

June 1, 2018

ADDENDUM NO. 1

SPECIFICATION NO. 284964

FOR

**Comprehensive Landscape Services Region VII  
Specification No. 284964**

**This document contains:**

- I. Revisions to the Specification
- II. Questions submitted for clarification of the Specification
- III. Special Conditions Forms
- IV. Addendum No. 1 Receipt Acknowledgement

For which Bids are scheduled to be received no later than 11:00 a.m., Central Time June 8, 2018/Pursuant to a Bid advertised on April 20, 2018, in the Department of Procurement Services, Bid & Bond, Room 103, City Hall.

Required for use by:

**CITY OF CHICAGO  
Department of Water Management**



This Addendum is distributed by:

**CITY OF CHICAGO  
Department of Procurement Services**

**Bidder must acknowledge receipt of this Addendum No. 1 on the Bid Execution Page and should complete and return the attached Acknowledgment by email to**

**[Magdalena.Toussaint@CityofChicago.org](mailto:Magdalena.Toussaint@CityofChicago.org)**

**Attn: Magdalena Toussaint , Procurement Specialist  
Phone: 312-744-1681**

---

**RAHM I. EMANUEL  
MAYOR**

**JAMIE L. RHEE  
CHIEF PROCUREMENT OFFICER**

---

June 1, 2018

ADDENDUM NO. 1

FOR

**COMPREHENSIVE LANDSCAPE SERVICES REGION VII**

**SPECIFICATION NO. 284964**

**FOR WHICH BIDS WERE SCHEDULED TO BE OPENED IN THE BID & BOND ROOM 103, CITY HALL, CHICAGO, ILLINOIS 60602, BY 11:00 A.M., CENTRAL TIME ON JUNE 4, 2018.**

The following revisions will be incorporated in the above-referenced Specification. All other provisions and requirements are as originally set forth remain in full force and are binding.

**BIDDER MUST ACKNOWLEDGE RECEIPT OF THIS ADDENDUM # 1 ON THE BID EXECUTION PAGE, ARTICLE 16 SUBMITTED WITH YOUR BID. FAILURE TO ACKNOWLEDGE ALL MAY RESULT IN BID REJECTION.**

**SECTION I: REVISIONS TO THE SPECIFICATION**

**Revision 1:**

The Bid Opening Date has been postponed to June 18, 2018, 11:00 a.m. Central Time.

**Revision 2:**

**ARTICLE 6 SPECIAL CONDITIONS REGARDING MINORITY BUSINESS ENTERPRISE COMMITMENT AND WOMEN ENTERPRISE COMMITMENT FOR TARGET MARKET CONTRACTS will include the following forms:**

- a. Schedule C-2: Letter of Intent From MBE/WBE To Perform As Subcontractor, Supplier and/or Consultant
- b. Schedule D-2: Affidavit of Implementation of MBE/WBE Goals and Participation Plan
- c. Schedule B: Affidavit of Joint Venture (MBE/WBE)

**Revision 3:**

**ARTICLE 4 TERMS FOR WORK SERVICES CONTRACTS 4.4 CENTRALIZED INVOICE PROCESSING is hereby deleted in its entirety and replaced with the following:**

This Contract is subject to Centralized Invoice Processing ("CIP"). Invoices must be submitted directly to the Comptroller's office by US Postal Service mail to the following address as appropriate:

*Invoices for any City department other than the Department of Aviation:*

Invoices  
City of Chicago, Department of Water Management  
Jardine Water Purification Plant

1000 East Ohio Street  
Chicago, IL 60611  
Attn: Gary Deitz, Accounts Payable

OR

Invoices for the Department of Water Management, may be submitted via email in PDF format to [Gary.Deitz@Cityofchicago.org](mailto:Gary.Deitz@Cityofchicago.org) with the word "INVOICE" in the subject line.

All invoices must be signed, marked "original," and include the following information or payment will be delayed:

- Invoice number and date
- Contract/Purchase Order number
- Blanket Release number (if applicable)
- Vendor name and/or number
- Remittance address
- Name of City Department that ordered the goods or services
- Name and phone number of your contact at the ordering department
- Invoice quantities, commodity codes, description of deliverable(s)
- Amount due
- Receipt number (provided by the ordering department after delivery of goods/services)

Invoice quantities, service description, unit of measure, pricing and/or catalog information must correspond to the terms of the Bid Page(s).

