JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT

COMPLETE THIS SECTION IF NEW CONTRACT
For contract(s) in this request, answer applicable questions in each of the 4 major subject areas below in accordance with the Instructions for Preparation of Non-Competitive Procurement Form on the reverse side.

Request that negotiations be conducted only with AVID CONSULTING, LLC for the product and/or services described herein.

This is a request for (Name of Person or Firm) (One-Time Contractor Requisition # ___________ , copy attached) or Term Agreement or Delegate Agency (Check one). If Delegate Agency, this request is for "blanket approval" of all contracts within the (Attachment List) Pre-Assigned Specification No. Pre-Assigned Contract No.

(Program Name)

COMPLETE THIS SECTION IF AMENDMENT OR MODIFICATION TO CONTRACT
Describe in detail the change in terms of dollars, time period, scope of services, etc., its relationship to the original contract and the specific reasons for the change. Indicate both the original and the adjusted contract amount and/or expiration date with this change, as applicable. Attach copy of all supporting documents. Request approval for a contract amendment or modification to the following:

Contract #: ________________________ Company or Agency Name: ________________________

Specification #: ________________________ Contract or Program Description: ________________________

Mod. #: ________________________ (Attachment List, if multiple)

Originator Name ________________________ Telephone ________________________ Signature ________________________ Department ________________________ Date ________________________

Indicate SEE ATTACHED in each box below if additional space needed: 

( ) PROCUREMENT HISTORY

( ) ESTIMATED COST

( ) SCHEDULE REQUIREMENTS

( ) EXCLUSIVE OR UNIQUE CAPABILITY

( ) OTHER

APPROVED BY: ________________________ DATE: 9/11/06

DEPARTMENT HEAD OR DESIGNEE ________________________

BOARD CHAIRPERSON ________________________ DATE: 9/11/06
INSTRUCTIONS FOR PREPARATION OF NON-COMPETITIVE PROCUREMENT FORM (Rev. 5/04)

If a City Department has determined that the purchase of supplies, equipment, work and/or services cannot be done on a competitive basis, a sole source justification must be prepared on this “Justification for Non-Competitive Procurement Form” in which procurement is requested on a non-bid or non-competitive basis in accordance with 65 ILCS 5/8-10-4 of the Illinois Compiled Statutes. All applicable questions in each Subject Area below must be answered. The information provided must be complete and in sufficient detail to allow for a decision to be made by the Non-Competitive Procurement Review Board. Also attach a complete CPAC Project Checklist, and any other required forms (see Other #1, below). The Board will not consider justifications with incomplete information documentation.

PROCUREMENT HISTORY (INCLUDING FUTURE PROCUREMENT OBJECTIVES)

1. Describe the requirement and how it evolved from initial planning to its present status.
2. Is this a first time requirement or a continuation of previous procurement from the same source? If so, explain the procurement history.
3. Explain attempts made to competitively bid the requirement. (Attach copy of notices and list of sources contacted)
4. Describe all research done to find other sources. (List other cities contacted, companies in the industry contacted, professional organizations, periodicals and other publications used).
5. Explain future procurement objectives. Is this a one-time request or will future requests be made for doing business with the same source?
6. Explain whether or not future competitive bidding is possible. If not, why not?

ESTIMATED COST (for "ESTIMATED COST")

1. What is the estimated cost for this requirement (or for each contract, if multiple awards contemplated)? What is the funding source?
2. What is the estimated cost by fiscal year, if the job project or program covers multiple years?
3. Explain the basis for estimating the cost and what assumptions were made and/or data used (ie. budgeted amount, previous contract price, current catalog or cost proposal from firms solicited, engineering or in-house estimate, etc.).
4. Explain whether the proposed Contractor or the City has a substantial dollar investment in original design, tooling or other factors which would be duplicated at City expense if another source was considered. Describe cost savings or other measurable benefits to the City which may be achieved.
5. Explain what negotiation of price has occurred or will occur. Detail why the estimated cost is deemed reasonable.

