

INTEROFFICE MEMORANDUM

METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO

DEPARTMENT: General Administration **DATE:** June 27, 2024
Diversity Section

TO: John P. Murray, Director of Maintenance and Operations

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

SUBJECT: **Contract 24-665-11 – Landscape Maintenance at Various Service Areas (Group C) (Revised)**

LOW BIDDER: **Lizzette Medina & Co.**

The lowest responsive bidder, Lizzette Medina & Co. has submitted company information and “MBE/WBE/VBE Business Verification Forms for the firms identified on the subject contract’s Affirmative Action Utilization Plan.

The MBE, WBE and VBE Utilization Goals for the above-mentioned contract are 20% MBE, 9% WBE and 3% VBE. According to the bidder’s Utilization Plan, the bidder has committed to the following goals:

<u>MBE</u>	<u>WBE</u>	<u>VBE</u>
20%	9%	3%

Therefore, Lizzette Medina & Co. is in apparent compliance with the requirements of Affirmative Action Ordinance Revised Appendix D and Appendix V.

RLM:DH
Attachment

c: Darlene A. LoCascio, S. Morakalis, N. Lopez, M. Valdez, E. Staudacher, L. Cornier, D. Hardney, File (2)

**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 + Co.

Contract No.: 24-665-11

Affirmative Action Contact & Phone No.: LIZZETTE MEDINA - 773 696 2330

E-Mail Address: LM@LIZZETTEMEDINA.COM

Total Bid: \$ 375,412.00

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

Contract 24-665-11, Group C

WBE UTILIZATION

Name of WBE and contact person: LIZETTE MEDINA & CO.
Business Phone Number: 773 696-2330 Email Address: LM@LIZETTEMEDINA.COM
Address: 4331 W. 16th ST. CHICAGO, IL 60623
Description of Work, Services or Supplies to be provided: LANDSCAPING SERVICES

CONTRACT ITEM NO.: C1, C2, C3
Total Dollar Amount Participation: \$ 33,787.08

City, MBE, WBE Utilization Plan, and the MBE, WBE, SDB contractor's Certificate of Intent (MIST) Accompany the Bid.

WBE UTILIZATION

Name of WBE 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: _____

City, MBE, WBE Utilization Plan, and the MBE, WBE, SDB contractor's Certificate of Intent (MIST) Accompany the Bid.

WBE UTILIZATION

Name of WBE 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: _____

City, MBE, WBE Utilization Plan, and the MBE, WBE, SDB contractor's Certificate of Intent (MIST) Accompany the Bid.

(Attach additional sheets as needed)

Contract 24-665-11, Group C

MBE UTILIZATION

Name of MBE and contact person: Alvarez, Inc

Business Phone Number: 847-551-1105 Email Address: cindy@alvarezcorp.com

Address: 15N497 Old Sutton Rd. Barrington, IL 60653

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

CONTRACT ITEM NO.: C1, C2, C3

Total Dollar Amount Participation: \$75,062.40

The MBE/WBE Utilization Plan and the MBE/WBE Subcontractor's Letter of Intent MUST 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: _____

CONTRACT ITEM NO.: _____

Total Dollar Amount Participation: _____

The MBE/WBE Utilization Plan and the MBE/WBE Subcontractor's Letter of Intent MUST 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: _____

CONTRACT ITEM NO.: _____

Total Dollar Amount Participation: _____

The MBE/WBE Utilization Plan and the MBE/WBE Subcontractor's Letter of Intent MUST Accompany the Bid!

(Attach additional sheets as needed)

Contract 24-665-11, Group C

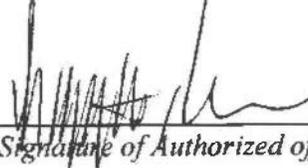
SIGNATURE SECTION

On Behalf of LIZETTE MEDINA & Co. I/We hereby acknowledge that
(name of company)

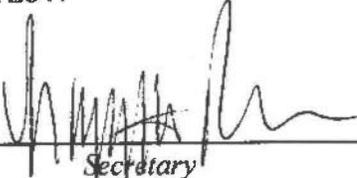
I/WE have read Revised Appendix D, will comply with the provisions of Revised Appendix D, and intend to use the MBEs and WBEs listed above in the performance of this contract and/or have completed the Waiver Request Form. To the best of my knowledge, information and belief, the facts and representations contained in this Exhibit are true, and no material facts have been omitted.

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 bidder, to make this affidavit.

6-20-24
Date


Signature of Authorized officer

ATTEST:


Secretary

LIZETTE RAMOS PRESIDENT
Print name and title

773-696-2330
Phone number

- 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."**

The MBE/WBE Utilization Plan and the MBE/WBE Subcontractor Letter of Intent MUST accompany the Bid.

Contract 24-665-11, Group C
WAIVER REQUEST FORM

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

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 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:

On Behalf of _____ I/We hereby acknowledge that
(name of company)

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.

Date

Signature of Authorized officer

ATTEST:

Print name and title

Secretary

Phone number

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).



VBE COMMITMENT FORM

1. Name of VBE: ALVAREZ, INC.
Identify MBE, WBE Status: Address: 15N497 OLD SUTTON RD.
City, State, Zip Code: BARRINGTON, IL 60010
Contact Person: CINDY ALVAREZ Telephone Number: 847-551-1105
eMail Address: CINDY@ALVAREZCORP.COM
*Dollar Amount of Participation: \$ 11,262.36 Percent of Participation: 3 %
Scope of Work: LANDSCAPE SERVICES

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

* If a MBE or WBE will be utilized to accomplish the VBE Contract Goal, then the VBE commitment amount must be entered as a separate dollar amount. VBE Contract Goals are separate and distinct from the MBE and WBE Contract Goals.

Attach a copy of qualifications for each VBE business.