

## INTEROFFICE MEMORANDUM

### METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO

DEPARTMENT: General Administration  
Diversity Section

DATE: July 8, 2020

TO: John Sudduth, Director of Informational Technology

FROM: Regina D. Berry, Diversity Administrator

SUBJECT: Request for Proposal 19-RFP-24 IT Project Management Office Consulting Services

Per your request, the Diversity Section has determined that the following firm is acceptable for MBE/WBE/SBE participation:

Classification Type	Business Name	Contact
MBE/SBE	SLG Innovation, Inc.	Ed Burns

The Minority, Women and Small Business Enterprises goals for the above contract are 15% MBE, and/or WBE and 10% SBE. According to the MBE/WBE/SBE Commitment Form, SLG Innovation, Inc. commits to the following goals:

<u>MBE</u>	<u>WBE</u>	<u>SBE</u>
100%	0%	*

\* MBE satisfies SBE

The Consultant, SLG Innovation, Inc., has met the requirements of Appendix A.

If you have any additional questions, please contact PJ Spencer, Diversity Officer, at extension 1-5876.

RDB/PCS

Attachment

c: Ms. Darlene A. LoCascio, Director of Procurement and Materials Management  
Morakalis (Law), Cornier, May, R. Williams, file (2)

1. Name of MBE/WBE/SBE: SLG Innovation, Inc.  
Identify MBE, WBE, SBE Status: MBE/SBE Address: 30 S. Wacker Drive, Suite  
City, State, Zip Code: 2200 Chicago, IL 60606  
Contact Person: Ed Burns Telephone Number: 630-803-2009  
eMail Address: edburns@slginnovation.com  
Dollar Amount of Participation: \$ 379,680 Percent of Participation: 100% %  
Scope of Consulting Contract: Project Management and Business Analysis Services
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2. Name of MBE/WBE/SBE: \_\_\_\_\_  
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 Consulting Contract: \_\_\_\_\_
- 
3. Name of MBE/WBE/SBE: \_\_\_\_\_  
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 Consulting Contract: \_\_\_\_\_
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4. Name of MBE/WBE/SBE: \_\_\_\_\_  
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 Consulting Contract: \_\_\_\_\_

Attach a copy of qualifications for each MBE, WBE and SBE firm  
Please duplicate this blank page when additional certified MBE/WBE subcontractors are being used on this contract.