SCHEDULE REQUIREMENTS (for "SCHEDULE REQUIREMENTS")

1. Explain how the schedule was developed and at what point the specific dates were known.
2. Is lack of drawings and/or specifications a constraining factor to competitive bidding? If so, why is the proposed Contractor the only person or firm able to perform under these circumstances? Why are the drawings and specifications lacking? What is the lead time required to get drawings and specifications suitable for competition? If lack of drawings and specifications is not a constraining factor to competitive bidding, explain why only one person or firm can meet the required schedule.
3. Outline the required schedule by delivery or completion dates and explain the reasons why the schedule is critical.
4. Describe in detail what impact delays for competitive bidding would have on City operations, programs, costs and budgeted funds.

EXCLUSIVE OR UNIQUE CAPABILITY (for "EXCLUSIVE OR UNIQUE CAPABILITY")

1. If contemplating hiring a person or firm as a Professional Service Consultant, explain in detail what professional skills, expertise, qualifications, other factors make this person or firm exclusively or uniquely qualified for the project. Attach copy of cost proposal and scope of services.
2. Does the proposed firm have personnel considered unquestionably predominant in the particular field?
3. What prior experience of a highly specialized nature does the person or firm exclusively possess that is vital to the job, project or program?
4. What technical facilities or test equipment does the person or firm exclusively possess of a highly specialized nature which is vital to the job?
5. What other capabilities and/or capacity does the proposed firm possess which is necessary for the specific job, project or program which makes them the only source who can perform the work within the required time schedule without unreasonable costs to the City?
6. If procuring products or equipment, describe the intended use and explain any exclusive or unique capabilities, features and/or functions the items have which no other brands or models, etc. possess. Is compatibility with existing equipment critical from an operational standpoint? Explain why.
7. Is competition precluded because of the existence of patent rights, copyrights, trade secrets, technical data, or other proprietary data? Attach documentation verifying such.
8. If procuring replacement parts and/or maintenance services, explain whether or not replacement parts and/or services can be obtained from any other sources? If not, is the proposed firm the only authorized or exclusive dealer/distributor and/or service center? If so, attach letter from manufacturer.

MBE/WBE COMPLIANCE PLAN

1. All submissions must contain detailed information about how the proposed firm will comply with the requirements of the City’s Minority and Women Owned Business program. All submissions must include a complete C-1 and D-1 form, which is available on the Procurement Services page on the City’s intranet site.

OTHER (for "OTHER")

1. Explain other related considerations and attach all applicable supporting documents (an approved Information Technology Strategy Committee (ITSC) form, an approved Request for Individual Contract Services form, etc.)

REVIEW AND APPROVAL (for "REVIEW AND APPROVAL")

This form must be signed by both the Originator of the request and approved by the Department Head or authorized designee. After review and final disposition from the Board, this form will be stamped to indicate the final disposition and signed by the Chairperson of the Board of authorized designee. This form must be signed by both the Originator of the request and approved by the Department Head or authorized designee. After
DPS PROJECT CHECKLIST

IMPORTANT: PLEASE READ AND FOLLOW THE INSTRUCTIONS FOR COMPLETING THE PROJECT CHECKLIST AND CONTACT THE APPROPRIATE UNIT MANAGER IF YOU HAVE ANY FURTHER QUESTIONS. ALL INFORMATION SHOULD BE COMPLETED, ATTACH ALL REQUIRED MATERIALS AND SUBMIT FOR HANDLING TO THE DEPARTMENT OF PROCUREMENT SERVICES, ROOM 403, CITY HALL, 121 N. LASALLE STREET, CHICAGO, ILLINOIS 60602.

GENERAL INFORMATION:
Date: 9-14-06
REQ No. 2943
Specification No 50762
PO No: (if known): Modification No.: (if known):
Project Description:

Contact Person: Michele Price
Tel: 445-9000 Fax: E-mail:

FUNDING:
City: □ Corporate □ Bond □ Enterprise □ Grant □ Other
State: □ IDOT/Transit □ IDOT/Highway □ Grant □ Other
Federal: □ FHWA □ FTA □ FAA □ Grant □ Other

LINE
FY
FUND
DEPT
ORGN
APPR
ACTV
OBJT
PROJECT
RPTG
$ DOLLAR
AMOUNT
01	06	100	099	4429	0149	208169

Estimated Value $ 438,000

"IF GRANT FUNDED, A COPY OF THE APPROVED GRANT AND APPLICATION ARE REQUIRED and any other terms and conditions that may apply.

