



# SBE – SCHEDULES

## INSTRUCTION PAGE

1. Do not submit *Instructions Page*.
2. Joint ventures that intend to count participation by a SBE as a joint venture partner toward the SBE goal must complete Schedule B and attach a copy of the joint venture agreement. The SBE joint venture partner(s) must also complete a Schedule C and be included on the Schedule D.
3. All SBE firms included on SBE utilization plan must complete a Schedule C.
4. Identify all SBE firms (1<sup>st</sup> tier, 2<sup>nd</sup> tier, etc.) for total SBE utilization on Schedule D. If you need to use additional pages, number pages accordingly
5. Verify that all Schedules are filled out completely; compliance staff cannot make assumptions for blank spaces.
6. Attach a copy of each SBE's most recent Letter of Certification and include the date of the SBE's next No-Change Affidavit (NCA).
7. When calculating SBE participation percentage, use total bid amount (including overhead and profit) as the denominator.



# SBE - SCHEDULE B

## AFFIDAVIT OF JOINT VENTURE

### JOINT VENTURE INFORMATION

- a. **NAME OF JOINT VENTURE:** \_\_\_\_\_
- b. **ADDRESS:** \_\_\_\_\_
- c. **PHONE NUMBER:** ( \_\_\_\_\_ ) - \_\_\_\_\_

### JOINT VENTURE PARTNERS INFORMATION (attach additional pages if necessary)

#### a. FIRM A

- i. **FIRM NAME:** \_\_\_\_\_
- ii. **ADDRESS:** \_\_\_\_\_
- iii. **PHONE NUMBER:** ( \_\_\_\_\_ ) - \_\_\_\_\_
- iv. **SBE CERTIFIED:** YES NO

#### b. FIRM B

- i. **FIRM NAME:** \_\_\_\_\_
- ii. **ADDRESS:** \_\_\_\_\_
- iii. **PHONE NUMBER:** ( \_\_\_\_\_ ) - \_\_\_\_\_
- iv. **SBE CERTIFIED:** YES NO

#### c. FIRM C

- i. **FIRM NAME:** \_\_\_\_\_
- ii. **ADDRESS:** \_\_\_\_\_
- iii. **PHONE NUMBER:** ( \_\_\_\_\_ ) - \_\_\_\_\_
- iv. **SBE CERTIFIED:** YES NO

### ROLE(S) OF SBE FIRM(S) (attach additional pages if necessary)

**Describe the role(s) of the SBE firm(s) in the joint venture:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# SBE - SCHEDULE B

## *AFFIDAVIT OF JOINT VENTURE*

### JOINT VENTURE AGREEMENT

- Attach a copy of the joint venture agreement.**

In order to demonstrate the SBE venture(s)'s share in the ownership, control management responsibilities, risks and profits of the joint venture, the proposed joint venture agreement must include specific details related to: (1) the contributions of capital and equipment; (2) work items to be performed by the SBE's own forces, (3) work items to be performed under the supervision of the SBE venture(s); and (4) the commitment of management, supervisory and operative personnel employed by the SBE to be dedicated to the performance of the project.

### SBE CERTIFICATION

- Attach a copy of the SBE firm(s) certification letter which shows the date of their next No Change Affidavit (NCA).**

### JOINT VENTURE OWNERSHIP

#### a. AGREEMENTS

- Attach a copy of all written agreements between the firms concerning this project.**

#### b. PERCENTAGE OF OWNERSHIP

i. **SBE OWNERSHIP PERCENTAGE(S):** \_\_\_\_\_%

ii. **NON-SBE OWNERSHIP PERCENTAGE(S):** \_\_\_\_\_%

#### c. PROFIT & LOSS

i. **SBE OWNERSHIP PERCENTAGE(S):** \_\_\_\_\_%

ii. **NON-SBE OWNERSHIP PERCENTAGE(S):** \_\_\_\_\_%

#### d. CAPITAL CONTRIBUTIONS (attach additional pages if necessary)

Provide a detailed description of the initial and anticipated on-going financial contributions for each firm participating in this joint venture.

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#### e. CONTRIBUTION OF EQUIPMENT (attach additional pages if necessary)

Provide a detailed description of equipment to be provided by each firm participating in this joint venture. Description should include the type, quality, and quantities.