If applicable, if invoicing Price List/Catalog items, indicate Price List/Catalog number, item number, Price List/Catalog date, and Price List/Catalog page number on the invoice.

Invoices for over-shipments or items with price/wage escalations will be rejected unless the Contract includes a provision for such an adjustment.

Freight, handling and shipping costs are not to be invoiced; deliveries are to be made F.O.B., City of Chicago. The City of Chicago is exempt from paying State of Illinois sales tax and Federal excise taxes on purchases.

The City may change its invoice submission and processing procedure during the term of this Contract. Should a change occur, the City will notify Contractor of the new procedure which the Contractor will then be required to follow.

## **SECTION II: QUESTIONS SUBMITTED FOR CLARIFICATION OF THE SPECIFICATION**

1. **Question:** For Spec 284964, what area(s) does Region VII cover?

**Answer:** Please refer to Section 5.8.1. Region VII Water Stations.

2. **Question:** Will restricted access areas of CLS Region VII Specification 284964 be available for viewing in person before the bid deadline?

**Answer:** Yes, the site(s) visit date will be on Wednesday June 6, 2018 between 8:00 am and 2:00 pm. The two locations are Jardine Water Purification Plant 1000 East Ohio Street Chicago, Illinois 60611 and South Water Purification Plant 3300 E. Cheltenham Chicago, Illinois 60649. Please contact Magdalena Toussaint @ Magdalena.Toussaint@cityofchicago.org or 312-744-1681 to schedule an appointment.

**SECTION III: SPECIAL CONDITIONS FORMS**

**Schedule C-2: Letter of Intent From MBE/WBE To Perform As Subcontractor, Supplier and/or Consultant**



**FOR  
NON-CONSTRUCTION  
PROJECTS ONLY  
TARGET MARKET**

**SCHEDULE C-2**  
MBE/WBE Letter of Intent to Perform as a  
Subcontractor, Supplier, or Consultant

Project Name: \_\_\_\_\_ Specification No.: \_\_\_\_\_

From: \_\_\_\_\_  
(Name of MBE/WBE Firm)

To: \_\_\_\_\_ and the City of Chicago.  
(Name of Prime Contractor)

The MBE or WBE status of the undersigned is confirmed by the attached City of Chicago or Cook County Certification Letter, effective,

\_\_\_\_\_ to \_\_\_\_\_  
(Date) (Date)

The undersigned is prepared to perform the following services in connection with the above named project/contract. If more space is required to fully describe the MBE or WBE proposed scope of work and/or payment schedule, including a description of the commercially useful function being performed. Attach additional sheets as necessary:

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

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

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

**SUB-SUBCONTRACTING LEVELS**

A zero (0) must be shown in each blank if the MBE or WBE will not be subcontracting any of the work listed or attached to this schedule.

\_\_\_\_\_ % of the dollar value of the MBE or WBE subcontract that will be subcontracted to non MBE/WBE contractors.

\_\_\_\_\_ % of the dollar value of the MBE or WBE subcontract that will be subcontracted to MBE or WBE contractors.

**NOTICE: If any of the MBE or WBE scope of work will be subcontracted, list the name of the vendor and attach a brief explanation, description and pay item number of the work that will be subcontracted.**

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, within three (3) business days of your receipt of a signed contract from the City of Chicago.

The undersigned has entered into a formal written mentor protégé agreement as a subcontractor/protégé with you as a Prime Contractor/mentor: ( ) Yes ( ) No

**NOTICE: THIS SCHEDULE AND ATTACHMENTS REQUIRE ORIGINAL SIGNATURES.**

\_\_\_\_\_  
(Signature of President/Owner/CEO or Authorized Agent of MBE/WBE) (Date)

\_\_\_\_\_  
(Name/Title-Please Print)

\_\_\_\_\_  
(Email & Phone Number)

**Schedule D-2: Affidavit of Implementation of MBE/WBE Goals and Participation Plan**



**SCHEDULE D-2**  
Affidavit of Target Market Prime Contractor

**FOR  
NON-CONSTRUCTION  
PROJECTS ONLY**

**MUST BE SUBMITTED WITH THE BID. FAILURE TO SUBMIT THE SCHEDULE D-2 WILL CAUSE THE BID TO BE REJECTED. DUPLICATE AS NEEDED.**

Project Name: \_\_\_\_\_

Specification No.: \_\_\_\_\_

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

\_\_\_\_\_  
 (Name of Prime Consultant/Contractor)

and that I have personally reviewed the 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 **or Cook County** (Letters of Certification Attached).

