



# VENDOR CERTIFICATION FORM

Bid/RFP/SOI Number:	Sole Source Contract #23146		
Vendor Name:	North Chicago CUSD 187		
Address:	2000 Lewis Avenue, North Chicago, IL 60064		
Primary Contact Name:	Gregory Volan		
Primary Contact Email Address:	<a href="mailto:gvolan@d187.org">gvolan@d187.org</a>		
Primary Contact Phone Number:	847-775-1323		
Project Manager Name:	Trisha Klawitter		
Project Manager Email Address:	<a href="mailto:tblythe@d187.org">tblythe@d187.org</a>		
Project Manager Phone Number:	847-370-8479		
# Years in Business:		Number of Employees:	
Annual Sales:	\$	Dunn & Bradstreet #:	119433985
<b>Vendor Certification Statement: Please identify all of 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).</b>			
	Contractor certifies as a Minority – Business Enterprise (MBE)		
	Contractor certifies as a Women Business Enterprise (WBE)		
	Contractor certifies as a Veteran-Owned (VBE) Business Enterprise		
	Contractor certifies as a Persons with Disabilities Owned Business Enterprise (PDBE)		
	Contractor certifies as a Service-Disabled Veteran-Owned (SDVBE) Business Enterprise		
	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)		
	Local Business		
	None		
Other (Specify)			
Certification Number:			
Certified by (Agency):			

I certify that this information is accurate to the best of my knowledge and that I am authorized to provide this information on behalf of my company.

Signature, Title

Gregory Volan,  
Printed Name, Title  
Director of  
Finance + Operations

8/25/2023  
Date