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# SBE - SCHEDULE B

## *AFFIDAVIT OF JOINT VENTURE*

- f. **OTHER APPLICABLE OWNERSHIP INTERESTS** (attach additional pages if necessary)  
Provide a detailed description of any other applicable ownership interests including, but not limited to, ownership options and agreements which restrict or limit ownership and/or control.

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- g. **CURRENT CTA CONTRACTS** (attach additional pages if necessary)  
Provide a detailed description of ALL current CTA contracts and completed CTA contracts during the past two (2) years by any of the firms participating in this joint venture.

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### **CONTROL OF THE JOINT VENTURE**

Identify name and firm of the individuals who are, or will be, responsible for and have the authority to engage in the following management functions and policy decisions. Indicate any limitations to their authority such as dollar limits and co-signatory requirements.

- a. **CHECK SIGNING:** \_\_\_\_\_

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- b. **AUTHORITY TO ENTER INTO CONTRACTS:** \_\_\_\_\_

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- c. **SIGNING, CO-SIGNING, AND/OR COLLATERALIZING LOANS:** \_\_\_\_\_

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- d. **ACQUISITIONS OF LINE(S) OF CREDIT:** \_\_\_\_\_

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- e. **ACQUISITION AND INDEMINIFICATION OF PAYMENT AND PERFORMANCE BONDS:** \_\_\_\_\_

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- f. **NEGOTIATING AND SIGNING LABOR AGREEMENTS:** \_\_\_\_\_

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The Chicago Transit Authority is requesting information that is necessary to accomplish the statutory as outlined under federal law. Disclosure of this information is **REQUIRED**. Failure to provide any information may result in the contract not being awarded.

# SBE - SCHEDULE B

## AFFIDAVIT OF JOINT VENTURE

### MANAGEMENT OF CONTRACT PERFORMANCE (Identify name(s) and firm(s) only)

i. SUPERVISION OF FIELD OPERATIONS: \_\_\_\_\_

ii. MAJOR PURCHASES: \_\_\_\_\_

iii. ESTIMATING: \_\_\_\_\_

iv. ENGINEERING: \_\_\_\_\_

### FINANCIAL CONTROLS OF JOINT VENTURE

a. WHICH INDIVIDUAL(S) AND/OR FIRM(S) WILL BE RESPONSIBLE FOR KEEPING THE BOOKS OF ACCOUNTS?

\_\_\_\_\_

b. IDENTIFY THE "MANAGING PARTNER", IF ANY, AND DESCRIBE THE MEANS AND MEASURE OF THEIR COMPENSATION:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. WHAT AUTHORITY DOES EACH FIRM PARTICIPATING IN THIS JOINT VENTURE HAVE TO COMMIT OR OBLIGATE THE OTHER TO INSURANCE AND BONDING COMPANIES, FINANCIAL INSTITUTIONS, SUPPLIES, SUBCONTRACTORS, AND/OR OTHER PARTIES PARTICIPATING IN THE PERFORMANCE OF THIS CONTRACT OR THE WORK OF THIS PROJECT?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PERSONNEL

Identify the number of personnel (by trade and profession) from each firm needed to perform the joint venture's work under this contract. Attach additional pages if necessary.

TRADE	FIRM A:	FIRM B:	FIRM C:
	_____	_____	_____

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# SBE - SCHEDULE B

## AFFIDAVIT OF JOINT VENTURE

PROFESSION	FIRM A:	FIRM B:	FIRM C:
PROFESSIONAL			
ADMINISTRATIVE			
UNSKILLED LABOR			

- a. ARE ANY PROPOSED JOINT VENTURE EMPLOYEES CURRENTLY EMPLOYED BY ANY FIRM PARTICIPATING IN THIS JOINT VENTURE?  YES  NO

NO. EMPLOYED BY FIRM A: \_\_\_\_\_

NO. EMPLOYED BY FIRM B: \_\_\_\_\_

NO. EMPLOYED BY FIRM C: \_\_\_\_\_

- b. IDENTIFY NAME AND FIRM OF THE INDIVIDUAL WHO WILL BE RESPONSIBLE FOR JOINT VENTURE HIRING?

