

INTEROFFICE MEMORANDUM
METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO

DEPARTMENT: General Administration
Diversity Section

DATE: January 31, 2024

TO: Catherine A. O'Connor, Director of Engineering

FROM: Richard L. Martinez, Jr., Acting Diversity Administrator

RLM/PCS

SUBJECT: Request for Proposal 22-881-2C, Testing and Inspection of Concrete and Construction Materials

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

Classification Type	Business Name	Contact
WBE/SBE	Flood Testing Laboratories, Inc.	Susanne Hufnagel

The Minority, Women, and Small Business Enterprises goals for the above contract are 20% MBE and/or WBE, and 10% SBE. According to the MBE/WBE/SBE Commitment Form, Flood Testing Laboratories, Inc. commits to the following goals:

<u>MBE</u> 0%	<u>WBE</u> 100%	<u>SBE</u> *
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The Consultant, Flood Testing Laboratories, Inc., has met the requirements of Appendix A.

If you have any additional questions, please contact Malisa Torres, Diversity Officer, at extension 1-5711.

RLM:MGT

Attachment

c: LoCascio, Morakalis, Cornier, Lopez, Valdez, Lefler, file

*Bidder offers WBE to satisfy the SBE requirements

MBE/WBE/SBE COMMITMENT FORM

1. Name of MBE/WBE/SBE: Flood TEsting Labs
Identify MBE, WBE, SBE Status: WBE/SBE Address: 1945 E 87th St
City, State, Zip Code: Chicago, IL 60617
Contact Person: Susanne Hufnagel Telephone Number: 773-721-2200
eMail Address: shufnagel@floodlabs.com
Dollar Amount of Participation: \$ _____ Percent of Participation: 100 %
Scope of Consulting Contract: Testing and Inspection Services

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: _____

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.