## METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO

#### MBE/WBE UTILIZATION PLAN

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:	LIZZETTE MEDINA a Co.
Contract No.:	24-635-51
Affirmative Action Co	ontact & Phone No.: LIZZETTE RAWOS -773 6962330
E-Mail Address:	LM@ LIZZETTEMEDINA. COM
Total Bid:	\$ 404,889.60

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

### Contract 24-635-51, Group A

#### MBE UTILIZATION

Name of MBE and contact person: LIZZETTE MEDINA & CC.
Pusiness Phone Number: 773 696 2330 Finail Address: IMQ LIZZETTE-MEDINA-COV
Business Phone Number: 7736962330 Email Address: LM@ LIZZETTEMED(NA-LOV Address: 4331 W. 16+45T. CHICAGO, IL 60203
Description of Work, Services or Supplies to be provided: Mound
Description of work, dervices of supplies to be provided.
CONTRACTITEM NO.: AI-AI3
Total Dollar Amount Participation: # 80, 977.92
The MBL WBL Critization Plan and the MBL WBL Subcommunitor's Letter of Intent MUST Accompany the Bidl 1.5
The Arth Strit Chazanon Paramatak (II) (II) Surveiniación sa Chevas, salem Ay ar Accompany ne 1841;
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 ABIT WBL Cillization Plan and the ABIT WBL Supermineton's Letter of Intent ABITA 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:
- <del> </del>
CONTRACT ITEM NO.
CONTRACT ITEM NO.:
Total Dollar Amount Participation:

(Attach additional sheets as needed)

The XIBT WBT Uffizzation Plan and the MBT WBT Subcontractor's Letter of Intent MUST Accompany the Buff !!

### Contract 24-635-51, Group A

#### WBE UTILIZATION

	NONE	- WHIVEK	REQUESTED
Business Phone Number:	1860 Mari 100000	Email Address:	41 765 8000 Walse
Address:			00 FRT 0044
Description of Work, Services or Sup			100 To 10
CONTRACT ITEM NO.:			
Total Dollar Amount Participation:			
The MB1 WB1 Utilization	Plan and the MBL W	BL Subcontractor's Fetter of I	utent MUST Accompany the Bull
	WBE	UTILIZATION	
Name of WBE and contact person:		s terms	
Business Phone Number:	- (9	Email Address:	
Address:	<del></del>	<del></del>	
Description of Work, Services or Supp	plies to be provided:	841	***
		222 199	
CONTRACT ITEM NO.:			#243
Total Dollar Amount Participation:			
The MBL WBL Enfization	Plan and the MBL W.	31 Subcontractor's Letter of I.	nient MUST Accompany the Bal!
The MBI WBI Embigation	Plan and the MBI W	BI Subcontractor's Letter of I	ntent MIST Accompany the Bul!
The MB1 WB1 Embzation		UTILIZATION	ntent MUST Accompany the Bid!
	WBE	<u>UTILIZATION</u>	
Name of WBE and contact person:	WBE	<u>UTILIZATION</u>	
Name of WBE and contact person: Business Phone Number:	WBE	<u>UTILIZATION</u>	
Name of WBE and contact person:	WBE	UTILIZATION  Email Address:	
Name of WBE and contact person:	WBE	UTILIZATION  Email Address:	
Name of WBE and contact person:	WBE	UTILIZATION  Email Address:	

(Attach additional sheets as needed)

The MBT WBT Unfization Plan and the MBT WBT Subcontractor's Letter of Intent MUST Accompany the Bid<sup>1,1,2</sup>

#### Contract 24-635-51, Group A

#### SIGNATURE SECTION

On Behalf of	4 CO · I/We hereby acknowledge that
I/WE have read Revised Appendix D, will comply with the pr MBEs and WBEs listed above in the performance of this cont To the best of my knowledge, information and belief, the facts and no material facts have been omitted.	tract and/or have completed the Waiver Request Form.
I do solemnly declare and affirm under penalties document are true and correct, and that I am authoraffidavit.	
8-12-2024 Date	Signature of Authorized officer
ATTEST:	LIZZETTE RAMOS - PRESIDENT Print name and title
A Secretary	773 696 2330

- 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."

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## Contract 24-635-51, Group A WAIVER REQUEST FORM

# If a waiver is requested, the Bidder is required to sign and execute this page.

Contract No.: 24-635-51
Name of Bidder: LIZZETTE MEDIWA & CO.
Contact Person and Phone Number: LIZZETTE PAMOS 773-696-2330
With respect to the contract specified above, the Bidder hereby requests a total or partial waiver of the requirement that, pursuant to Section 15 (a)—(d) of the Affirmative Action Ordinance, Revised Appendix D, it files a MBE/WBE Utilization Plan or achieve a particular goal for MBE/WBE participation in the contract. The reasons for the request are as follows:  BIDDER REACHED OUT TO (ID) TEN COMPANIES, ALL OF WHICH WERE M/W/VBE ON AUGUST 1ST, SECOND ATTEMPT WAS MADE ON AUGUST 8+LL TO EXTEND THE OPPORTUNITY. A COUPLE-PEW DID PERCY BUT WERE NOT INTERESTED.
ONE(1) REPLIED THEY COULD NOT BID PER THE SPEES OF THE CONTRACT, OTHERS DID NOT REPLY. ALL EMPLIES COMMUNICATION IS INCLUDED FOR YOUR REVIEW.
On Behalf of LIZZETTE MEDINA & CO. I/We hereby acknowledge that
I/WE have read Affirmative Action Ordinance, Revised Appendix D, will comply with the provisions of Affirmative Action Ordinance, Revised Appendix D, and intend to use the MBEs and WBEs listed in the MBE/WBE Utilization Plan in the performance of this contract and have completed the Waiver Request Form. To the best of my knowledge, information and belief, the facts and representations contained in this Waiver Request Form 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 contractor, to make this affidavit.
B-12-2034  Date  Signature of Substitute destriber
ATTEST: LIZIETTE PAMCS - PRESIDENT  Print name and title  773 696 2330
Phone munhar

#### NOTE TO BIDDERS

All Waiver requests are evaluated carefully by the District. The evaluation is based on your firm's documented GOOD FAITH EFFORTS.

The GOOD FAITH EFFORTS MUST be Undertaken PRIOR to your bid submittal to the District.

Good Faith Efforts are identified on pp. D21-D22, Section 15. Utilization Plan Submission (e), (i) (1)-(8).

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