

JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT

COMPLETE THIS SECTION IF NEW CONTRACT

For contract(s) in this request, answer applicable questions in each of the 4 major subject areas below in accordance with the Instructions for Preparation of Non-Competitive Procurement Form on the reverse side.

Request that negotiations be conducted only with _____ for the product and/or services described herein.

This is a request for _____ (Name of Person or Firm)
 _____ (One-Time Contractor Requisition # 30839, copy attached) or _____ Term Agreement or
 _____ Delegate Agency (Check one). If Delegate Agency, this request is for "blanket approval" of all contracts within the
 _____ (Attach List) Pre-Assigned Specification No. _____
 _____ (Program Name) Pre-Assigned Contract No. _____

COMPLETE THIS SECTION IF AMENDMENT OR MODIFICATION TO CONTRACT

Describe in detail the change in terms of dollars, time period, scope of services, etc., its relationship to the original contract and the specific reasons for the change. Indicate both the original and the adjusted contract amount and/or expiration date with this change, as applicable. Attach copy of all supporting documents. Request approval for a contract amendment or modification to the following:

Contract #: _____ Company or Agency Name: Elderly Housing Development and Operations Corporation
 Specification #: B1-97160-12 Contract or Program Description: _____
 Mod. #: _____ (Attach List, if multiple) Elderly Housing Management

Bill Povalla 312-742-0345 Bill Povalla Housing _____
 Originator Name Telephone Signature Department Date

Indicate SEE ATTACHED in each box below if additional space needed:

<input type="checkbox"/> PROCUREMENT HISTORY	- See Attached -	S. S. R. B. DATE <u>9/25/06</u> APPROVED DWY
<input type="checkbox"/> ESTIMATED COST	- See Attached -	CONDITIONALLY APPROVED APPROVED
<input type="checkbox"/> SCHEDULE REQUIREMENTS	- See Attached -	RETURN TO DEPT DISAPPROVED
<input type="checkbox"/> EXCLUSIVE OR UNIQUE CAPABILITY	- See Attached -	
<input type="checkbox"/> OTHER		

APPROVED BY: John G. Monkowski / Edward B. Ellis [Signature] 9/14/06 9/25/06
 DEPARTMENT HEAD OR DESIGNEE DATE BOARD CHAIRPERSON DATE

FILE COPY

DPS PROJECT CHECKLIST

For DPS Use Only	
Date Received	_____
Date Returned	_____
Date Accepted	_____
CA/CN's Name	_____

IMPORTANT: PLEASE READ AND FOLLOW THE INSTRUCTIONS FOR COMPLETING THE PROJECT CHECKLIST AND CONTACT THE APPROPRIATE UNIT MANAGER IF YOU HAVE ANY FURTHER QUESTIONS. ALL INFORMATION SHOULD BE COMPLETED, ATTACH ALL REQUIRED MATERIALS AND SUBMIT FOR HANDLING TO THE DEPARTMENT OF PROCUREMENT SERVICES, ROOM 403, CITY HALL, 121 N. LASALLE STREET, CHICAGO, ILLINOIS 60602.

GENERAL INFORMATION:

Date: 8/31/04
 REQ No.: _____
 Specification No.: _____
 PO No.: (if known): _____
 Modification No.: (if known): _____

Contact Person: Bill Povalla
 Tel: 8125 Fax: _____ E-mail: _____
 Project Manager: 702-0345
 Tel: _____ Fax: _____ E-mail: _____
 Previous PO No. (if known): _____

Project Description: Elderly Housing Management

FUNDING:

- | | | | | | |
|----------|---------------------------------------|---------------------------------------|-------------------------------------|---------------------------------|--------------------------------|
| City: | <input type="checkbox"/> Corporate | <input type="checkbox"/> Bond | <input type="checkbox"/> Enterprise | <input type="checkbox"/> Grant* | <input type="checkbox"/> Other |
| State: | <input type="checkbox"/> IDOT/Transit | <input type="checkbox"/> IDOT/Highway | <input type="checkbox"/> FAA | <input type="checkbox"/> Grant* | <input type="checkbox"/> Other |
| Federal: | <input type="checkbox"/> FHWA | <input type="checkbox"/> FTA | | <input type="checkbox"/> Grant* | <input type="checkbox"/> Other |

LINE	FY	FUND	DEPT	ORGN	APPR	ACTV	OBJT	PROJECT	RPTG	\$ DOLLAR AMOUNT
										111,696.00

Estimated Value \$ 111,696.00

*IF GRANT FUNDED, A COPY OF THE APPROVED GRANT AND APPLICATION ARE REQUIRED and any other Terms and Conditions that may apply.

SCOPE STATEMENT:

Attached is a Detailed Scope of Services and/or Specification

IMPORTANT: THIS IS A CRITICAL PORTION OF YOUR SUBMITTAL. IN ORDER FOR DPS TO ACCEPT YOUR SUBMITTAL YOU MUST COMPLETE THE SPECIFIC SCOPE REQUIREMENTS AS SET FORTH IN THE SUPPLEMENTAL CHECKLIST FOR THAT UNIT.

The following is a general description of what should be included in a Scope of Services or Specification:
 A clear description of all anticipated services and products, including: time frame for completion, special qualifications of prospective vendors, special requirements or needs of the project, locations, anticipated participating user departments, citation of any applicable City ordinance or state/federal regulation or statute.