\_\_\_\_\_

### ADDITIONAL INFORMATION

Please state any other material facts and additional information pertinent to the control and structure of this joint venture.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# SBE - SCHEDULE B

## *AFFIDAVIT OF JOINT VENTURE*

The undersigned affirm that the foregoing statements are correct and include all material information necessary to identify and explain the terms and operations of our joint venture and the intended participation of each firm in the undertaking. Further, the undersigned covenant and agree, under which work is done for CTA by the firm, to provide to CTA current, complete and accurate information regarding actual joint venture work and the payment therefor, and any proposed changes to any provision of the joint venture, or those of each firm relevant to the joint venture by authorized representatives of CTA or any of its funding agencies.

Any misrepresentation regarding the status of a person or an entity in order to qualify for SBE status may result in conviction for a Class 2 felony, including a penalty for one and a half times the value of the contract. Material misrepresentation on any matter will also be grounds for terminating any contract which may be awarded, and for initiating action under federal or state laws concerning false statements.

**NOTE:** *If, after filing this Schedule B and before the completion of the joint venture's work on the project, there is any change in the information submitted, the joint venture must inform the Director of Diversity Programs directly in writing or through the prime contractor if the joint venture is a subcontractor.*

\_\_\_\_\_  
Signature of Owner, President, or Authorized Agent of Firm A

\_\_\_\_\_  
Name of Firm A

\_\_\_\_\_  
Printed Name of Owner, President, or Authorized Agent of Firm A

\_\_\_\_\_  
Printed Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

### PUBLIC NOTARY SECTION

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the above-signed Officer of

**Name of Firm A:** \_\_\_\_\_

personally known to me as the person(s) described in the foregoing Affidavit, acknowledged that h/she executed the same in the capacity therein stated and for the purpose therein contained.

**IN WITNESS OF, I HEREUNTO SET MY HAND AND OFFICIAL SEAL.**

**OFFICIAL NOTARY SEAL**

Signature of Notary Public

My Commission Expires:

The Chicago Transit Authority is requesting information that is necessary to accomplish the statutory as outlined under federal law. Disclosure of this information is **REQUIRED**. Failure to provide any information may result in the contract not being awarded.

# SBE - SCHEDULE B

## *AFFIDAVIT OF JOINT VENTURE*

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**NOTE:** *If, after filing this Schedule B and before the completion of the joint venture's work on the project, there is any change in the information submitted, the joint venture must inform the Director of Diversity Programs directly in writing or through the prime contractor if the joint venture is a subcontractor.*

\_\_\_\_\_  
Signature of Owner, President, or Authorized Agent of Firm B

\_\_\_\_\_  
Name of Firm B

\_\_\_\_\_  
Printed Name of Owner, President, or Authorized Agent of Firm B

\_\_\_\_\_  
Printed Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

### PUBLIC NOTARY SECTION

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the above-signed Officer of

**Name of Firm B:** \_\_\_\_\_

personally known to me as the person(s) described in the foregoing Affidavit, acknowledged that h/she executed the same in the capacity therein stated and for the purpose therein contained.

**IN WITNESS OF, I HEREUNTO SET MY HAND AND OFFICIAL SEAL.**

**OFFICIAL NOTARY SEAL**

Signature of Notary Public

My Commission Expires:

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# SBE - SCHEDULE B

## *AFFIDAVIT OF JOINT VENTURE*

The undersigned affirm that the foregoing statements are correct and include all material information necessary to identify and explain the terms and operations of our joint venture and the intended participation of each firm in the undertaking. Further, the undersigned covenant and agree, under which work is done for CTA by the firm, to provide to CTA current, complete and accurate information regarding actual joint venture work and the payment therefor, and any proposed changes to any provision of the joint venture, or those of each firm relevant to the joint venture by authorized representatives of CTA or any of its funding agencies.

Any misrepresentation regarding the status of a person or an entity in order to qualify for SBE status may result in conviction for a Class 2 felony, including a penalty for one and a half times the value of the contract. Material misrepresentation on any matter will also be grounds for terminating any contract which may be awarded, and for initiating action under federal or state laws concerning false statements.

**NOTE:** *If, after filing this Schedule B and before the completion of the joint venture's work on the project, there is any change in the information submitted, the joint venture must inform the Director of Diversity Programs directly in writing or through the prime contractor if the joint venture is a subcontractor.*

\_\_\_\_\_  
Signature of Owner, President, or Authorized Agent of Firm C

\_\_\_\_\_  
Name of Firm C

\_\_\_\_\_  
Printed Name of Owner, President, or Authorized Agent of Firm C

\_\_\_\_\_  
Printed Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

### PUBLIC NOTARY SECTION

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the above-signed Officer of

**Name of Firm C** \_\_\_\_\_

personally known to me as the person(s) described in the foregoing Affidavit, acknowledged that h/she executed the same in the capacity therein stated and for the purpose therein contained.

