

SCHEDULE A MBE / WBE Goal Implementation Plan

NOTE: The bidder/proposer shall, in determining the manner of MBE/WBE participation, must first consider involvement with MBE/WBE firms as joint venture partners, direct subcontractors, and suppliers of goods and services directly related to the performance of this contract. A service not directly related to the scope of services, but utilized during the bidder/proposer's normal course of business is considered indirect.

Additionally, all MBE/WBE firms included in this plan must be currently certified as such by at least one of the following agencies acknowledged by the City Colleges of Chicago (City of Chicago, Cook County, State of IL, Chicago Minority Supplier Development Council and regional affiliates and/or the Women's Business Development Center and its regional affiliates).

Project Name& Number Development of Racial Equity Improvement Ambassadors

In connection with the above referenced project I HEREBY DECLARE AND AFFIRM that I am a duly authorized

representative of:		
Derute Consulting Cooperative		
(Company Name) Elizabeth Drame	Digitally signed by Elizabeth Drame Date: 2022.08.11 09:57:48 -05'00'	
(Printed Name and Signature of bidder/proposer's authority)	orized representative)	
located at: 2266 N. Prospect Ave.,	Suite 523, Milwaukee, WI 53202	
Total Country of the	(Address, City & Zip)	
and I can reached at 414-502-6735 (phone number)	or via email at lizdrame@deruteconsulting.com	

The certified MBE and WBE participants on this project include (attach additional sheets as necessary):

Name of MBE/WBE Vendor:	e of MBE/WBE Vendor: Street Address:		
Derute Consulting Cooperative	2266 N. Prospect Ave., Suite 523	Milwaukee, WI 53202	
Contact Name:	Contact Title:	Contact Phone:	
Elizabeth Drame	abeth Drame Member		
Contact Email:	MBE 🛛 WBE 🗇	Certification Agencies:	
lizdrame@deruteconsulting.com	Supplier □ (100% credit)	State of Wisconsin Department of Administration	
Contract \$: #4 9 C 000	Contract %: 1000/	Indirect Participation	
\$180,000	100%	Direct Participation 🗸	
Contract \$: \$186,000	Contract %: 100%		

Description of Services: Our proposed scope of work is designed to support the implementation of the Malcolm X Equity Plan developed in 2020. For this project, we will deliver to Malcolm X College faculty and staff a practice-based professional development experience that will enable them to generate insights into their students' experiences, pilot locally-generated strategies for improvement, and evaluate the impact of their newly adopted strategies on student learning experiences and outcomes.



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ame of MBE/WBE Vendor:	Street Address:	City, State & Zip:	
ontact Name:	Contact Title:	Contact Phone:	
*			
ontact Email:	MBE □ WBE □ Supplier □	Certification Agencies:	
ontract \$:	Contract %:	Indirect Participation Direct Participation	
escription of Services:			
	Common Additional	City, State & Zip:	
lame of MBE/WBE Vendor:	Street Address:	City, state & Zip.	
Contact Name:	Contact Title:	Contact Phone:	
Contact Email:	MBE	Certification Agencies:	
Contract \$:	Contract %:	Indirect Participation Direct Participation	
Description of Services:			
Name of MBE/WBE Vendor:	Street Address:	City, State & Zip:	
Contact Name:	Contact Title:	Contact Phone:	
	Mar D Was D	Cortification Agencies:	
Contact Email:	MBE WBE Supplier	Certification Agencies:	
Contract \$:	Contract %:	Indirect Participation Direct Participation	
Description of Services:			



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Total MBE Direct	\$ %	Total MBE Indirect	\$ %
Total WBE Direct	\$ %	Total WBE Indirect	\$ %

Bidder/Proposer's M/V	VBE Liaison (if other than the submitter o	f the Schedule):
(Please print—Nam	ne, phone & email address)	
Affidavit of Bidder/Pro	poser:	
plan to achieve the City information contained material misrepresenta	Colleges of Chicago's MBE/WBE goals and nerein is true and no material facts have b	forth herein describing the Bidder/Proposer's I that to the best of my knowledge the een omitted. Additionally I understand that on if the Bidder/Proposer is so selected and will
On this 11	_{day of} August	,20_22_, the
Member		Derute Consulting Cooperative
(Title of A	ffiant)	(Name of Company)
appeared before me to	acknowledge the execution of the terms of	contained herein.
IN WITNESS WHEREOF,	I HEREUNTO SET MY HAND AND OFFICIAL	SEAL. JAZZLIN JONES Notary Public State of Wisconsin
My Commission Expires.	07/21/2026	(Seal)