SCOPE STATEMENT:

X Attached is a Detailed Scope of Services and/or Specification

IMPORTANT: THIS IS A CRITICAL PORTION OF YOUR SUBMITTAL. IN ORDER FOR DPS TO ACCEPT YOUR SUBMITTAL, YOU MUST COMPLETE THE SPECIFIC SCOPE REQUIREMENTS AS SET FORTH IN THE SUPPLEMENTAL CHECKLIST FOR THAT UNIT.

The following is a general description of what should be included in a Scope of Services or Specification:
A clear description of all anticipated services and products, including time frame for completion, special qualifications of prospective vendors, special requirements or needs of the project, locations, anticipated participating user departments, citation of any applicable City, county or state/federal regulation or statute.

TYPE OF PROCUREMENT REQUESTED (check all that apply):

NEW REQUEST
X Blanket Agreement
□ Standard Agreement
□ Small Orders

MODIFICATION
□ Time Extension
□ Vendor Limit Increase
□ Scope Change/Price increase/Additional Line item(s)
□ Other (specify):

FORMS: □ Requisition □ Special Approvals □ Non-Competitive Review Board (NCWB)

CONTRACT TERM: Requested Term (number of months): 36

PRE BID/SUBMITTAL REQUIREMENTS:
Requesting Pre Bid/Submittal Conference? □ Yes □ No Requesting Site Visit? □ Yes □ No
**CITY OF CHICAGO**  
PURCHASE REQUISITION

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<tr>
<td>7TH FLOOR</td>
<td>PREPARER: Scott M Hoffman</td>
</tr>
<tr>
<td>Chicago, IL 60602</td>
<td>NEEDED:</td>
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<td>APPROVED: 9/8/2006</td>
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**REQUISITION DESCRIPTION**
REQUEST PROFESSIONAL SERVICES CONTRACT FOR AVID CONSULTING, LLC FOR WORK ON ORACLE PAYROLL SYSTEM. THREE YEAR CONTRACT FOR A TOTAL OF $630,000. ANY FURTHER QUESTIONS CONTACT MICHELE PRICE 744-5990.

**SPECIFICATION NUMBER:** 50862

**COMMODITY INFORMATION**

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CONSULTING

**SUGGESTED VENDOR:** AVID CONSULTING, LLC  
**REQUESTED BY:** Scott M Hoffman

**DIST** | **BFY** | **FUND** | **COST CTR** | **APPR** | **ACCT** | **ACTV** | **PROJECT** | **RPT CAT** | **GENRL** | **FUTR** | Dist. Amt. | LINE TOTAL: |
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**REQUISITION TOTAL:** 0.00

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Where a commodity is for a particular or unique use other than standard quality, grades, color, size or other characteristics, give details of how it will be and for what purpose.  
Requisitions prepared incorrectly will be returned to the using department.
PROCUREMENT HISTORY

1. Requirement was to obtain consultants with Oracle Payroll Module implementation experience to assist with the City of Chicago’s implementation. Initially, Oracle Corporation retained Avid Consulting, LLC’s services in February 2001. The Oracle Payroll implementation date was extended and AVID Consulting LLC’s services were transferred to GMS Consulting in March 2002. AVID CONSULTING LLC’s services were then transferred to Keane Consulting in May 2005 for the implementation of the Oracle Payroll module. Since implementation, Avid Consulting has been providing services as a sub contractor to Keane Consulting assisting with timely implementation of system enhancements, problem resolution, and documenting City payroll processes which Keane’s limited resources could not support.

2. This is a first time requirement.

3. No attempts have been made for competitive bid due to the experience needed to provide the level of service required for this engagement. Avid is knowledgeable in every aspect of the City’s payroll system.

4. No research has been done

5. This is a request for a three-year contract with option to renew/extend.

6. Future competitive bidding is possible.

ESTIMATED COST

1. Estimated cost for this requirement is $630,000. 3-year contract for 28 hours per week at $150 per hour.

2. Estimated cost by fiscal year is $210,000.

3. 28 hours per week for 50 weeks per year at $150 per hour.

4. The Contractor and City have a significant investment in the knowledge possessed by the Contractor. The Contractor has been involved with the Finance Department for 5 years and has an extensive knowledge of City Payroll Operations. In addition, the Contractor has a strong knowledge of the Oracle Payroll module. The City benefits from not having to incur the cost of comparable training to another resource on the City’s Payroll Operations.