**IN WITNESS OF, I HEREUNTO SET MY HAND AND OFFICIAL SEAL.**

**OFFICIAL NOTARY SEAL**

Signature of Notary Public

My Commission Expires:

The Chicago Transit Authority is requesting information that is necessary to accomplish the statutory as outlined under federal law. Disclosure of this information is **REQUIRED**. Failure to provide any information may result in the contract not being awarded.



# SBE - SCHEDULE C

## Participant Statement

### INSTRUCTIONS

This form must be completed for each SBE firm participating in the Utilization Plan. Failure to complete and submit all pages of this form with the bid documents will result in the bid being rejected in its entirety. If additional space is needed, attach an additional form.

### LETTER OF INTENT FROM SBE TO PERFORM AS (WORK CATEGORY):

SUBCONTRACTOR/SUBCONSULTANT (Non-trucking) \_\_\_ TRUCKING \_\_\_ SUPPLIER \_\_\_

SUBCONTRACTING LEVEL: \_\_\_\_\_ TIER (i.e. 1<sup>st</sup> Tier, 2<sup>nd</sup> Tier, 3<sup>rd</sup> Tier, etc.)

CONTRACT TITLE: \_\_\_\_\_

CONTRACT NUMBER: \_\_\_\_\_

SBE FIRM: \_\_\_\_\_

The SBE status of the undersigned is confirmed by the attached Letter of Certification. Date of next NCA: \_\_\_\_\_

PRIME CONTRACTOR: \_\_\_\_\_

SBE SCOPE OF WORK (attach additional pages if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

### SBE SUB-SUBCONTRACTING LEVELS

\_\_\_\_\_ % of the dollar amount of the SBE's subcontract will be sublet to non-SBE contractors.

\_\_\_\_\_ % of the dollar amount of the SBE's subcontract will be sublet to SBE contractors.

**NOTICE: IF THE SBE WILL NOT BE SUB-SUBCONTRACTING ANY OF THE WORK DESCRIBED IN THIS SCHEDULE, A ZERO (0) MUST BE SHOWN IN EACH BLANK ABOVE.**

**NOTICE: If ANY dollar amount of the SBEs scope of work will be sublet, a brief explanation and description of the work to be sublet must be attached to this schedule.**

# SBE - SCHEDULE C

## *Participant Statement*

**NOTICE:** Any misrepresentation regarding the status of a person or an entity in order to qualify for SBE status may result in conviction for a Class 2 felony, including a penalty for one and a half times the value of the contract. Material misrepresentation on any matter will also be grounds for terminating any contract which may be awarded, and for initiating action under federal or state laws concerning false statements.

The undersigned will enter into a formal written agreement for the above work with you as Prime Contractor, conditioned upon your execution of a contract with the Chicago Transit Authority, and will do so within (7) seven calendar days of your receipt of a signed contract from the Chicago Transit Authority or prior to any work being performed by the SBE subcontractor.

\_\_\_\_\_  
Signature of Owner, President, or Authorized Agent of SBE

\_\_\_\_\_  
Name of SBE Firm

\_\_\_\_\_  
Printed Name of Owner, President, or Authorized Agent of SBE

\_\_\_\_\_  
Printed Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone:

### PUBLIC NOTARY SECTION

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the above-signed Officer of

**Name of SBE firm:** \_\_\_\_\_

personally known to me as the person(s) described in the foregoing Affidavit, acknowledged that h/she executed the same in the capacity therein stated and for the purpose therein contained.

**IN WITNESS OF, I hereunto set my hand and official seal.**

**OFFICIAL NOTARY SEAL**

Signature of Notary Public

My Commission Expires:

The Chicago Transit Authority is requesting information that is necessary to accomplish the statutory as outlined under federal law. Disclosure of this information is **REQUIRED**. Failure to provide any information may result in the contract not being awarded.



# SBE - SCHEDULE D

## SBE Utilization Plan

### INSTRUCTIONS

This form must be completed by the Prime Contractor. Failure to complete and submit all pages of this form with the bid documents will result in the bid being rejected in its entirety. If additional space is needed, attach an additional form.