TYPE OF PROCUREMENT REQUESTED (check all that apply):

- | | |
|---|--|
| NEW REQUEST | MOD/AMENDMENT |
| <input type="checkbox"/> Blanket Agreement | <input type="checkbox"/> Time Extension |
| <input type="checkbox"/> Standard Agreement | <input type="checkbox"/> Vendor Limit Increase |
| <input type="checkbox"/> Small Orders | <input type="checkbox"/> Scope Change/Price Increase/Additional Line Item(s) |
| | <input type="checkbox"/> Other (specify): _____ |

FORMS: Requisition Special Approvals Non-Competitive Review Board (NCRB)

CONTRACT TERM: ASAP Requested Term (number of months): _____

PRE BID/SUBMITTAL REQUIREMENTS:

Requesting Pre Bid/Submittal Conference? Yes No Requesting Site Visit? Yes No

Procurement History

North Park Village was the site for the Municipal Tuberculosis Sanitarium (MTS) until 1975. There was a proposal for a regional shopping center on the site. The North River Coalition to save the MTS site was formed. A community plan for the future of the site was proposed by the North River Coalition. Three uses were proposed for the site: (1) Multi-medical center with geriatrics facilities, physical rehab, drug abuse treatment, and respiratory ailments treatment; (2) A nature park and arboretum with educational programs, and (3) Low-density housing for senior citizens. In 1977 a residential-institutional-cultural planned development was submitted, reviewed and approved detailing allowable uses in sub areas of the site. In 1980 the North Park Village Health Center opened; construction funded by a \$3.5 million grant from the Economic Development Administration – U.S. Department of Commerce. In 1981 the Senate Apartments (a 240 unit Section 202) project opened. The Elderly Housing Development and Operations Corporation (EHDOC) was the developer and is presently the manager of the facility. In 1983 construction was completed on the North Park Village Apartments consisting of 180 units. Construction was funded by \$12.7 million in Community Development Block Grant (CDBG) funds. In 1983 the Department of Public works assumed control and responsibility for the maintenance and operation of the North Park Village Apartments from the Department of Planning and Development. A contract was signed with EHDOC to manage the property for the City. Another 202 project was built on the site known as the Prete Apartments which contain an additional 74 units of housing. EHDOC was the developer of these additional units and presently manage the Prete Apartments. Note that this justification for non-competitive procurement is being submitted for the North Park Village Apartments only.

The North Park Village Apartments was organized as a non-profit corporation in the State of Illinois, to operate an apartment building owned and subsidized by the City of Chicago. Thus, the corporation is exempt from federal income taxes under Section 501 (c) (3) of the Internal Revenue Code. The City of Chicago, Department of General Services owns the land, building, and provides certain improvements at no cost to the North Park Village Apartments at present the City provides heat and hot water service. The North Park Village Apartments leases the land from the City for \$1.00 annually.

A Professional Service Agreement for the North Park Village Apartments was executed in 1993 with NCSC Housing Management Corporation which is primarily the same company as EHDOC. This agreement was in effect for an 18 month period and was extended for an additional three year period. In 2001 an RFQ was released and EHDOC was the only interested party which responded. A Professional Service Agreement was drafted, however it was never executed for some unknown reason. EHDOC has been operating the North Park Village Apartments throughout the time period and is doing so presently.

This is a one-time request to rectify a situation so as to have the proper time to develop an RFP through the normal procurement procedure. The request for a two year contract is to provide the City a suitable amount of time to evaluate any changes to the contractual arrangement.

ESTIMATED COST

The estimated cost is \$55,848 annually for a total of \$111,696. This management fee is based on the former contract which allowed for the lesser of 9.872% of gross receipts or \$25.86 per unit per month. EHDOC received \$55,848 in the years 2004 and 2005. The management fee is paid by rent receipts collected from the tenants.

The per unit per month fee is commensurate with other property management fees for similar projects catering to elderly residents.

At present EHDOC is responsible for collecting rents from the tenants and depositing these funds into a bank account specifically for this project. The Department of General Services reviews any disbursements from this account. A review of the North Park Village Apartments financial statements and supplementary information for the years ended January 31, 2006 and 2005 completed by Bellows Associates P.A. confirms the amount of management fees.

SCHEDULE REQUIREMENTS

The schedule of requirements was contained in the Professional Service Agreement dated 1993.

The following is a listing of those services to be performed.

1. Resident Services – Conduct applicant interviews, income reviews, leasing, rent and security deposit collection, evictions, income recertifications, maintenance of waiting list and client files, other functions relative to the health, security and quality of life of residents, and conformance to fair housing and equal opportunity laws.
2. Social Services – Recreational and informational activities appropriate for residents, participation in resident organization and implementation of mechanisms to address problems specific to residents.
3. Building Services – Security, parking, building, equipment, and grounds maintenance, service contracts, and other duties appropriate to the management of a facility of this type. EHDOC obtains written approval of the City prior to the expending of any amount for repair or maintenance if the expenditure exceeds five thousand dollars.

4. Reporting and Records – Monthly operating statements, demographic information, and maintenance of documents in support of expenses.

Note that one additional item should be added to the list of requirements. This is the operation and management of bus service from the North Park Village Apartments to the front gate, where residents have access to the CTA. At present this service is being provided by the Department of General Services.

Please note that EHDOC has been performing items 1-4 and operating without a contract for approximately eight years. It is critical that a contract be signed between EHDOC and the City to ensure the continuation of operations. At present EHDOC could legally walk away from this building leaving the City to perform the day to day operations and management of the facility. The Department of General Services and the Department of Housing do not have the staff to be able to take over those functions.

EXCLUSIVE OR UNIQUE CAPABILITY

EHDOC is a premier provider of quality affordable housing for senior citizens across the United States. The company is based in Fort Lauderdale, Florida and operates housing complexes in Maine, Louisiana, Florida, New York, Texas, and Illinois.

EHDOC is in good standing with the State of Illinois and qualified as a foreign corporation on July 24, 2001 and is registered as a District of Columbia corporation licensed to do business in Illinois. Steve Protulis who is the Executive Director EHDOC is a member of the President's Aging Advisory Council and is a recognized leader in the development of affordable senior housing.

EHDOC is in a unique position because of the fact that they are managers and developers of the two Section 202 sites within the North Park Village site. Additionally, negotiations have begun concerning an abandoned building which is connected to the North Park Village Apartments to be converted into additional 40 – 60 units of Section 202 housing. EHDOC has indicated an interest in developing that site and submitting to the Department of Housing and Urban Development an application for funding.

EHDOC has also shown its management skill by scoring in the upper 90's on HUD inspections of 202 buildings. A score of 60 is considered passing. The properties are well maintained and well managed.

Again the emphasis is to request a non-competitive procurement for the short-term (a 2 year period) with the intention of utilizing the two year period to revisit the

operating structure and actual scope of services, the cash flow of the project and the specific roles of the Departments of General Services, Housing and Aging.

