

## INTEROFFICE MEMORANDUM

### METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO

DEPARTMENT: General Administration  
Diversity Section

DATE: August 4, 2020

TO: John H. Sudduth, Director of Information Technology

FROM: Regina D. Berry, Diversity Administrator

SUBJECT: Request for Proposal 19-RFP-39 Enhancements to the District's New Website

Per your request, the Diversity Section has determined that the following firms are acceptable for MBE/WBE/SBE/VBE participation:

Classification Type	Business Name	Contact
MBE	Wynndalco Enterprises, LLC	David R. Andalcio
WBE/SBE	Leader Creations	Anna Laeder
VBE	Miramar International Group	Juan Ochoa

The Minority, Women, Small Business and Veteran Enterprises goals for the above contract are 20% MBE, 10% WBE, 10% SBE and 3% VBE. According to the MBE/WBE/SBE and VBE Commitment Forms, Wynndalco Enterprises, LLC commits to the following goals:

<u>MBE</u>	<u>WBE</u>	<u>SBE</u>	<u>VBE</u>
20%	15%	*	5%

\* WBE satisfies SBE

The Consultant, Wynndalco Enterprises, LLC, has met the requirements of Appendix A and Appendix V.

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, Cornier, May, file (2)

**VBE COMMITMENT FORM**

1. Name of VBE: Miramar International Group \_\_\_\_\_  
Identify MBE, WBE, SBE Status: VBE \_\_\_\_\_ Address: 345 E Burlington Street Suite C1 \_\_\_\_\_  
City, State, Zip Code: Riverside, Illinois. 60546 \_\_\_\_\_  
Contact Person: Juan Ochoa \_\_\_\_\_ Telephone Number: 312-455-0200 \_\_\_\_\_  
eMail Address: j.ochoa@miramargroup.net \_\_\_\_\_  
Dollar Amount of Participation: \$ \_\_\_\_\_ Percent of Participation: 5%  
Scope of Work: \_\_\_\_\_

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

**MBE/WBE/SBE COMMITMENT FORM**

1. Name of MBE/WBE/SBE: Wynndalco Enterprises, LLC \_\_\_\_\_  
Identify MBE, WBE, SBE Status: MBE \_\_\_\_\_ Address: 19081 Old LaGrange Rd Ste 106 \_\_\_\_\_  
City, State, Zip Code: Mokena < Illinois. 60448 \_\_\_\_\_  
Contact Person: David R. Andalcio \_\_\_\_\_ Telephone Number: 312-256-9090  
eMail Address: [d.andalcio@wynndalco.com](mailto:d.andalcio@wynndalco.com) / [sales@wynndalco.com](mailto:sales@wynndalco.com) \_\_\_\_\_  
Dollar Amount of Participation: \$ 256,500.00 \_\_\_\_\_ Percent of Participation: 20 \_\_\_\_\_ %  
Scope of Consulting Contract: 19-RFP-39, Enhancements to the Districts' New Website-  
2. Name of MBE/WBE/SBE: Leader Creations \_\_\_\_\_  
Identify MBE, WBE, SBE Status: WBE/SBE \_\_\_\_\_ Address: 4232 Nottingham Ct \_\_\_\_\_  
City, State Zip Code: Lisle, IL 60532 \_\_\_\_\_  
Contact Person: Anna Laeder \_\_\_\_\_ Telephone Number: 847-337-2288 \_\_\_\_\_  
eMail Address: [annalaeder@leadercreations.com](mailto:annalaeder@leadercreations.com) \_\_\_\_\_  
Dollar Amount of Participation: \$ \_\_\_\_\_ Percent of Participation: 15 \_\_\_\_\_ %  
Scope of Consulting Contract: 19-RFP-39, Enhancements to the Districts' New Website \_\_\_\_\_
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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: \_\_\_\_\_
- 
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.