

Inter Office Memorandum
METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO

DEPARTMENT: General Administration/ Affirmative Action **Date:** August 5, 2010

TO: Ms. Manju Sharma, Director of Maintenance & Operations
Thomas J. Savage

FROM: Thomas J. Savage, Affirmative Action Program Administrator

SUBJECT: **Contract 10-937-11, Rehabilitation of One Crane 66", Iron Body, Double-Disc Gate Valve at the Stickney Water Reclamation Plant.**

LOW BIDDER: Pumping Solutions, Inc.

The low bidder, Pumping Solutions Inc., has submitted company information and "Protected Class Business Verification Forms", for the firms identified on the subject contract's Affirmative Action Revised Utilization Plan.

The PCE goals for the above contract are 10% MBE and/or WBE and 10% SBE. According to the contract's Utilization Plan, the low bidder has committed to the following goals:

<u>MBE</u>	<u>WBE</u>	<u>SBE</u>
1%	9%	*

Therefore, the low bidder, Pumping Solutions Inc., is in apparent compliance with the requirements of Appendix D.

TJS:LG:RLM

*Bidder is SBE
attachment

Cc: Darlene A. LoCascio, Director of Procurement & Materials Management

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EXHIBIT A
METROPOLITAN WATER RECLAMATION DISTRICT
GREATER CHICAGO

UTILIZATION PLAN

For "Protected Class Enterprises" (PCEs) - Definitions for terms used below can be found in Appendix D: MBE - Section 5(c); WBE - Section 5(d); SBE - Section 5(e).

NOTE: The Bidder shall submit with the Bid, originals or facsimile copies of all Exhibit B PCE Subcontractor's Letter of Intent furnished to all PCEs. IF A BIDDER FAILS TO INCLUDE signed copies of the Utilization Plan and all signed Exhibit B PCE Subcontractor's Letter of Intent with its bid, said bid will be deemed nonresponsive and rejected.

All Bidders must sign the signature page D-25 of the Utilization Plan, even if a waiver is requested.

Name of Bidder: Pumping Solutions, Inc.

Contract No.: 10-937-11

Affirmative Action Contact & Phone No.: Bob Gaskey 708-272-1800 (office)
219-670-5599 (cell)

Total Bid: ~~XXXXXXXXXX~~ \$237,000.00

EXHIBITS A AND B MUST BE COMPLETED, SIGNED AND ACCOMPANY YOUR BID!!!

Revised March 9, 2009

The bidder should indicate on the Utilization Plan explicitly if the dollar amounts for the MBE participation will also be counted toward achievement of its SBE participation. See Revised Appendix D, Section 6, Goals. e. (v)

MBE UTILIZATION

Name of MBE and contact person: Rapid Machining Co. / Paul Fryer
Business Phone Number: 708-388-2126
Address: 13820 Harrison, Blue Island, IL 60406
Description of Work, Services or Supplies to be provided: Machine shop services

CONTRACT ITEM NO.: 10-937-11 Item 1

Dollar Amount Participation: \$2,500.00

If the MBE participation will be counted towards the achievement of the SBE goal please indicate here:

YES

NO

Exhibits A and B MUST Accompany the Bid!!!

MBE UTILIZATION

Name of MBE and contact person: _____
Business Phone Number: _____
Address: _____
Description of Work, Services or Supplies to be provided: _____

CONTRACT ITEM NO.: _____

Dollar Amount Participation: _____

If the MBE participation will be counted towards the achievement of the SBE goal please indicate here:

YES

NO

Exhibits A and B MUST Accompany the Bid!!!

MBE UTILIZATION

Name of MBE and contact person: _____
Business Phone Number: _____
Address: _____
Description of Work, Services or Supplies to be provided: _____

CONTRACT ITEM NO.: _____

Dollar Amount Participation: _____

If the MBE participation will be counted towards the achievement of the SBE goal please indicate here:

YES

NO

Exhibits A and B MUST Accompany the Bid!!!