5. The price reflects a reduction from the billing rate charged by Keane Consulting and also is a market rate for comparable consulting services.

SCHEDULE REQUIREMENTS

The schedule was created by reviewing the new functionality being distributed in the Oracle Payroll module, legislative deadlines set by the Internal Revenue Service (IRS) and Social Security Administration (SSA) and the semi-monthly payroll processing schedule.

Specifications are available as provided in the below schedule. The proposed Contractor is not the only firm able to perform the tasks in the schedule. However, the proposed Contractor is presently on-site and has been providing support to the
City Finance Department. In addition, the proposed Contractor can begin working on the scheduled requirements immediately. This will allow the City to implement new functionality, continue processing semi-monthly payrolls on a timely basis and meet legislative deadlines without any loss in service.

Required Schedule by Delivery Date:

- Provide support on Oracle Payroll application issues for each semi-monthly payroll run. There are a minimum of four (4) payroll runs processed each month.
- Implementation of the CHIPPS Retro payments by end of Q4 2006.
- Testing and implementation of new garnishment architecture by Q4 2006.
- Analysis of new functionality in mandatory upgrades released by Oracle Corporation. In addition, testing and development of strategies for implementation of new functionality on-going.
- Provide assistance with the development, testing and implementation of new earnings and deductions such as health insurance by Q4 2006.
- Provide assistance with year end processing for timely issuance of W2 (Nov 2006 – Feb 2007)
- Provide assistance and input with the development and testing of a new payroll model by Q1 2007.
- Provide assistance with implementation of new payroll model by Q2 2007.
- Provide analysis and assistance with implementation of Oracle Workflow for the Oracle Payroll module by Q2 2007. If the analysis is favorable, Oracle Workflow will allow the Finance Department to automate the payroll process. This automation could result in less manual intervention to submit all of the processes to successfully produce checks and direct deposit transactions.
- Provide analysis and assistance in the implementation of the seeded Payroll Exception Reporting by Q4 2006. Our analysis will identify if there are any reports which would be helpful for timely error identification and resolution during the payroll processing cycle.
- The year-end process is being run each pay period to identify and resolve errors prior to December 16, 2006. Provide assistance with error identification and error resolution. In addition, assist City of Chicago staff with the documentation of procedures.
- Provide analysis and assistance with the creation of new earnings and/or deduction elements.
- Provide analysis and assistance with the preparation and documentation of business continuity procedures for CHIPPS.
- Other requests as they are identified.
- Provide additional resources as needed.
Impact of delays for competitive bidding on City Operations:

Paper W2's must be distributed to employees by Jan 31, 2007 and the magnetic file must be sent to the Social Security Administration by March 31, 2007. Mandatory upgrades are released every quarter and must be implemented before the next quarter.

EXCLUSIVE AND UNIQUE CAPABILITY

1. The AVID CONSULTING, LLC consultant has a Certified Payroll Professional (CPP) designation. In addition, the consultant has over 11 years experience with the Oracle HRMS product. The consultant was employed as a consultant implementing the Oracle Payroll module for Oracle Corporation for close to 5 five years. In addition, the consultant has completed 5 implementations with large-scale companies. The consultant also has 5 years experience with the City of Chicago Payroll Department and has a thorough understanding of City policies and procedures related to payroll.

2. Yes, the consultant has worked with the Oracle HRMS application since its inception in 1994 and has a broad depth of knowledge regarding the application.

3. Intimate involvement with the City of Chicago payroll departments for the Oracle Payroll implementation since 2001. The consultant has extensive knowledge of City of Chicago business processes, rules and policies related to payroll and Human Resources.

4. N/A

5. The extensive knowledge of the Oracle Payroll application and the knowledge of City policies allow the consultant to rapidly understand business issues and provide timely recommendations for new business issues. During the payroll processing window time is of the essence for error resolution. The consultant is able to quickly assess errors and provide timely solutions so that the City is able to complete payrolls on a timely basis.

