

VENDOR CERTIFICATION FORM

Bid/RFP/SOI Number:	:	RFP #22046					
Vendor Name:		Adelante PC					
Address:		2332 N. Milway rep 2nd fl. Chicaco TI GOGLE					
Primary Contact Name:		2332 N. Milwaukee 2ndfl. Chicago IL 60647 Karen Stanbarg adelante 2332 @ gmail.com					
Primary Contact Email Address:		adelante 2332 @ Amail. Com					
Primary Contact Phone Number:		773-742-9402					
Project Manager Name:							
Project Manager Email Address:							
Project Manager Phone Number:							
# Years in Business:		33 \$ 319,		Number of Employees:	3		
Annual Sales:		\$ 319,	142	Dunn & Bradstreet #:	969210434	Wanking	
Vendor Certification Statement: Please identify all the following that apply to the ownership of this firm. This information is collected for reporting purposes only and not vendor selection. Please include a copy of the certification. (Definitions are included on the second page of Vendor Certification Form).							
	Contractor certifies as a Minority – Business Enterprise (MBE)						
7	Contractor certifies as a Women Business Enterprise (WBE)						
	Contractor certifies as a Veteran-Owned (VBE) Business Enterprise Cook County						
	Contractor	Contractor certifies as a Persons with Disabilities Owned Business Enterprise (PDBE)					
	Contractor certifies as a Service-Disabled Veteran-Owned (SDVBE) Business Enterprise					e	
	Contractor certifies as a Business Enterprise Program (BEP)						
	Contractor certifies as a Small Disadvantaged Businesses (SDB)						
	Contractor certifies as a Veteran-Owned Small Business (VOSB)						
X	None Local Business 33 N. County, Suite 6/6, Wantegan						
	None)1	1	gan		
Other (Specify)							
Certification							
Number:							
Certified by (Agency):	Co	ook Ce	Dunky				

information on behalf, of my company.	of my knowledge and that I am authorized to pr	ovide this
information on behalf of my company. Laur Dlaway Piesident	KarenStanbary President	4-23-22
Signature, Title	Printed Name, Title	Date