**CONTRACT TITLE:** \_\_\_\_\_

**CONTRACT NUMBER:** \_\_\_\_\_

**TASK ORDER NUMBER:** \_\_\_\_\_ **CATEGORY NUMBER:** \_\_\_\_\_  
(IF APPLICABLE) (IF APPLICABLE)

**TOTAL BID AMOUNT:** \_\_\_\_\_

I, acting in my capacity as an officer of the undersigned bidder (or bidders, if a joint venture), hereby assure the Chicago Transit Authority that on the above referenced project my company:

**Meets or exceeds** the Small Business Enterprise goal assessed and has provided documented participation of \_\_\_\_%. Attached are the signed participant statements (Schedule C) required by the Special Conditions evidencing availability and use of each business participating in this plan and assuring that each business will perform a commercially useful function in the work of the contract.

**Failed** to meet the Small Business Enterprise goal assessed through SBE participation, but included good faith effort documentation to meet the goal and provided documented participation of \_\_\_\_%. Attached are the signed participant statements (Schedule C) required by the Special Conditions evidencing availability and use of each business participating in this plan and assuring that each business will perform a commercially useful function in the work of the contract.

SBE FIRM (If 2 <sup>nd</sup> tier or lower, identify sub-prime)	TIER	WORK CATEGORY (e.g. Regular Dealer)	DESCRIPTION OF WORK	TOTAL AMOUNT OF SBE CONTRACT
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

The Chicago Transit Authority is requesting information that is necessary to accomplish the statutory as outlined under federal law. Disclosure of this information is **REQUIRED**. Failure to provide any information may result in the contract not being awarded.

# SBE - SCHEDULE D

## *SBE Utilization Plan*

**I hereby acknowledge that I have been advised of the following:**

*Any misrepresentation regarding the status of a person or an entity in order to qualify for SBE status may result in conviction for a Class 2 felony, including a penalty for one and a half times the value of the contract. Material misrepresentation on any matter will also be grounds for terminating any contract which may be awarded, and for initiating action under federal or state laws concerning false statements.*

*To the best of my knowledge, information and belief, the facts and representations contained in the aforementioned attached Schedules are true and no material facts have been omitted.*

*The undersigned will enter into a formal agreement with all listed SBE firms for work as indicated by this Schedule D and accompanying Schedule Cs, and will enter into such agreements within (7) seven calendar days after receipt of the contract executed by the Chicago Transit Authority or prior to any work being performed by the SBE subcontractor(s). In the event the Prime contractor cannot meet said seven (7) day schedule, it must provide a written explanation for the delay and an estimate date by which the written agreement will be completed.*

*If awarded a contract, I agree to promptly and directly provide the CTA on an ongoing basis, current, complete and accurate information regarding (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.*

*Further, I shall not discriminate on the basis of race, color, national origin, or sex in the performance of this contract. I shall carry out applicable requirements of 49 CFR Part 26 in the award and administration of DOT-assisted contracts. Failure by me to carry out these requirements is a material breach of this contract, which may result in the termination of this contract or such other remedy as the CTA deems appropriate.*

\_\_\_\_\_  
Signature of Owner, President, or Authorized Agent of Prime Contractor

\_\_\_\_\_  
Name of Prime Contractor

\_\_\_\_\_  
Printed Name of Owner, President, or Authorized Agent of Prime Contractor

\_\_\_\_\_  
Printed Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

### PUBLIC NOTARY SECTION

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the above-signed Officer of

**Name of Prime Contractor:** \_\_\_\_\_  
personally known to me as the person(s) described in the foregoing Affidavit, acknowledged that h/she executed the same in the capacity therein stated and for the purpose therein contained.

**IN WITNESS OF, I hereunto set my hand and official seal.**  
Signature of Notary Public

**OFFICIAL NOTARY SEAL**

My Commission Expires:



# SBE - SCHEDULE D – Additional Page

*SBE Utilization Plan*

CONTRACT NUMBER: \_\_\_\_\_

PRIME CONTRACTOR: \_\_\_\_\_

<b>SBE FIRM</b> (If 2 <sup>nd</sup> tier or lower, identify sub-prime)	<b>TIER</b>	<b>WORK CATEGORY</b> (e.g. Regular Dealer)	<b>DESCRIPTION OF WORK</b>	<b>TOTAL AMOUNT OF SBE CONTRACT:</b>
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

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