**CITY OF CHICAGO
ECONOMIC DISCLOSURE STATEMENT
AND AFFIDAVIT**

SECTION I -- GENERAL INFORMATION

A. Legal name of Disclosing Party submitting this EDS. Include d/b/a/ if applicable:

Elderly Housing Development and Operations Corporation (EHDOC)

Check ONE of the following three boxes:

Indicate whether Disclosing Party submitting this EDS is:

1. the Applicant

OR

2. a legal entity holding a direct or indirect interest in the Applicant. State the legal name of the Applicant in which Disclosing Party holds an interest: _____

OR

3. a specified legal entity with a right of control (see Section II.B.1.b.) State the legal name of the entity in which Disclosing Party holds a right of control: _____

B. Business address of Disclosing Party: 1580 Sawgrass Corporate Parkway, Suite 210

Ft. Lauderdale, FL 33323

C. Telephone: (954) 835-9200 Fax: (954) 835-0888 Email: eschmelzer@ehdoc.org

D. Name of contact person: Erica Schmelzer

E. Federal Employer Identification No. (if you have one): 65-0665009

F. Brief description of contract, transaction or other undertaking (referred to below as the "Matter") to which this EDS pertains. (Include project number and location of property, if applicable):

Property Management of North Park Village Apts., 5801 H North Pulaski Road, Chicago, IL 60646

G. Which City agency or department is requesting this EDS? Department of Housing

If the Matter is a contract being handled by the City's Department of Procurement Services, please complete the following:

Specification # _____ and Contract # _____

SECTION II -- DISCLOSURE OF OWNERSHIP INTERESTS

A. NATURE OF DISCLOSING PARTY

1. Indicate the nature of the Disclosing Party:

- | | |
|---|---|
| <input type="checkbox"/> Person | <input type="checkbox"/> Limited liability company* |
| <input type="checkbox"/> Publicly registered business corporation | <input type="checkbox"/> Limited liability partnership* |
| <input type="checkbox"/> Privately held business corporation | <input type="checkbox"/> Joint venture* |
| <input type="checkbox"/> Sole proprietorship | <input checked="" type="checkbox"/> Not-for-profit corporation |
| <input type="checkbox"/> General partnership* | (Is the not-for-profit corporation also a 501(c)(3))? |
| <input type="checkbox"/> Limited partnership* | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Trust | <input type="checkbox"/> Other (please specify) |

* Note B.1.b below.

2. For legal entities, the state (or foreign country) of incorporation or organization, if applicable:

District of Columbia

3. For legal entities not organized in the State of Illinois: Has the organization registered to do business in the State of Illinois as a foreign entity?

- Yes No N/A

B. IF THE DISCLOSING PARTY IS A LEGAL ENTITY:

1.a. List below the full names and titles of all executive officers and all directors of the entity. For not-for-profit corporations, also list below all members, if any, which are legal entities. If there are no such members, write "no members." For trusts, estates or other similar entities, list below the legal titleholder(s).

Name	Title
See Attachment	

1.b. If you checked "General partnership," "Limited partnership," "Limited liability company," "Limited liability partnership" or "Joint venture" in response to Item A.1. above (Nature of Disclosing Party), list below the name and title of each general partner, managing member, manager or

**Elderly Housing Development & Operations Corporation
List of Board of Directors**

<u>Name</u>	<u>Title</u>
Kenneth L. Worley	President
Steve Protulis	Executive Vice President
Jane Becker	Vice President - Quality
Morton Bahr	Vice President-Operations
Maria C. Cordone	Secretary
Susan L. Phillips	Treasurer
Marjoie Colebut-Jackson	Director
Tony Fransetta	Director
Joseph J. Hunt	Director
Leon Lynch	Director
Edward L. Romero	Director

any other person or entity that controls the day-to-day management of the Disclosing Party. **NOTE:** Each legal entity listed below must submit an EDS on its own behalf.

Name	Title
N/A	

2. Please provide the following information concerning each person or entity having a direct or indirect beneficial interest (including ownership) in excess of 7.5% of the Disclosing Party. Examples of such an interest include shares in a corporation, partnership interest in a partnership or joint venture, interest of a member or manager in a limited liability company, or interest of a beneficiary of a trust, estate or other similar entity. If none, state "None." **NOTE:** Pursuant to Section 2-154-030 of the Municipal Code of Chicago ("Municipal Code"), the City may require any such additional information from any applicant which is reasonably intended to achieve full disclosure.

Name	Business Address	Percentage Interest in the Disclosing Party
N/A		

SECTION III -- BUSINESS RELATIONSHIPS WITH CITY ELECTED OFFICIALS

Has the Disclosing Party had a "business relationship," as defined in Chapter 2-156 of the Municipal Code, with any City elected official in the 12 months before the date this EDS is signed?

Yes No

If yes, please identify below the name(s) of such City elected official(s) and describe such relationship(s):

SECTION IV -- DISCLOSURE OF SUBCONTRACTORS AND OTHER RETAINED PARTIES

The Disclosing Party must disclose the name and business address of each subcontractor, attorney, lobbyist, accountant, consultant and any other person or entity whom the Disclosing Party has retained or expects to retain in connection with the Matter, as well as the nature of the relationship, and the total

amount of the fees paid or estimated to be paid. The Disclosing Party is not required to disclose employees who are paid solely through the Disclosing Party's regular payroll.

“Lobbyist” means any person or entity who undertakes to influence any legislative or administrative action on behalf of any person or entity other than: (1) a not-for-profit entity, on an unpaid basis, or (2) himself. “Lobbyist” also means any person or entity any part of whose duties as an employee of another includes undertaking to influence any legislative or administrative action.

If the Disclosing Party is uncertain whether a disclosure is required under this Section, the Disclosing Party must either ask the City whether disclosure is required or make the disclosure.

Name (indicate whether retained or anticipated to be retained)	Business Address	Relationship to Disclosing Party (subcontractor, attorney, lobbyist, etc.)	Fees (indicate whether paid or estimated)
---	---------------------	---	--

(Add sheets if necessary)

Check here if the Disclosing party has not retained, nor expects to retain, any such persons or entities.

SECTION V -- CERTIFICATIONS

A. COURT-ORDERED CHILD SUPPORT COMPLIANCE

Under Municipal Code Section 2-92-415, substantial owners of business entities that contract with the City must remain in compliance with their child support obligations throughout the term of the contract.