**I. Direct Participation of Subcontracting 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. The MBE and/or WBE bidder (s) is to attach a copy of their City of Chicago Letter of Certification.
- B. If bidder/proposer is a joint venture with all joint venture partners are certified MBEs or WBEs, attach copies of Letters of Certification, the Schedule B-2 form, and a copy of Joint Venture Agreement clearly describing the role of each MBE/WBE firm(s) and its ownership interest in the joint venture.
- C. Complete this section for each MBE/WBE Subcontractor/Supplier/Consultant participating on this contract::

1. Name of Subcontractor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Dollar Value of Participation \$ \_\_\_\_\_  
 Percentage of Participation % \_\_\_\_\_  
 Type of Firm:    MBE                      WBE                      Non-MBE/WBE  
 Mentor Protégé Agreement (attach executed copy): ( ) Yes    ( ) No    ~~Add'l~~ Percentage Claimed:<sup>1</sup> \_\_\_\_\_ %  
**Total Participation %** \_\_\_\_\_

2. Name of Subcontractor: \_\_\_\_\_  
 Address: \_\_\_\_\_

<sup>1</sup> The Prime Contractor may claim an additional 0.333 percent participation credit (up to a maximum of five (5) percent) for every one (1) percent of the value of the contract performed by the MBE/WBE protégé firm.

## Schedule D-2: Affidavit of Implementation of MBE/WBE Goals and Participation Plan

Contact Person: \_\_\_\_\_

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

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

Percentage of Participation % \_\_\_\_\_

Type of Firm: MBE                  WBE                  Non-MBE/WBE

Mentor Protégé Agreement (attach executed copy): ( ) Yes ( ) No ~~Add'l~~ Percentage Claimed: \_\_\_\_%

**Total Participation %** \_\_\_\_\_

3. Name of Subcontractor: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

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

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

Percentage of Participation % \_\_\_\_\_

Type of Firm: MBE                  WBE                  Non-MBE/WBE

Mentor Protégé Agreement (attach executed copy): ( ) Yes ( ) No ~~Add'l~~ Percentage Claimed: \_\_\_\_%

**Total Participation %** \_\_\_\_\_

4. Name of Subcontractor: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

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

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

Percentage of Participation % \_\_\_\_\_

Type of Firm: MBE                  WBE                  Non-MBE/WBE

Mentor Protégé Agreement (attach executed copy): ( ) Yes ( ) No ~~Add'l~~ Percentage Claimed: \_\_\_\_%

**Total Participation %** \_\_\_\_\_

5. Attach Additional Sheets as Needed

### 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

## Schedule D-2: Affidavit of Implementation of MBE/WBE Goals and Participation Plan

performance does not directly relate to the performance of this contract:

1. Name of MBE/WBE: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Dollar Value of Participation \$ \_\_\_\_\_  
Percentage of Participation % \_\_\_\_\_  
Mentor Protégé Agreement (attach executed copy): ( ) Yes ( ) No ~~Add'l~~ Percentage Claimed: \_\_\_\_\_%  
**Total Participation %** \_\_\_\_\_
  
2. Name of MBE/WBE: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Dollar Value of Participation \$ \_\_\_\_\_  
Percentage of Participation % \_\_\_\_\_  
Mentor Protégé Agreement (attach executed copy): ( ) Yes ( ) No ~~Add'l~~ Percentage Claimed: \_\_\_\_\_%  
**Total Participation %** \_\_\_\_\_
  