(Attach additional sheets as needed)

Revised March 9, 2009

The bidder should indicate on the Utilization Plan explicitly if the dollar amounts for the WBE participation will also be counted toward the achievement of its SBE participation. See Revised Appendix D, Section 6, Goals, e. (v)

WBE UTILIZATION

Name of WBE and contact person: Calumet Brass Foundry / Catherine Dolan
Business Phone Number: 708-849-3040
Address: 14610 Lakeside Ave., Dolton, IL 60419-1058
Description of Work, Services or Supplies to be provided: Bronze castings

CONTRACT ITEM NO.: 10-937-11 Item 1
Dollar Amount Participation: \$ 9,720.00

If the WBE participation will be counted towards the achievement of the SBE goal please indicate here:

YES

NO

Exhibits A and B MUST Accompany the Bid!!!

WBE UTILIZATION

Name of WBE and contact person: A+L Contractors, Inc. / Angeline Welsandt
Business Phone Number: 708-388-4733
Address: 14011 S. Kostner, Crestwood, IL
Description of Work, Services or Supplies to be provided: Field service to install valve.

CONTRACT ITEM NO.: Item # 2 10-937-11
Dollar Amount Participation: \$ 11,500.00

If the WBE participation will be counted towards the achievement of the SBE goal please indicate here:

YES

NO

Exhibits A and B MUST Accompany the Bid!!!

WBE UTILIZATION

Name of WBE and contact person: _____
Business Phone Number: _____
Address: _____
Description of Work, Services or Supplies to be provided: _____

CONTRACT ITEM NO.: _____
Dollar Amount Participation: _____

If the WBE participation will be counted towards the achievement of the SBE goal please indicate here:

YES

NO

Exhibits A and B MUST Accompany the Bid!!!

(Attach additional sheets as needed)

MBE

Ⓟ

WBE

Revised March 9, 2009

SBE UTILIZATION

Name of SBE and contact person: Pumping Solutions, Inc. / Bob Gaskey
Business Phone Number: 708-272-1800
Address: 2850 W. 139th St., Blue Island, IL 60406
Description of Work, Services or Supplies to be provided: labor, engineering, project management, machining, general contractor
CONTRACT ITEM NO.: 10-937-11, all items of contract
Dollar Amount Participation: \$23,700.00

Exhibits A and B MUST Accompany the Bid !!!

SBE UTILIZATION

Name of SBE and contact person: _____
Business Phone Number: _____
Address: _____
Description of Work, Services or Supplies to be provided: _____
CONTRACT ITEM NO.: _____
Dollar Amount Participation: _____

Exhibits A and B MUST Accompany the Bid !!!

SBE UTILIZATION

Name of SBE and contact person: _____
Business Phone Number: _____
Address: _____
Description of Work, Services or Supplies to be provided: _____
CONTRACT ITEM NO.: _____
Dollar Amount Participation: _____

(Attach additional sheets as needed)

Exhibits A and B MUST Accompany the Bid !!!

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TION

On Behalf of Pumping Solutions, Inc. I/We hereby acknowledge that
(name of company)

I/WE have read Appendix D, will comply with the provisions of Appendix D, and intend to use the MBEs, WBEs, and SBEs listed above in the performance of this contract and/or have completed the Waiver Request Form. To the best of my knowledge, information and belief, the facts and representations contained in this Exhibit are true, and no material facts have been omitted.

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 bidder, to make this affidavit.

6/28/2010
Date

[Signature]
Signature of Authorized officer

ATTEST:

Scott R. Champlin, President
Print name and title

[Signature]
Secretary

708-272-1800
Phone number

- 1) **The Bidder is required to sign and execute this page, EVEN IF A WAIVER IS BEING REQUESTED.**
- 2) **Failure to do so will result in a nonresponsive bid and rejection of the bid.**
- 3) **If a waiver is requested, the bidder must also complete the following "WAIVER REQUEST FORM."**

Exhibits A and B MUST Accompany the Bid !!!