Has any person who directly or indirectly owns 10% or more of the Disclosing Party been declared in arrearage on any child support obligations by any Illinois court of competent jurisdiction?

Yes No No person owns 10% or more of the Disclosing Party.

If “Yes,” has the person entered into a court-approved agreement for payment of all support owed and is the person in compliance with that agreement?

Yes No

B. FURTHER CERTIFICATIONS

1. The Disclosing Party and, if the Disclosing Party is a legal entity, all of those persons or entities identified in Section II.B.1. of this EDS:
 - a. are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from any transactions by any federal, state or local unit of government;
 - b. have not, within a five-year period preceding the date of this EDS, been convicted of a criminal offense, adjudged guilty, or had a civil judgment rendered against them in connection with: obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction; a violation of federal or state antitrust statutes; fraud; embezzlement; theft; forgery; bribery; falsification or destruction of records; making false statements; or receiving stolen property;
 - c. are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any of the offenses enumerated in clause B.1.b. of this Section V;
 - d. have not, within a five-year period preceding the date of this EDS, had one or more public transactions (federal, state or local) terminated for cause or default; and
 - e. have not, within a five-year period preceding the date of this EDS, been convicted, adjudged guilty, or found liable in a civil proceeding, or in any criminal or civil action, including actions concerning environmental violations, instituted by the City or by the federal government, any state, or any other unit of local government.
2. The certifications in subparts 2, 3 and 4 concern:
 - the Disclosing Party;
 - any "Applicable Party" (meaning any party participating in the performance of the Matter, including but not limited to any persons or legal entities disclosed under Section IV, "Disclosure of Subcontractors and Other Retained Parties");
 - any "Affiliated Entity" (meaning a person or entity that, directly or indirectly: controls the Disclosing Party, is controlled by the Disclosing Party, or is, with the Disclosing Party, under common control of another person or entity. Indicia of control include, without limitation: interlocking management or ownership; identity of interests among family members, shared facilities and equipment; common use of employees; or organization of a business entity following the ineligibility of a business entity to do business with federal or state or local government, including the City, using substantially the same management, ownership, or principals as the ineligible entity); with respect to Applicable Parties, the term Affiliated Entity means a person or entity that directly or indirectly controls the Applicable Party, is controlled by it, or, with the Applicable Party, is under common control of another person or entity;

- any responsible official of the Disclosing Party, any Applicable Party or any Affiliated Entity or any other official, agent or employee of the Disclosing Party, any Applicable Party or any Affiliated Entity, acting pursuant to the direction or authorization of a responsible official of the Disclosing Party, any Applicable Party or any Affiliated Entity (collectively "Agents").

Neither the Disclosing Party, nor any Applicable Party, nor any Affiliated Entity of either the Disclosing Party or any Applicable Party nor any Agents have, during the five years before the date this EDS is signed, or, with respect to an Applicable Party, an Affiliated Entity, or an Affiliated Entity of an Applicable Party during the five years before the date of such Applicable Party's or Affiliated Entity's contract or engagement in connection with the Matter:

- a. bribed or attempted to bribe, or been convicted or adjudged guilty of bribery or attempting to bribe, a public officer or employee of the City, the State of Illinois, or any agency of the federal government or of any state or local government in the United States of America, in that officer's or employee's official capacity;
 - b. agreed or colluded with other bidders or prospective bidders, or been a party to any such agreement, or been convicted or adjudged guilty of agreement or collusion among bidders or prospective bidders, in restraint of freedom of competition by agreement to bid a fixed price or otherwise; or
 - c. made an admission of such conduct described in a. or b. above that is a matter of record, but have not been prosecuted for such conduct; or
 - d. violated the provisions of Municipal Code Section 2-92-610 (Living Wage Ordinance).
3. Neither the Disclosing Party, Affiliated Entity or Applicable Party, or any of their employees, officials, agents or partners, is barred from contracting with any unit of state or local government as a result of engaging in or being convicted of (1) bid-rigging in violation of 720 ILCS 5/33E-3; (2) bid-rotating in violation of 720 ILCS 5/33E-4; or (3) any similar offense of any state or of the United States of America that contains the same elements as the offense of bid-rigging or bid-rotating.
 4. Neither the Disclosing Party nor any Affiliated Entity is listed on any of the following lists maintained by the Office of Foreign Assets Control of the U.S. Department of the Treasury or the Bureau of Industry and Security of the U.S. Department of Commerce or their successors: the Specially Designated Nationals List, the Denied Persons List, the Unverified List, the Entity List and the Debarred List.
 5. The Disclosing Party understands and shall comply with (1) the applicable requirements of the Governmental Ethics Ordinance of the City, Title 2, Chapter 2-156 of the Municipal Code; and (2) all the applicable provisions of Chapter 2-56 of the Municipal Code (Office of the Inspector General).

6. If the Disclosing Party is unable to certify to any of the above statements in this Part B (Further Certifications), the Disclosing Party must explain below:

If the letters "NA," the word "None," or no response appears on the lines above, it will be conclusively presumed that the Disclosing Party certified to the above statements.

C. CERTIFICATION OF STATUS AS FINANCIAL INSTITUTION

For purposes of this Part C, under Municipal Code Section 2-32-455(b), the term "financial institution" means a bank, savings and loan association, thrift, credit union, mortgage banker, mortgage broker, trust company, savings bank, investment bank, securities broker, municipal securities broker, securities dealer, municipal securities dealer, securities underwriter, municipal securities underwriter, investment trust, venture capital company, bank holding company, financial services holding company, or any licensee under the Consumer Installment Loan Act, the Sales Finance Agency Act, or the Residential Mortgage Licensing Act. However, "financial institution" specifically shall not include any entity whose predominant business is the providing of tax deferred, defined contribution, pension plans to public employees in accordance with Sections 403(b) and 457 of the Internal Revenue Code. (Additional definitions may be found in Municipal Code Section 2-32-455(b).)

1. CERTIFICATION

The Disclosing Party certifies that the Disclosing Party (check one)

is is not

a "financial institution" as defined in Section 2-32-455(b) of the Municipal Code.

