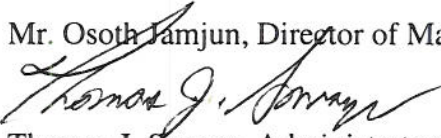


INTEROFFICE MEMORANDUM
METROPOLITAN WATER RECLAMATION DISTRICT
OF GREATER CHICAGO

DEPARTMENT: General Administration
Affirmative Action Section

DATE: June 4, 2009

TO: Mr. Osoth Jamjun, Director of Maintenance and Operations


FROM: Thomas J. Savage, Administrator, Affirmative Action

SUBJECT: CONTRACT 09-963-11, GROUP B, PAVEMENT REPAIRS IN THE
STICKNEY SERVICE AREA, LAWNSDALE AVENUE SOLIDS
MANAGEMENT AREA AND OUTLYING DISTRICT PROPERTY

Prime Contractor: Northwest General Contractors, Inc.

The bidder, Northwest General Contractors, Inc., has submitted company information and "Protected Class Business Verification Forms" for the firms identified on the subject contract's Affirmative Action Utilization Plan.

The PCE Utilization goals for the above mentioned contract are 18% MBE and/or WBE and 10% SBE. According to the contract's PCE Utilization Plan, the bidder has committed the following:

<u>MBE</u>	<u>WBE</u>	<u>SBE</u>
*	--	**

Therefore, the bidder, Northwest General Contractors, Inc., is in apparent compliance with the requirements of Appendix D.

TJS:ARP

Attachment

cc: **Darlene LoCascio**, Director of Procurement and Materials Management / File (2)

*Bidder offers themselves to satisfy MBE participation

**Bidder offers MBE credits to satisfy SBE participation

EXHIBIT A
METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO

UTILIZATION PLAN

For "Protected Class Enterprises" (PCEs) - Definitions for terms used below can be found in Appendix D: MBE - Section 5(c); WBE - Section 5(d); SBE - Section 5(e).

NOTE: The Bidder shall submit with the Bid, copies of Exhibit B furnished to all PCEs listed, completed by all PCEs and submitted to the Office of the Purchasing Agent, MWRD, 5th Floor, 100 East Erie, Chicago, Illinois 60611 within three (3) business days. IF A BIDDER FAILS TO INCLUDE signed copies of the Utilization Plan at the time of bid opening or FAILS TO SUBMIT signed copies of all required Subcontractor's letter of intent within three (3) business days of bid opening, said bid will be deemed nonresponsive and rejected.

All Bidders must sign the signature page of the Utilization Plan.

Name of Bidder: NORTHWEST GENERAL CONTRACTORS, INC.

Contract No.: 09-963-11

Affirmative Action Coordinator & Phone No.: Omar Ali 630-665-3100

Total Bid: GROUP A \$ 75,950.00
GROUP B \$ 388,042.00 [For Utilization Plan]
Total A&B \$ 463,992.00

, 2007

e Utilization Plan explicitly if the dollar amounts for the MBE participation will also be counted toward the
ion. See Revised Appendix D, Section 6, Goals. e. (v)

MBE UTILIZATION

Name of MBE and contact person: NORTHWEST GENERAL CONTRACTORS INC. - CHAIRMAN

Business Phone Number: 214-655-7100

Address: 141 E. ROOSEVELT RD. BLDG 3, SUITE 107, GREEN CANYON, TX 79117

Description of Work, Services or Supplies to be provided: _____

Exterior Stone, Carpet, Acoustics, Airflow etc. etc.

CONTRACT ITEM NO.: (1-11, 20), 1118, 21, 22, 23, 24, 29, 32, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

Dollar Amount Participation: 116,400.00

If the MBE participation will be counted towards the
achievement of the SBE goal please indicate here:

☒
YES

☐
NO

Exhibit A MUST Accompany the Bid!!

MBE UTILIZATION

Name of MBE and contact person: _____

Business Phone Number: _____

Address: _____

Description of Work, Services or Supplies to be provided: _____

CONTRACT ITEM NO.: _____

Dollar Amount Participation: _____

If the MBE participation will be counted towards the
achievement of the SBE goal please indicate here:

☐
YES

☐
NO

Exhibit A MUST Accompany the Bid!!

