

REVISED DECEMBER, 2022

**METROPOLITAN WATER RECLAMATION DISTRICT OF  
GREATER CHICAGO**

**MBE/WBE UTILIZATION PLAN**

**Group F**

For Local and Small business entities - Definitions for terms used below can be found in Appendix D: MBE - Section 5(u); WBE - Section 5(ff); SBE - Section 5(z).

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

**All Bidders must sign the signature page UP-4 of the Utilization Plan, even if a waiver is requested.**

Name of Bidder: Era-Valdivia Contractors, Inc.

Contract No.: 23-684-21

Affirmative Action Contact & Phone No.: Jose Valdivia 773-721-9350

E-Mail Address: josevaldivia@eravaldivia.com

Total Bid: \$1,379,000.00

**MBE/WBE UTILIZATION PLAN AND ALL SIGNED MBE/WBE  
SUBCONTRACTOR'S LETTER OF INTENT MUST BE  
COMPLETED, SIGNED AND ACCOMPANY YOUR BID!!!**

Group F

**MBE UTILIZATION**

Name of MBE and contact person: Era-Valdivia Contractors, Inc.  
Business Phone Number: 773-721-9350 Email Address: josevaldivia@eravaldivia.com  
Address: 11909 South Avenue O, Chicago, IL 60617  
Description of Work, Services or Supplies to be provided: Cleaning /Collection /Containment/Existing Water Tower as per requirements of Group F - Stickney WRP - 23-684-21

CONTRACT ITEM NO.: Group F  
Total Dollar Amount Participation: \$ 413,700.

**The MBE/WBE Utilization Plan and the MBE/WBE Subcontractor's Letter of Intent MUST Accompany the Bid !!!**

**MBE UTILIZATION**

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

CONTRACT ITEM NO.: \_\_\_\_\_  
Total Dollar Amount Participation: \_\_\_\_\_

**The MBE/WBE Utilization Plan and the MBE/WBE Subcontractor's Letter of Intent MUST Accompany the Bid !!!**

**MBE UTILIZATION**

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

CONTRACT ITEM NO.: \_\_\_\_\_  
Total Dollar Amount Participation: \_\_\_\_\_

**The MBE/WBE Utilization Plan and the MBE/WBE Subcontractor's Letter of Intent MUST Accompany the Bid !!!**

(Attach additional sheets as needed)

Group F

UP-2

**WBE UTILIZATION**

Name of WBE and contact person: RAE Products and Chemicals Corporation  
Business Phone Number: 708-396-1984 Email Address: donna@raeproducts.net  
Address: 11638 South Mayfield Avenue, Alsip, IL 60803  
Description of Work, Services or Supplies to be provided: All materials/Coatings/Tarpaulons/Abrasives/Cables/Containment  
Valves/Mis. Metals/Steel

CONTRACT ITEM NO.: Group F  
Total Dollar Amount Participation: \$137,900.00

**The MBE/WBE Utilization Plan and the MBE/WBE Subcontractor's Letter of Intent MUST Accompany the Bid!!**

**WBE UTILIZATION**

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

CONTRACT ITEM NO.: \_\_\_\_\_  
Total Dollar Amount Participation: \_\_\_\_\_

**The MBE/WBE Utilization Plan and the MBE/WBE Subcontractor's Letter of Intent MUST Accompany the Bid!!**

**WBE UTILIZATION**

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

CONTRACT ITEM NO.: \_\_\_\_\_  
Total Dollar Amount Participation: \_\_\_\_\_

**The MBE/WBE Utilization Plan and the MBE/WBE Subcontractor's Letter of Intent MUST Accompany the Bid!!**

(Attach additional sheets as needed)

Group F

UP-3

## SIGNATURE SECTION

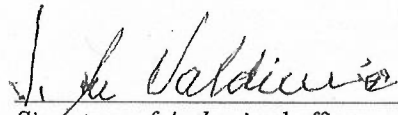
On Behalf of Era-Valdivia Contractors, Inc. I/We hereby acknowledge that  
(name of company)

I/WE have read Revised Appendix D, will comply with the provisions of Revised Appendix D, and intend to use the MBEs and WBEs 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.

6-27-2023

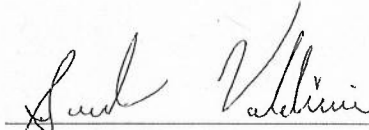
*Date*

  
*Signature of Authorized officer*

ATTEST: Saul Valdivia - Corporate Secretary

Jose G. Valdivia - President

*Print name and title*

  
*Secretary*

773-721-9350

*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."

**The MBE/ WBE Utilization Plan and the MBE/ WBE Subcontractor's Letter of Intent MUST Accompany the Bid!!!**

VBE COMMITMENT FORM

1. Name of VBE: Terrazas LLC  
Identify MBE, WBE, SBE Status: MBE Address: 20280 Governors Hwy, Suite 204  
City, State, Zip Code: Olympia Fields, IL 60461  
Contact Person: Roberto Terrazas Telephone Number: 708-515-9074  
eMail Address: rterrazas@terrazasconstruction.com  
Dollar Amount of Participation: \$ 41,370.00 Percent of Participation: 3.0 %  
Scope of Work: Power-wash/Waste Pick-up/Disposal/Containment
- 
2. Name of VBE: \_\_\_\_\_  
Identify MBE, WBE, SBE Status: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State Zip Code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
eMail Address: \_\_\_\_\_  
Dollar Amount of Participation: \$ \_\_\_\_\_ Percent of Participation: \_\_\_\_\_ %  
Scope of Work: \_\_\_\_\_
- 
3. Name of VBE: \_\_\_\_\_  
Identify MBE, WBE, SBE Status: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State Zip Code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
eMail Address: \_\_\_\_\_  
Dollar Amount of Participation: \$ \_\_\_\_\_ Percent of Participation: \_\_\_\_\_ %  
Scope of Work: \_\_\_\_\_
- 
4. Name of VBE: \_\_\_\_\_  
Identify MBE, WBE, SBE Status: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
eMail Address: \_\_\_\_\_  
Dollar Amount of Participation: \$ \_\_\_\_\_ Percent of Participation: \_\_\_\_\_ %  
Scope of Work: \_\_\_\_\_

Attach a copy of qualifications for each VBE firm