2. If the Disclosing Party IS a financial institution, then the Disclosing Party pledges:

"We are not and will not become a predatory lender as defined in Chapter 2-32 of the Municipal Code. We further pledge that none of our affiliates is, and none of them will become, a predatory lender as defined in Chapter 2-32 of the Municipal Code. We understand that becoming a predatory lender or becoming an affiliate of a predatory lender may result in the loss of the privilege of doing business with the City."

If the Disclosing Party is unable to make this pledge because it or any of its affiliates (as defined in Section 2-32-455(b) of the Municipal Code) is a predatory lender within the meaning of Chapter

2-32 of the Municipal Code, explain here (attach additional pages if necessary):

N/A

If the letters "NA," the word "None," or no response appears on the lines above, it will be conclusively presumed that the Disclosing Party certified to the above statements.

D. CERTIFICATION REGARDING INTEREST IN CITY BUSINESS

Any words or terms that are defined in Chapter 2-156 of the Municipal Code have the same meanings when used in this Part D.

1. In accordance with Section 2-156-110 of the Municipal Code: Does any official or employee of the City have a financial interest in his or her own name or in the name of any other person or entity in the Matter?

Yes No

NOTE: If you checked "Yes" to Item D.1., proceed to Items D.2. and D.3. If you checked "No" to Item D.1., proceed to Part E.

2. Unless sold pursuant to a process of competitive bidding, or otherwise permitted, no City elected official or employee shall have a financial interest in his or her own name or in the name of any other person or entity in the purchase of any property that (i) belongs to the City, or (ii) is sold for taxes or assessments, or (iii) is sold by virtue of legal process at the suit of the City (collectively, "City Property Sale"). Compensation for property taken pursuant to the City's eminent domain power does not constitute a financial interest within the meaning of this Part D.

Does the Matter involve a City Property Sale?

Yes No

3. If you checked "Yes" to Item D.1., provide the names and business addresses of the City officials or employees having such interest and identify the nature of such interest:

Name	Business Address	Nature of Interest
N/A		

4. The Disclosing Party further certifies that no prohibited financial interest in the Matter will be acquired by any City official or employee.

E. CERTIFICATION REGARDING SLAVERY ERA BUSINESS

The Disclosing Party has searched any and all records of the Disclosing Party and any and all predecessor entities for records of investments or profits from slavery, the slave industry, or slaveholder insurance policies from the slavery era (including insurance policies issued to slaveholders that provided coverage for damage to or injury or death of their slaves) and has disclosed in this EDS any and all such records to the City. In addition, the Disclosing Party must disclose the names of any and all slaves or slaveholders described in those records. Failure to comply with these disclosure requirements may make the Matter to which this EDS pertains voidable by the City.

Please check either 1. or 2. below. If the Disclosing Party checks 2., the Disclosing Party must disclose below or in an attachment to this EDS all requisite information as set forth in that paragraph 2.

1. The Disclosing Party verifies that (a) the Disclosing Party has searched any and all records of the Disclosing Party and any and all predecessor entities for records of investments or profits from slavery, the slave industry, or slaveholder insurance policies, and (b) the Disclosing Party has found no records of investments or profits from slavery, the slave industry, or slaveholder insurance policies and no records of names of any slaves or slaveholders.

2. The Disclosing Party verifies that, as a result of conducting the search in step 1(a) above, the Disclosing Party has found records relating to investments or profits from slavery, the slave industry, or slaveholder insurance policies and/or the names of any slaves or slaveholders. The Disclosing Party verifies that the following constitutes full disclosure of all such records:

N/A

SECTION VI -- CERTIFICATIONS FOR FEDERALLY-FUNDED MATTERS

NOTE: If the Matter is federally funded, complete this Section VI. If the Matter is not federally funded, proceed to Section VII.

A. CERTIFICATION REGARDING LOBBYING

1. List below the names of all persons or entities registered under the federal Lobbying Disclosure Act of 1995 who have made lobbying contacts on behalf of the Disclosing Party with respect to the Matter: (Begin list here, add sheets as necessary):

None

(If no explanation appears or begins on the lines above, or if the letters "NA" or if the word "None" appear, it will be conclusively presumed that the Disclosing Party means that NO persons or entities registered under the Lobbying Disclosure Act of 1995 have made lobbying contacts on behalf of the Disclosing Party with respect to the Matter.)

2. The Disclosing Party has not spent and will not expend any federally appropriated funds to pay any person or entity listed in Paragraph A.1. above for his or her lobbying activities or to pay any person or entity to influence or attempt to influence an officer or employee of any agency, as defined by applicable federal law, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress, in connection with the award of any federally funded contract, making any federally funded grant or loan, entering into any cooperative agreement, or to extend, continue, renew, amend, or modify any federally funded contract, grant, loan, or cooperative agreement.

3. The Disclosing Party will submit an updated certification at the end of each calendar quarter in which there occurs any event that materially affects the accuracy of the statements and information set forth in paragraphs A.1. and A.2. above.

If the Matter is federally funded and any funds other than federally appropriated funds have been or will be paid to any person or entity for influencing or attempting to influence an officer or employee of any agency (as defined by applicable federal law), a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the Matter, the Disclosing Party must complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. The form may be obtained online from the federal Office of Management and Budget (OMB) web site at <http://www.whitehouse.gov/omb/grants/sflllin.pdf>, linked on the page http://www.whitehouse.gov/omb/grants/grants_forms.html.

4. The Disclosing Party certifies that either: (i) it is not an organization described in section 501(c)(4) of the Internal Revenue Code of 1986; or (ii) it is an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 but has not engaged and will not engage in "Lobbying Activities".

5. If the Disclosing Party is the Applicant, the Disclosing Party must obtain certifications equal in form and substance to paragraphs A.1. through A.4. above from all subcontractors before it awards any subcontract and the Disclosing Party must maintain all such subcontractors' certifications for the duration of the Matter and must make such certifications promptly available to the City upon request.

B. CERTIFICATION REGARDING EQUAL EMPLOYMENT OPPORTUNITY

If the Matter is federally funded, federal regulations require the Applicant and all proposed subcontractors to submit the following information with their bids or in writing at the outset of negotiations.