3. Name of MBE/WBE: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Dollar Value of Participation \$ \_\_\_\_\_  
Percentage of Participation % \_\_\_\_\_  
Mentor Protégé Agreement (attach executed copy): ( ) Yes ( ) No ~~Add'l~~ Percentage Claimed: \_\_\_\_\_%  
**Total Participation %** \_\_\_\_\_
  
4. Name of MBE/WBE: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Dollar Value of Participation \$ \_\_\_\_\_



**Schedule D-2: Affidavit of Implementation of MBE/WBE Goals and Participation Plan**

Percentage of Participation % \_\_\_\_\_

Mentor Protégé Agreement (attach executed copy): ( ) Yes ( ) No ~~Add'l~~ Percentage Claimed: \_\_\_\_\_%

**Total Participation %** \_\_\_\_\_

5. Attach Additional Sheets as Needed

The Contractor designates the following person as its MBE/WBE 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: \_\_\_\_\_

## SCHEDULE B: Affidavit of Joint Venture (MBE/WBE)

### SCHEDULE B: Affidavit of Joint Venture (MBE/WBE)

This form need not be submitted if all joint venturers are MBEs and/or WBEs. In such a case, however, a written joint venture agreement among the MBE and WBE venturers must be submitted. In all proposed joint ventures, each MBE and/or WBE venturer must submit a copy of their current Letter of Certification.

All Information Requested by this Schedule must Be Answered in the Spaces Provided. Do Not Refer to Your Joint Venture Agreement Except to Expand on Answers Provided on this Form. If Additional Space Is Required, Additional Sheets May Be Attached.

- I. Name of joint venture: \_\_\_\_\_  
Address of joint venture: \_\_\_\_\_  
\_\_\_\_\_  
Phone number of joint venture: \_\_\_\_\_
- II. Identify each non-MBE/WBE venturer(s):  
Name of Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Contact person for matters concerning MBE/WBE compliance: \_\_\_\_\_
- III. Identify each MBE/WBE venturer(s):  
Name of Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Contact person for matters concerning MBE/WBE compliance: \_\_\_\_\_
- IV. Describe the role(s) of the MBE and/or WBE venturer(s) in the joint venture: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- V. Attach a copy of the joint venture agreement. In order to demonstrate the MBE and/or WBE venturer'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 MBE/WBE's own forces; (3) work items to be performed under the supervision of the MBE/WBE venturer; and (4) the commitment of management, supervisory and operative personnel employed by the MBE/WBE to be dedicated to the performance of the project.
- VI. Ownership of the Joint Venture.  
A. What are the percentage(s) of MBE/WBE ownership of the joint venture?  
MBE/WBE ownership percentage(s) \_\_\_\_\_  
Non-MBE/WBE ownership percentage(s) \_\_\_\_\_
- B. Specify MBE/WBE percentages for each of the following (provide narrative descriptions and other detail as applicable):
1. Profit and loss sharing: \_\_\_\_\_
2. Capital contributions:  
(a) Dollar amounts of initial contribution: \_\_\_\_\_

**SCHEDULE B: Affidavit of Joint Venture (MBE/WBE)**

**Schedule B: Affidavit of Joint Venture (MBE/WBE)**

\_\_\_\_\_

(b) Dollar amounts of anticipated on-going contributions:\_\_\_\_\_

3. Contributions of equipment (Specify types, quality and quantities of equipment to be provided by each venturer):\_\_\_\_\_

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

4. Other applicable ownership interests, including ownership options or other agreements which restrict or limit ownership and/or control:\_\_\_\_\_

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

5. Provide copies of all written agreements between venturers concerning this project.

6. Identify each current City of Chicago contract (and each contract completed during the past two (2) years) by a joint venture of two or more firms participating in this joint venture:

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

VII. Control of and Participation in the Joint Venture. Identify by name and firm those 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. Joint venture check signing:

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

B. Authority to enter contracts on behalf of the joint venture:

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

C. Signing, co-signing and/or collateralizing loans:

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

D. Acquisition of lines of credit:

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

**SCHEDULE B: Affidavit of Joint Venture (MBE/WBE)**

**Schedule B: Affidavit of Joint Venture (MBE/WBE)**

- 
- E. Acquisition and indemnification of payment and performance bonds:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- F. Negotiating and signing labor agreements:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- G. Management of contract performance. (Identify by name and firm only):
1. Supervision of field operations: \_\_\_\_\_
  2. Major purchases: \_\_\_\_\_
  3. Estimating: \_\_\_\_\_
  4. Engineering: \_\_\_\_\_
- VIII. Financial Controls of joint venture:
- A. Which firm and/or individual will be responsible for keeping the books of account?  
\_\_\_\_\_  
\_\_\_\_\_
- B. Identify the managing partner, if any, and describe the means and measure of their compensation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- C. What authority does each venturer have to commit or obligate the other to insurance and bonding companies, financing institutions, suppliers, subcontractors, and/or other parties participating in the performance of this contract or the work of this project?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- IX. State the approximate number of operative personnel (by trade) needed to perform the joint venture's work under this contract. Indicate whether they will be employees of the non-MBE/WBE firm, the MBE/WBE firm, or the joint venture.

**SCHEDULE B: Affidavit of Joint Venture (MBE/WBE)**

**Schedule B: Affidavit of Joint Venture (MBE/WBE)**

Trade	Non-MBE/WBE Firm (Number)	MBE/WBE (Number)	Joint Venture (Number)

If any personnel proposed for this project will be employees of the joint venture:

- A. Are any proposed joint venture employees currently employed by either venturer?  
Currently employed by non-MBE/WBE (number) \_\_\_\_ Employed by MBE/WBE \_\_\_\_
- B. Identify by name and firm the individual who will be responsible for hiring joint venture employees:  
\_\_\_\_\_
- C. Which venturer will be responsible for the preparation of joint venture payrolls:  
\_\_\_\_\_
- X. Please state any material facts of additional information pertinent to the control and structure of this joint venture.

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

**SCHEDULE B: Affidavit of Joint Venture (MBE/WBE)**

**Schedule B: Affidavit of Joint Venture (MBE/WBE)**

The undersigned affirms 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 venturer in the undertaking. Further, the undersigned covenant and agree to provide to the City current, complete and accurate information regarding actual joint venture work and the payment therefore, and any proposed changes in any provision of the joint venture agreement, and to permit the audit and examination of the books, records and files of the joint venture, or those of each venturer relevant to the joint venture by authorized representatives of the City or the Federal funding agency.

Any material misrepresentation will 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 on the joint venture's work on the project, there is any change in the information submitted, the joint venture must inform the City of Chicago, either directly or through the prime contractor if the joint venture is a subcontractor.

_____	_____
Name of MBE/WBE Partner Firm	Name of Non-MBE/WBE Partner Firm
	Firm
_____	_____
Signature of Affiant	Signature of Affiant
_____	_____
Name and Title of Affiant	Name and Title of Affiant
_____	_____
Date	Date

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

\_\_\_\_\_

(names of affiants)

personally appeared and, known to me be the persons described in the foregoing Affidavit, acknowledged that they executed the same in the capacity therein stated and for the purpose therein contained.

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

\_\_\_\_\_  
Signature of Notary Public

My Commission Expires: \_\_\_\_\_

(SEAL)

**CITY OF CHICAGO – DEPARTMENT OF PROCUREMENT SERVICES  
JAMIE L. RHEE, CHIEF PROCUREMENT OFFICER**

**June 1, 2018**  
**ADDENDUM NO. 1**  
**SPECIFICATION NO. 284964**  
**FOR**  
**COMPREHENSIVE LANDSCAPE SERVICES REGION VII**

Required by:



**CITY OF CHICAGO**  
**Department of Water Management**

Consisting of Sections I, II, III, and IV including this Acknowledgment.

**IV. ADDENDUM NO. 1 RECEIPT ACKNOWLEDGMENT**

I hereby acknowledge receipt of Addendum No. 1 to the Specification named above and further state that I am authorized to execute this Acknowledgment on behalf of the company listed below.

\_\_\_\_\_  
Signature of Authorized Individual

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Authorized Individual (Type or Print)

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Business Telephone Number

**Complete and Return this Acknowledgment by email to:**  
[Magdalena.Toussaint@cityofchicago.org](mailto:Magdalena.Toussaint@cityofchicago.org)  
**Attention: Magdalena Toussaint, Procurement Specialist**

