



**SCHEDULE D-3**  
Task Order Services Contracts  
Compliance Plan for DBE Commitment  
Affidavit of Prime Contractor

**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 set forth in the Schedule C-3 regarding **Disadvantaged Business Enterprise (DBE)** to perform as a subcontractor/sub-consultant/ or supplier. All DBE firms included in this plan have been certified as such by the City of Chicago or the Illinois Unified Certification Program (current letter of certification attached).

**I. Complete this section for each DBE participating on this Task Order:**

1. Name of DBE Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

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

Dollar Value of Participation: \$ \_\_\_\_\_

Percentage of 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 DBE Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

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

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Dollar Value of Participation: \$ \_\_\_\_\_

Percentage of 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 DBE Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

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

Dollar Value of Participation: \$ \_\_\_\_\_

Percentage of 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 DBE Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

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

Dollar Value of Participation: \$ \_\_\_\_\_

Percentage of 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.

\_\_\_\_\_

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5. Name of DBE Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

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

Dollar Value of Participation: \$ \_\_\_\_\_

Percentage of 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.

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6. Attach Additional Sheets as Needed

**II. Summary of Direct DBE Proposal**

1. DBE Direct Participation

DBE Firm Name	Dollar Value of Participation (\$)	Percentage of Participation (%)
<b>Total Direct DBE Participation</b>		

**III. Summary of Indirect DBE Proposal**

1. DBE Indirect Participation

DBE Firm Name	Dollar Value of Participation (\$)	Percentage of Participation (%)
<b>Total Indirect DBE Participation</b>		

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The Prime Contractor designates the following person as its DBE 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: \_\_\_\_\_