6. N/A
7. N/A
8. N/A

MBE/WBE Compliance plan

AVID CONSULTING, LLC is a certified MBE/WBE
COST PROPOSAL

- Estimated cost for this requirement is $630,000. 3-year contract for 28 hours per week at $150 per hour.
- Estimated cost by fiscal year is $210,000.
- 28 hours per week for 50 weeks per year at $150 per hour.
- N/A
- The price reflects a reduction from the billing rate charged by Keane Consulting and also is a market rate for comparable consulting services.

SCOPE OF SERVICES

- Provide support on Oracle Payroll application issues for each semi-monthly payroll run. There are a minimum of four (4) payroll runs processed each month.
- Implementation of the CHIPPS Retro payments by end of Q4 2006.
- Testing and implementation of new garnishment architecture by Q4 2006
- Analysis of new functionality in mandatory upgrades released by Oracle Corporation. In addition, testing and development of strategies for implementation of new functionality on-going.
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• Provide analysis and assistance with the creation of new earnings and/or deduction elements.
• Provide analysis and assistance with the preparation and documentation of business continuity procedures for CHIPPS.
• Other requests as they are identified.
• Provide additional resources as needed.
SCHEDULE D-1
Affidavit of MBE/WBE Goal Implementation Plan

Contract Name ______________________________
Specification No. _________________________

State of Illinois
County (City) of Cook (Chicago)

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

Avid Consulting, LLC

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 (Letters of Certification Attached).

I. Direct Participation of MBE/WBE 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. If bidder/proposer is a certified MBE or WBE firm, attach copy of City of Chicago Letter of Certification. (Certification of the bidder/proposer as a MBE satisfies the MBE goal only. Certification of the bidder/proposer as a WBE satisfies the WBE goal only.)

B. If bidder/proposer is a joint venture and one or more joint venture partners are certified MBEs or WBEs, attach copies of Letters of Certification and a copy of Joint Venture Agreement clearly describing the role of the MBE/WBE firm(s) and its ownership interest in the joint venture.

C. MBE/WBE Subcontractors/Suppliers/Consultants:

1. Name of MBE/WBE: ________________________________
   Address: _________________________________________
   Contact Person: ________________________ Phone: _________________________
   Dollar Amount Participation $ ________________
   Percent Amount of Participation: ________________%
   Schedule C-1 attached? Yes_________ No_________ *

* (See next page)
SCHEDULE D-1
Affidavit of MBE/WBE Goal Implementation Plan

2. Name of MBE/WBE: ______________________________________
   Address: ________________________________________________
   Contact Person: ____________________ Phone: ________________
   Dollar Amount Participation $ _____________________________
   Percent Amount of Participation: ____________________%
   Schedule C-1 attached? Yes________ No________ *

3. Name of MBE/WBE: ______________________________________
   Address: ________________________________________________
   Contact Person: ____________________ Phone: ________________
   Dollar Amount Participation $ _____________________________
   Percent Amount of Participation: ____________________%
   Schedule C-1 attached? Yes________ No________ *

4. Name of MBE/WBE: ______________________________________
   Address: ________________________________________________
   Contact Person: ____________________ Phone: ________________
   Dollar Amount Participation $ _____________________________
   Percent Amount of Participation: ____________________%
   Schedule C-1 attached? Yes________ No________ *

5. Name of MBE/WBE: ______________________________________
   Address: ________________________________________________
   Contact Person: ____________________ Phone: ________________
   Dollar Amount Participation $ _____________________________
   Percent Amount of Participation: ____________________%
   Schedule C-1 attached? Yes________ No________ *

6. Attach additional sheets as needed.

* All Schedule C-1s and Letters of Certification not submitted with bid/proposal must be submitted so as to assure receipt by the Contract Administrator within three (3) business days after bid opening (or proposal due date.)
SCHEDULE D-1
Affidavit of MBE/WBE Goal Implementation Plan

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

A. Name of MBE/WBE: ____________________________
   Address: ______________________________________
   Contact Person: ____________________ Phone: __________________
   Dollar Amount Participation $___________________________
   Percent Amount of Participation: __________%
   Schedule C-1 attached? Yes________ No________ *

B. Name of MBE/WBE: ____________________________
   Address: ______________________________________
   Contact Person: ____________________ Phone: __________________
   Dollar Amount Participation $___________________________
   Percent Amount of Participation: __________%
   Schedule C-1 attached? Yes________ No________ *