Is the Disclosing Party the Applicant?

Yes

No

If "Yes," answer the three questions below:

1. Have you developed and do you have on file affirmative action programs pursuant to applicable federal regulations? (See 41 CFR Part 60-2.)

Yes

No

N/A

2. Have you filed with the Joint Reporting Committee, the Director of the Office of Federal Contract Compliance Programs, or the Equal Employment Opportunity Commission all reports due under the applicable filing requirements?

Yes

No

N/A

3. Have you participated in any previous contracts or subcontracts subject to the equal opportunity clause?

Yes

No

N/A

If you checked "No" to question 1. or 2. above, please provide an explanation:

SECTION VII -- ACKNOWLEDGMENTS, CONTRACT INCORPORATION, COMPLIANCE, PENALTIES, DISCLOSURE

The Disclosing Party understands and agrees that:

A. By completing and filing this EDS, the Disclosing Party acknowledges and agrees, on behalf of itself and the persons or entities named in this EDS, that the City may investigate the creditworthiness of some or all of the persons or entities named in this EDS.

B. The certifications, disclosures, and acknowledgments contained in this EDS will become part of any contract or other agreement between the Applicant and the City in connection with the Matter, whether procurement, City assistance, or other City action, and are material inducements to the City's execution of any contract or taking other action with respect to the Matter. The Disclosing Party understands that it must comply with all statutes, ordinances, and regulations on which this EDS is based.

C. The City's Governmental Ethics and Campaign Financing Ordinances, Chapters 2-156 and 2-164 of the Municipal Code, impose certain duties and obligations on persons or entities seeking City contracts, work, business, or transactions. The full text of these ordinances and a training program is available on line at www.cityofchicago.org/Ethics, and may also be obtained from the City's Board of Ethics, 740 N. Sedgwick St., Suite 500, Chicago, IL 60610, (312) 744-9660. The Disclosing Party must comply fully with the applicable ordinances.

D. If the City determines that any information provided in this EDS is false, incomplete or inaccurate, any contract or other agreement in connection with which it is submitted may be rescinded or be void or voidable, and the City may pursue any remedies under the contract or agreement (if not rescinded, void or voidable), at law, or in equity, including terminating the Disclosing Party's participation in the Matter and/or declining to allow the Disclosing Party to participate in other transactions with the City. Remedies at law for a false statement of material fact may include incarceration and an award to the City of treble damages.

E. It is the City's policy to make this document available to the public on its Internet site and/or upon request. Some or all of the information provided on this EDS and any attachments to this EDS may be made available to the public on the Internet, in response to a Freedom of Information Act request, or otherwise. By completing and signing this EDS, the Disclosing Party waives and releases any possible rights or claims which it may have against the City in connection with the public release of information contained in this EDS and also authorizes the City to verify the accuracy of any information submitted in this EDS.

F. The information provided in this EDS must be kept current. In the event of changes, the Disclosing Party must supplement this EDS up to the time the City takes action on the Matter. If the Matter is a contract being handled by the City's Department of Procurement Services, the Disclosing Party must update this EDS as the contract requires.

The Disclosing Party represents and warrants that:

G. The Disclosing Party has not withheld or reserved any disclosures as to economic interests in the Disclosing Party, or as to the Matter, or any information, data or plan as to the intended use or purpose for which the Applicant seeks City Council or other City agency action.

For purposes of the certifications in H.1. and H.2. below, the term "affiliate" means any person or entity that, directly or indirectly: controls the Disclosing Party, is controlled by the Disclosing Party, or is, with the Disclosing Party, under common control of another person or entity. Indicia of control include, without limitation: interlocking management or ownership; identity of interests among family members; shared facilities and equipment; common use of employees; or organization of a business entity following the ineligibility of a business entity to do business with the federal government or a state or local government, including the City, using substantially the same management, ownership, or principals as the ineligible entity.

H.1. The Disclosing Party is not delinquent in the payment of any tax administered by the Illinois Department of Revenue, nor are the Disclosing Party or its affiliates delinquent in paying any fine, fee, tax or other charge owed to the City. This includes, but is not limited to, all water charges, sewer charges, license fees, parking tickets, property taxes or sales taxes.

H.2 If the Disclosing Party is the Applicant, the Disclosing Party and its affiliates will not use, nor permit their subcontractors to use, any facility on the U.S. EPA's List of Violating Facilities in connection with the Matter for the duration of time that such facility remains on the list.

H.3 If the Disclosing Party is the Applicant, the Disclosing Party will obtain from any contractors/subcontractors hired or to be hired in connection with the Matter certifications equal in form and substance to those in H.1. and H.2. above and will not, without the prior written consent of the City, use any such contractor/subcontractor that does not provide such certifications or that the Disclosing Party has reason to believe has not provided or cannot provide truthful certifications.

NOTE: If the Disclosing Party cannot certify as to any of the items in H.1., H.2. or H.3. above, an explanatory statement must be attached to this EDS.

CERTIFICATION

Under penalty of perjury, the person signing below: (1) warrants that he/she is authorized to execute this EDS on behalf of the Disclosing Party, and (2) warrants that all certifications and statements contained in this EDS are true, accurate and complete as of the date furnished to the City.

Elderly Housing Development & Operations Corp. Date: 8/25/2006
(Print or type name of Disclosing Party)

By:
Erica Schmelzer
(sign here)

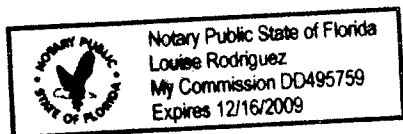
Erica Schmelzer
(Print or type name of person signing)

Accounting Supervisor
(Print or type title of person signing)

Signed and sworn to before me on (date) 8/25/06, by ERICA SCHMELZER,
at Broward County, FLORIDA (state).

[Signature] Notary Public.

Commission expires: 12/16/09.



