BID TO BE REJECTED. DUPLICATE AS NEEDED.**

Contract PO No.: _____

Task Order Project Description: _____

I HEREBY DECLARE AND AFFIRM that I am the _____ and a duly authorized
 representative of _____
 (Title of Affiant)

 (Name of Prime Consultant/Contractor)

and that I have personally reviewed the material and facts submitted with the Schedule C-3s regarding Minority Business Enterprise (MBE) and Women Business Enterprise (WBE) to perform as a subcontractor/sub-consultant/ or supplier. All MBE/WBE firms included in this plan have been certified as such by the City of Chicago or Cook County (current letter of certification attached).

I. Complete this section for each MBE/WBE participating on this Task Order:

1. Name of MBE/WBE Firm: _____

Address: _____

Contact Person/Title: _____

Phone Number: _____

Dollar Value of Participation: \$ _____

Percentage of Participation: % _____

Mentor Protégé Agreement (attach executed copy): () Yes () No Add'l Percentage Claimed:¹ _____%

Total Participation % _____

If indirect participation is being used, describe in detail the services that will be performed and provide detailed project information (ie., project name, description, location, type of service and/or supplies that are being purchased. Copies of invoices, bill of sale, and cancelled checks must be submitted to the Department of Procurement Services upon project completion.

2. Name of MBE/WBE Firm: _____

Address: _____

¹ The Prime Contractor may claim an additional 0.333 percent participation credit (up to a maximum of five (5) percent) for every one (1) percent of the value of the contract performed by the MBE/WBE protégé firm.

Schedule D-3: MBE/WBE Compliance Plan for Task Order Contracts

Contact Person/Title: _____

Phone Number: _____

Dollar Value of Participation: \$ _____

Percentage of Participation: % _____

Mentor Protégé Agreement (attach executed copy): () Yes () No Add'l Percentage Claimed: _____%

Total Participation % _____

If indirect participation is being used, describe in detail the services that will be performed and provide detailed project information (ie., project name, description, location, type of service and/or supplies that are being purchased. Copies of invoices, bill of sale, and cancelled checks must be submitted to the Department of Procurement Services upon project completion.

3. Name of MBE/WBE Firm: _____

Address: _____

Contact Person/Title: _____

Phone Number: _____

Dollar Value of Participation: \$ _____

Percentage of Participation: % _____

Mentor Protégé Agreement (attach executed copy): () Yes () No Add'l Percentage Claimed: _____%

Total Participation % _____

If indirect participation is being used, describe in detail the services that will be performed and provide detailed project information (ie., project name, description, location, type of service and/or supplies that are being purchased. Copies of invoices, bill of sale, and cancelled checks must be submitted to the Department of Procurement Services upon project completion.

4. Name of MBE/WBE Firm: _____

Address: _____

Contact Person/Title: _____

Phone Number: _____

Schedule D-3: MBE/WBE Compliance Plan for Task Order Contracts

Dollar Value of Participation: \$ _____

Percentage of Participation: % _____

Mentor Protégé Agreement (attach executed copy): () Yes () No Add'l Percentage Claimed: _____%

Total Participation % _____

If indirect participation is being used, describe in detail the services that will be performed and provide detailed project information (ie., project name, description, location, type of service and/or supplies that are being purchased. Copies of invoices, bill of sale, and cancelled checks must be submitted to the Department of Procurement Services upon project completion.

5. Name of MBE/WBE Firm: _____

Address: _____

Contact Person/Title: _____

Phone Number: _____

Dollar Value of Participation: \$ _____

Percentage of Participation: % _____

Mentor Protégé Agreement (attach executed copy): () Yes () No Add'l Percentage Claimed: _____%

Total Participation % _____

If indirect participation is being used, describe in detail the services that will be performed and provide detailed project information (ie., project name, description, location, type of service and/or supplies that are being purchased. Copies of invoices, bill of sale, and cancelled checks must be submitted to the Department of Procurement Services upon project completion.

6. Attach Additional Sheets as Needed

II. Summary of Direct MBE/WBE Proposal

1. MBE Direct Participation

MBE Firm Name	Dollar Amount Participation (\$)	Percent Amount Participation (%)
Total Direct MBE Participation		

2. WBE Direct Participation

WBE Firm Name	Dollar Amount Participation (\$)	Percent Amount Participation (%)
Total Direct WBE Participation		

III. Summary of Indirect MBE/WBE Proposal

1. MBE Indirect Participation

MBE Firm Name	Dollar Amount Participation (\$)	Percent Amount Participation (%)
Total Indirect MBE Participation		

2. WBE Indirect Participation

WBE Firm Name	Dollar Amount Participation (\$)	Percent Amount Participation (%)
Total Indirect WBE Participation		

IV. Non-MBE/WBE Firms

A. Complete this section for each non-MBE/WBE Subcontractor/Supplier/Consultant performing work on this Task Order:

1. Name of Subcontractor: _____

Address: _____

Contact Person: _____

Phone Number: _____

Dollar Value of Work Performed \$ _____

Percentage of Work Performed _____%

2. Name of Subcontractor: _____

Address: _____

Contact Person: _____

Phone Number: _____

Dollar Value of Work Performed \$ _____

Percentage of Work Performed _____%

3. Name of Subcontractor: _____

Address: _____

Contact Person: _____

Phone Number: _____

Dollar Value of Work Performed \$ _____

Percentage of Work Performed _____%

4. Name of Subcontractor: _____

Address: _____

Contact Person: _____

Phone Number: _____

Dollar Value of Work Performed \$ _____

Percentage of Work Performed _____%

5. Attach Additional Sheets as Needed

B. Summary of non-MBE/WBE Subcontractor/Supplier/Consultant Work

Non-MBE/WBE Firm Name	Dollar Amount Work Performed (\$)	Percent Amount Work Performed (%)
Total non-MBE/WBE Work Performed		

The Contractor designates the following person as its MBE/WBE Liaison Officer:

(Name- Please Print or Type)

(Phone)

I DO SOLEMNLY DECLARE AND AFFIRM UNDER PENALTIES OF PERJURY THAT THE CONTENTS OF THE FOREGOING DOCUMENT ARE TRUE AND CORRECT, THAT NO MATERIAL FACTS HAVE BEEN OMITTED, AND THAT I AM AUTHORIZED ON BEHALF OF THE PRIME CONTRACTOR TO MAKE THIS AFFIDAVIT.

(Name of Prime Contractor – Print or Type)

State of: _____

(Signature)

County of: _____

(Name/Title of Affiant – Print or Type)

(Date)

On this ____ day of _____, 20____, the above signed officer _____
(Name of Affiant)

personally appeared and, known by me to be the person described in the foregoing Affidavit, acknowledged that (s)he executed the same in the capacity stated therein and for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and seal.

(Notary Public Signature)

SEAL:

Commission Expires: _____