C. Name of MBE/WBE: ____________________________
   Address: ______________________________________
   Contact Person: ____________________ Phone: __________________
   Dollar Amount Participation $___________________________
   Percent Amount of Participation: __________%
   Schedule C-1 attached? Yes________ No________ *

D. Name of MBE/WBE: ____________________________
   Address: ______________________________________
   Contact Person: ____________________ Phone: __________________
   Dollar Amount Participation $___________________________
   Percent Amount of Participation: __________%
   Schedule C-1 attached? Yes________ No________ *

E. Attach additional sheets as needed.

* All Schedule C-1s and Letters of Certification not submitted with bid/proposal must be submitted so as to assure receipt by the Contract Administrator within three (3) business days after bid opening (or proposal due date).
### SCHEDULE D-1
Affidavit of MBE/WBE Goal Implementation Plan

#### III. Summary of MBE/WBE Proposal:

##### A. MBE Proposal

1. MBE Direct Participation (from Section I.)

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<th>Dollar Amount</th>
<th>Percent Amount</th>
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<tr>
<td>AVID CONSULTING, LLC</td>
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<td>10-0 %</td>
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Total Direct MBE Participation:

##### 2. MBE Indirect Participation (from Section II.)

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Total Indirect MBE Participation:

##### B. WBE Proposal

1. WBE Direct Participation (from Section I.)

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Total Direct WBE Participation:

2. WBE Indirect Participation (from Section II)

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Total Indirect WBE Participation:
SCHEDULE D-1
Affidavit of MBE/WBE Goal Implementation Plan

To the best of my knowledge, information and belief, the facts and representations contained in this Schedule are true, and no material facts have been omitted.

The contractor designates the following person as their MBE/WBE Liaison Officer:

Name: WANDA R. BELL  Phone Number: 312-500-4033

I do solemnly declare and affirm under penalties of perjury that the contents of the foregoing document are true and correct, and that I am authorized, on behalf of the contractor, to make this affidavit.

WANDA R. BELL (July 3, 2006)
Signature of Affiant (Date)

State of Illinois
County of Cook

This instrument was acknowledged before me on 3 July 2006 (date)
by WANDA R. BELL (name /s of person/s)
as _____________________________ (type of authority, e.g., officer, trustee, etc.)
of ______________________________ (name of party on behalf of whom instrument was executed).

“OFFICIAL SEAL”
JOHN NOEL
Notary Public, State of Illinois
My Commission Expires Nov. 08, 2008

(Seal)

Signature of Notary Public
October 25, 2005

Wanda R. Bell, President
AVID Consulting, LLC.
12454 South Wentworth Ave.
Chicago, IL 60628

Annual Certificate Expires: November 1, 2006
Vendor Number: 60054471

Dear Ms. Bell:

We are pleased to inform you that AVID Consulting, LLC. has been certified as a MBE/WBE by the City of Chicago. This MBE/WBE certification is valid until November 2010; however your firm must be revalidated annually. Your firm’s next annual validation is required by November 1, 2006.

As a condition of continued certification during this five year period, you must file a Non-Change Affidavit within 60 days prior to the date of expiration. Failure to file this Affidavit will result in the termination of your certification. Please note that you must include a copy of your most current Federal Corporate Tax Return. You must also notify the City of Chicago of any changes in ownership or control of your firm or any other matters or facts affecting your firm’s eligibility for certification.

The City may commence action to remove your firm’s eligibility if you fail to notify us of any changes of facts affecting your firm’s certification or if your firm otherwise fails to cooperate with the City in any inquiry or investigation. Removal of eligibility procedures may also be commenced if your firm is found to be involved in bidding or contractual irregularities.

Your firm’s name will be listed in the City’s Directory of Minority Business Enterprises and Women Business Enterprises in the specialty area(s) of:

Computer and Payroll Software Consulting

Your firm’s participation on City contracts will be credited only toward MBE/WBE goals in your area(s) of specialty. While your participation on City contracts is not limited to your specialty, credit toward MBE/WBE goals will be given only for work done in the specialty category.

Thank you for your continued interest in the City’s Minority and Women Business Enterprise Programs.

Sincerely,

David Grossman
Managing Deputy, Certification and Compliance

DG/Agd