Date 8/31/06 Bureau/Division Ship Code H201 Ship To: Attn: Date Needed ASAP PG/RX Number PV Number

Line	Term	Fund	Commodity Code	STS Code	Item Description	Catalog Name/#	Catalog Date	Catalog Page	Catalog Item/Part	Unit Price	Unit of measure	Quantity	Order	RCVD	Total
					elderly housing materials										
Comments:															

Check Or Complete All That Apply	FY	LINE	FUND	DEPT	ORGN	APPR	OBJT	PROJECT	RPTG	DOLLAR AMT.	Page Total
Participating TA#										111,696.00	111,696.00
New TA or Contact											
Purchase Order											
Grand Total										111,696.00	111,696.00

Direct Voucher	Emergency Request	For Finance Office Use Only	Contracts Review	Finance Director	Company Name	Invoice Number(s)	Section Manager	Bill Rowella
7-Day Bid	Rejected	Date	EPS Pass	Date	Address	33 N. LA SALLE	APRF prepared by	Shirley Medina
					Vendor Code		Date	8/31/06
					REP/Phone		Deputy Authorization	Edward B. Ellis
							Date	9-14-2006
							Phone	(312) 742-0687

NOTE

9/14/2006

Explanation Of Funding Code:

The City Of Chicago will compensate the vendor for the specified property management services from the gross rents collected from tenants.

Until the fund has been established to permit the deposit of collected rents, No set of fund codes for expenses are available at this time.

Sep 15 06 10:44a

GRAND HOME HOME HEALTH

7088677961

P.2

SCHEDULE C-1

Letter of Intent from MBE/WBE to Perform as Subcontractor, Supplier and/or Consultant

Name of Project/Contract: _____ Specification Number: _____

From: GRAND HOME HEALTH CARE, INC. MBE? Yes _____ WBE? Yes _____

To: EHDCC and the City of Chicago

The undersigned intends to perform work in connection with the above project as a

Sole Proprietor / Partnership Corporation / Joint Venture

The MBE/WBE status of the undersigned is confirmed by the attached letter of Certification from the City of Chicago effective date of JAN 1 to DEC 31 for a period of five years.

The undersigned is prepared to provide the following described services or supply the following described goods in connection with the above named project/contract:

- EVERY WEDNESDAY (EXCEPT HOLIDAYS) - HEALTH CARE PROFESSIONAL (RN, LPN) WILL CHECK RESIDENT'S BP, PULSE & BLOOD SUGAR. FREE CHARGE.
- ADMINISTRATION OF FLU VACCINES FOR THE RESIDENTS (ALL VACCINES WILL BE PROVIDED BY DEPT. OF PUBLIC HEALTH)

The above described performance is offered for the following price and described terms of payment:

- ADMINISTRATION OF FLU VACCINES WILL BE CHARGE TO THE RESIDENT'S MEDICAL INS. SUCH AS MEDICARE, PUBLIC AID (MEDICAID) - AS PER DEPT. OF PUBLIC HEALTH.
- ALL REFERRALS (FOR INDIVIDUAL RESIDENT) MEDICAL HOME HEALTH CARE SERVICES BY MEDICAL SUPPLIES - MEDICARE/MEDICAID WILL BE BILLED ACCORDINGLY.

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 formal written agreement for the above work with you as a Prime Contractor, conditioned upon your execution of a contract with the City of Chicago, and will do so within (3) three working days of receipt of a signed contract from the City of Chicago.

Maria L. Buendia (Signature) MARIA L. BUENDIA, RN (ADMINISTRATOR) SEPT 7, 2006

60371 05-10-00

3127421240

DEPT OF HOUSING

09:01:39 a.m. 09-29-2006

2/8

SCHEDULE C-1

**Letter of Intent from MBE/WBE to Perform
as Subcontractor, Supplier and/or Consultant**

Name of Project/Contract: _____
Specification Number: _____

From: Midpack Corporation
(Name of MBE/WBE Firm)

MBE: Yes _____ No X
WBE: Yes X No _____

To: NORTH PARK VILLAGE APTS and the City of Chicago:
(Name of Prime Contractor - Subcontractor)

The undersigned intends to perform work in connection with the above projects as a:

_____ Sole Proprietor
_____ Partnership
_____ X Corporation
_____ Joint Venture

The MBE/WBE status of the undersigned is confirmed by the attached letter of Certification from the City of Chicago effective date of _____ to _____ for a period of five years.

The undersigned is prepared to provide the following described services or supply the following described goods in connection with the above named project/contract:

Paper and janitorial products

The above described performance is offered for the following price and described terms of payment:

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 formal written agreement for the above work with you as a Prime Contractor, conditioned upon your execution of a contract with the City of Chicago, and will do so within (3) three working days of receipt of a signed contract from the City of Chicago.

Anna Mae Lopez
(Signature of Owner or Authorized Agent)
Anna Mae Lopez / President
September 6, 2006
773-539-1615
(Phone)



City of Chicago
Richard M. Daley, Mayor

Department of
Procurement Services

Barbara A. Lumpkin
Chief Procurement Officer

City Hall, Room 403
121 North LaSalle Street
Chicago, Illinois 60602
(312) 744-4900
(312) 744-2949 (TTY)

<http://www.cityofchicago.org>

March 8, 2006

Anna Mac Joyce, President
Midpack Corporation
5514 North Kedzie Avenue
Chicago, Illinois 60625

Dear Ms. Joyce:

The City of Chicago Department of Procurement Services ("Department") has undertaken an evaluation of procurement policies and procedures including those utilized within the M/WBE and DBE certification unit. In light of this evaluation and in anticipation of streamlining our procedures, the Department extends your WBE certification **until November 1, 2006**

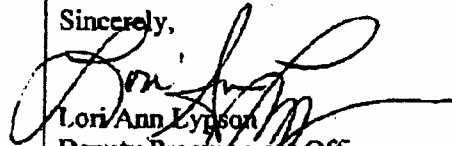
The Department may request additional information from you prior to the expiration of the courtesy period. This information will assist us in making a determination on the recertification of your company. You will receive additional information from the Department in the coming days.

As you know, your firm's participation on contracts will be credited only toward WBE in the following specialty area(s):

Supplier of Janitorial , Industrial, General Hospital and Safety Supplies; Floral Supplies, Electrical Supplies; Audio-Video Equipment; Office Furniture; Food Service Supplies; Packaging; Police and Fire Equipment

If you have any questions, please contact our office at 312-742-0766.

