

CHICAGO HOUSING AUTHORITY  
Department of Procurement & Contracts Contract Compliance Division

OFFICE OF DEVELOPMENT MANAGEMENT Bidder/Proposers' MBE/WBE/DBE & Section 3 Contract Compliance Affidavit
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I, \_\_\_\_\_ as a respondent to CHA Specification # \_\_\_\_\_ do hereby affirm that I understand and fully support the policy and regulations set forth in the Amendment to Special Conditions MBE/WBE/DBE Utilization Plan and the Section 3 Policy (hereafter referred to as the Policies).

Given that contracts awarded for work under this RFQ are subject to the future issuance of contracts whose amounts will constitute the actual dollar amount, I understand that my MBE/WBE/DBE Utilization (Schedules A and B) and Section 3 Utilization (Schedule C) Plans will be required to be submitted on each award to reflect actual contract amounts to the listed contractors.

Based upon the total amount of the award as constituted by all issued awards, I agree to fully comply with the minimum participation goals as outlined in the Policies and the following reporting requirements:

- submit within five (5) business days of issuance of an award, copies of all resultant subcontract agreements with approved certified MBE, WBE and DBE firms, and on a monthly basis an updated Status Report of MBE/WBE/DBE Subcontractor/Supplier Payments (Schedule R) attaching appropriate documentation (canceled check copies and signed Waivers of Lien) to evidence payments to the subcontractors/suppliers approved on my MBE/WBE/DBE and Section 3 Utilization Plans.
- submit weekly/bi-weekly payrolls for service contracts with the Schedule E (WH-347 Certified Payroll Addendum).

I further understand that any changes to my approved MBE/WBE/DBE and Section 3 Utilization Plans require the approval of the Department of Procurement & Contracts' Contract Compliance Division. Additional firms will be allowed consistent with standards outlined in the Policies. Substitution of firms will only be considered consistent with provisions as stated in Article VII of the MBE/WBE/DBE Policy.

ACKNOWLEDGEMENT:

\_\_\_\_\_  
(Authorized Principal or Agent Signature)

\_\_\_\_\_  
Date

APPROVED:

\_\_\_\_\_  
(Policy & Monitoring Specialist II)

\_\_\_\_\_  
Date