

INTEROFFICE MEMORANDUM

METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO

DEPARTMENT: General Administration
Diversity Section

DATE: August 1, 2025

TO: Jacqueline Torres, Director of Finance/Clerk

FROM: Richard L. Martinez, Jr., Diversity Administrator *RLM/PCS*

SUBJECT: Review of 25-RFP-09, Professional Auditing Services - **Revised**

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

Classification Type	Business Name	Contact
MBE	Prado & Renteria	Maria de Jesus Prado

The Minority and Women Enterprise goals for the subject contract are 20% MBE and 10% WBE. According to the MBE/WBE Commitment Form, CliftonLarsonAllen, LLP (CLA) commits to the following goals:

MBE

20%

WBE

0%

The Consultant, CliftonLarsonAllen, LLP (CLA) has met the requirements of Appendix A.

If you have questions concerning this approval, please contact Fred Fortier, Diversity Officer, at (773) 999-6715.

RLM/FF

Attachment

C: D. LoCascio, S. Morakalis, L. Cornier, P. Kunath, N. Lopez, M. Valdez

MBE/WBE COMMITMENT FORM

1. Name of MBE/WBE: Prado & Renteria, CPAs
Identify MBE, WBE Status: Both Address: 1837 South Michigan Avenue
City, State, Zip Code: Chicago, IL 60616
Contact Person: Maria Prado, Managing Partner Telephone Number: 312-788-1434
eMail Address: mprado@pradorenteria.com
Dollar Amount of Participation: \$ Percent of Participation: 20-25 %
Scope of Consulting Contract: Single audit testwork/opinion, SEFA testwork/opinion, and additional assistance in financial audit testwork

2. Name of MBE/WBE: _____
Identify MBE, WBE 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: _____
Identify MBE, WBE Status: _____ Address: _____
City, State Zip Code: _____
Contact Person: _____ Telephone Number: _____
eMail Address: _____
Dollar Amount of Participation: \$ _____ Percent of Participation: _____ %
Scope of Consulting Contract: _____

4. Name of MBE/WBE: _____
Identify MBE, WBE 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 and WBE business.

Please duplicate this blank page when additional certified MBE and WBE subcontractors are being used on this contract