Sincerely,


Lori Ann Lypton
Deputy Procurement Officer

LL/wa



SCHEDULE D-1 Affidavit of MBE/WBE Goal Implementation Plan

Contract Name: North Park Village Apts.
Specification No. _____

State of Illinois

County (City) of Chicago

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

Elderly Housing Development & Operations Corp.

and that I have personally reviewed the Name of Bidder/Proposer 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 the City of Chicago (Letters of Certification Attached).

I. Direct Participation of MBE/WBE Firms

(Note: The bidder/proposer shall, in determining the manner of MBE/WBE participation, 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 copy of City of Chicago Letter of Certification. (Certification of the bidder/proposer as a 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 firm(s) and its ownership interest in the joint venture.

C. MBE/WBE Subcontractors/Suppliers/Consultants:

- Name of MBE/WBE: Midpack Corp.

Address: 5514 N. Kedzie Chicago, IL 60625

Contact Person: Dave Congaker Phone: (773) 536-1615

Dollar Amount Participation \$: \$2,100.00

Percent Amount of Participation: _____ 81 %

Schedule C-1 attached? Yes X No _____ *

*(See next page)

SCHEDULE D-1
Affidavit of MBE/WBE Goal Implementation Plan

2. Name of MBE/WBE: Grand Home Health Care, Inc.
 Address: 7161 W. Gunnison, Suite 108, Harwood Heights, IL 60706
 Contact Person: Eric E. Whitaker, M.D. Phone: (708) 867-6997
 Dollar Amount Participation \$ _____
 Percent Amount of Participation: _____ %
 Schedule C-1 attached? Yes No *
3. Name of MBE/WBE: _____
 Address: _____
 Contact Person: _____ Phone: _____
 Dollar Amount Participation \$ _____
 Percent Amount of Participation: _____ %
 Schedule C-1 attached? Yes _____ No _____ *
4. Name of MBE/WBE: _____
 Address: _____
 Contact Person: _____ Phone: _____
 Dollar Amount Participation \$ _____
 Percent Amount of Participation: _____ %
 Schedule C-1 attached? Yes _____ No _____ *
5. Name of MBE/WBE: _____
 Address: _____
 Contact Person: _____ Phone: _____
 Dollar Amount Participation \$ _____
 Percent Amount of Participation: _____ %
 Schedule C-1 attached? Yes _____ No _____ *
6. Attach additional sheets as needed.

* All Schedule C-1s and Letters of Certification not submitted with bid/proposal must be submitted so as to assure receipt by the Contract Administrator within three (3) business days after bid opening (or proposal due date.)

SCHEDULE D-1
Affidavit of MBE/WBE Goal Implementation Plan

II. Indirect Participation of 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 expected to demonstrate that the proposed MBE/WBE direct participation represents the maximum achievable under the circumstances. Only after such a demonstration will indirect participation be considered.)

MBE/WBE Subcontractors/Suppliers/Consultants proposed to perform work or supply goods or services where such performance does not directly relate to the performance of this contract:

- A. Name of MBE/WBE: Grand Home Health Care, Inc.
 Address: 7161 W. Gunnison, Suite 108, Harwood Heights, IL 60706
 Contact Person: Eric E. Whitaker, M.D. Phone: (708) 867-6997
 Dollar Amount Participation \$ _____
 Percent Amount of Participation: _____ %
 Schedule C-1 attached? Yes X No _____ *
- B. Name of MBE/WBE: _____
 Address: _____
 Contact Person: _____ Phone: _____
 Dollar Amount Participation \$ _____
 Percent Amount of Participation: _____ %
 Schedule C-1 attached? Yes _____ No _____ *
- C. Name of MBE/WBE: _____
 Address: _____
 Contact Person: _____ Phone: _____
 Dollar Amount Participation \$ _____
 Percent Amount of Participation: _____ %
 Schedule C-1 attached? Yes _____ No _____ *
- D. Name of MBE/WBE: _____
 Address: _____
 Contact Person: _____ Phone: _____
 Dollar Amount Participation \$ _____
 Percent Amount of Participation: _____ %
 Schedule C-1 attached? Yes _____ No _____ *
- E. Attach additional sheets as needed.

* All Schedule C-1s and Letters of Certification not submitted with bid/proposal must be submitted so as to assure receipt by the Contract Administrator within three (3) business days after bid-opening (or proposal due date).

SCHEDULE D-1
Affidavit of MBE/WBE Goal Implementation Plan

III. Summary of MBE/WBE Proposal:

A. MBE Proposal

1. MBE Direct Participation (from Section I.)

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

2. MBE Indirect Participation (from Section II.)

MBE Firm Name	Dollar Amount	Percent Amount
Grand Home Health Care, Inc.	\$	%
	\$	%
	\$	%
	\$	%
Total Indirect MBE Participation	\$	

B. WBE Proposal

1. WBE Direct Participation (from Section I.)

WBE Firm Name	Dollar Amount	Percent Amount
Midpack Corp.	\$ 2,100.00	81 %
	\$	%
	\$	%
	\$	%
Total Direct WBE Participation	\$	

2. WBE Indirect Participation (from Section II)

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

**SCHEDULE D-1
Affidavit of MBE/WBE Goal Implementation Plan**

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.

The contractor designates the following person as their MBE/WBE Liaison Officer:

Name: Patricia Kohnke Phone Number: (954) 835-9200

I do solemnly declare and affirm under penalties of perjury that the contents of the foregoing document are true and correct, and that I am authorized, on behalf of the contractor, to make this affidavit.

Erica Schmelzer
Signature of Affiant (Date)

State of Florida

County of Broward

This instrument was acknowledged before me on Sept. 15, 2006 (date)

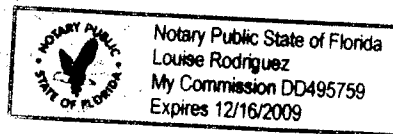
by Erica Schmelzer (name /s of person/s)

as Accounting Supervisor (type of authority, e.g., officer, trustee, etc.)

of Elderly Housing Development & Operations Corp. (name of party on behalf of whom instrument was executed).

Louise Rodriguez
Signature of Notary Public

(Seal)



SCHEDULE D-1
Affidavit of MBE/WBE Goal Implementation Plan