MBE UTILIZATION

Name of MBE and contact person: _____

Business Phone Number: _____

Address: _____

Description of Work, Services or Supplies to be provided: _____

CONTRACT ITEM NO.: _____

Dollar Amount Participation: _____

If the MBE participation will be counted towards the
achievement of the SBE goal please indicate here:

☐
YES

☐
NO

Exhibit A MUST Accompany the Bid!!

(Attach additional sheets as needed)

Revised December 6, 2007

The bidder should indicate on the Utilization Plan explicitly if the dollar amounts for the WBE participation will also be counted toward the achievement of its SBE participation. See Revised Appendix D, Section 6, Goals. e. (v)

WBE UTILIZATION

Name of WBE and contact person: _____

Business Phone Number: _____

Address: _____

Description of Work, Services or Supplies to be provided: _____

CONTRACT ITEM NO.: _____

Dollar Amount Participation: _____

If the WBE participation will be counted towards the achievement of the SBE goal please indicate here:

☐
YES

☐
NO

Exhibit A MUST Accompany the Bid!!!

WBE UTILIZATION

Name of WBE and contact person: _____

Business Phone Number: _____

Address: _____

Description of Work, Services or Supplies to be provided: _____

CONTRACT ITEM NO.: _____

Dollar Amount Participation: _____

If the WBE participation will be counted towards the achievement of the SBE goal please indicate here:

☐
YES

☐
NO

Exhibit A MUST Accompany the Bid!!!

WBE UTILIZATION

Name of WBE and contact person: _____

Business Phone Number: _____

Address: _____

Description of Work, Services or Supplies to be provided: _____

CONTRACT ITEM NO.: _____

Dollar Amount Participation: _____

If the WBE participation will be counted towards the achievement of the SBE goal please indicate here:

☐
YES

☐
NO

Exhibit A MUST Accompany the Bid!!!

(Attach additional sheets as needed)

SBE UTILIZATION

Name of SBE and contact person: NORTHWEST GENERAL CONTRACTORS, INC.

Business Phone Number: 630-665-3100

Address: 799 E ROOSEVELT RD, BLDG 3, SUITE 107 GLEN ELLYN, IL 60137

Description of Work, Services or Supplies to be provided: _____

CONTRACT ITEM NO.: _____

Dollar Amount Participation: See MBE Utilization

EXHIBIT A MUST Accompany the Bid

SBE UTILIZATION

Name of SBE and contact person: _____

Business Phone Number: _____

Address: _____

Description of Work, Services or Supplies to be provided: _____

CONTRACT ITEM NO.: _____

Dollar Amount Participation: /

EXHIBIT A MUST Accompany the Bid

SBE UTILIZATION

Name of SBE and contact person: _____

Business Phone Number: _____

Address: _____

Description of Work, Services or Supplies to be provided: /

CONTRACT ITEM NO.: _____

Dollar Amount Participation: _____

(Attach additional sheets as needed)

If a waiver is requested, complete the following "Waiver Request." If no waiver is requested, go directly to the SIGNATURE SECTION which follows the waiver request.

WAIV

Contract No.: _____

Name of Bidder: _____

Contact Person and Phone Number: _____

With respect to the contract specified above, the Bidder hereby requests a total or partial waiver of the requirement that, pursuant to Section 9(a) of the Appendix D, it files a Utilization Plan or achieve a particular goal for PCE participation in the contract. The reasons for the request are as follows: _____

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. D12-D13,
Section 9. Compliance Review and Enforcement (b), (1)-(10).

SIGNATURE SECTION

I/WE Northwest General Contractors, Inc. hereby acknowledge that
(name of company)

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

The Bidder is required to sign and execute this page.

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.

5/11/09
Date

[Signature]
Authorized officer

ATTEST:

[Signature]
Secretary

OMAR AH
Print name and title

(630) 665-3100
Phone number

Exhibit A MUST Accompany the Bid!!