

**METROPOLITAN WATER RECLAMATION DISTRICT OF
GREATER CHICAGO**

MBE, WBE, SBE UTILIZATION PLAN

For Local and Small business entities - Definitions for terms used below can be found in Appendix D: MBE - Section 5(s); WBE - Section 5(cc); SBE - Section 5(w).

NOTE: The Bidder shall submit with the Bid, originals or facsimile copies of all MBE, WBE, SBE Subcontractor's Letter of Intent furnished to all MBEs, WBEs, and SBEs. IF A BIDDER FAILS TO INCLUDE signed copies of the MBE, WBE, SBE Utilization Plan and all signed MBE, WBE, SBE Subcontractor's Letter of Intent with its bid, said bid will be deemed nonresponsive and rejected.

All Bidders must sign the signature page UP-5 of the Utilization Plan, even if a waiver is requested.

Name of Bidder: IHC Construction Companies LLC

Contract No.: 20-859-3SR (RE-BID)

Affirmative Action Contact & Phone No.: Walter P. Dwyer / (847) 841-7736

E-Mail Address: wdwyer@ihcconstruction.com

Total Bid: 3,158,000.⁰⁰

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

The bidder should indicate on the Utilization Plan explicitly if the dollar amounts for the MBE participation will also be counted toward the achievement of its SBE participation. See Affirmative Action Ordinance, Revised Appendix D, Section 11, Counting MBE, WBE and SBE Participation towards Contract Goals. (a) (b) (c)

MBE UTILIZATION

Name of MBE and contact person: C & G Construction Supply Co., Inc. Lauren Green
Business Phone Number: (708) 825-9770 Email Address: compliance@cgconstructionsupply.com
Address: 1593 Valencia Court, Calumet City, IL 60409
Description of Work, Services or Supplies to be provided: Equipment Supply

CONTRACT ITEM NO.: DIU 11
Total Dollar Amount Participation: \$ 340,790⁰⁰

If the MBE participation will be counted towards the achievement of the SBE goal please indicate here: YES NO

The MBE, WBE, SBE Utilization Plan and the MBE, WBE, SBE 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: _____

If the MBE participation will be counted towards the achievement of the SBE goal please indicate here: YES NO

The MBE, WBE, SBE Utilization Plan and the MBE, WBE, SBE 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: _____

If the MBE participation will be counted towards the achievement of the SBE goal please indicate here: YES NO

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

(Attach additional sheets as needed)

The bidder should indicate on the Utilization Plan explicitly if the dollar amounts for the MBE participation will also be counted toward the achievement of its SBE participation. See Affirmative Action Ordinance, Revised Appendix D, Section 11, Counting MBE, WBE and SBE Participation towards Contract Goals. (a) (b) (c)

MBE UTILIZATION

Name of MBE and contact person: Cardinal State LLC Roger Wiese
Business Phone Number: (630) 320-9257 Email Address: rogerw@cardinalstatellc.com
Address: 1719 Spring Creek Road, Barrington Hills, IL 60010
Description of Work, Services or Supplies to be provided: Landscaping

CONTRACT ITEM NO.: Div 02
Total Dollar Amount Participation: \$ 87,870⁰⁰

If the MBE participation will be counted towards the achievement of the SBE goal please indicate here: YES NO

The MBE, WBE, SBE Utilization Plan and the MBE, WBE, SBE 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: _____

If the MBE participation will be counted towards the achievement of the SBE goal please indicate here: YES NO

The MBE, WBE, SBE Utilization Plan and the MBE, WBE, SBE 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: _____

If the MBE participation will be counted towards the achievement of the SBE goal please indicate here: YES NO

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

(Attach additional sheets as needed)

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 Affirmative Action Ordinance, Revised Appendix D, Section 11, Counting MBE, WBE and SBE Participation towards Contract Goals. (a) (b) (c)

WBE UTILIZATION

Name of WBE and contact person: Helm Electrical Services Inc. Jay Eminger
Business Phone Number: (708) 579-1000 Email Address: jir@helmele.com
Address: 5303 9th Avenue, Countryside, IL 60525
Description of Work, Services or Supplies to be provided: Electrical Work

CONTRACT ITEM NO.: Div 16
Total Dollar Amount Participation: \$ 45,900⁰⁰

If the WBE participation will be counted towards the achievement of the SBE goal please indicate here: YES NO

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

If the WBE participation will be counted towards the achievement of the SBE goal please indicate here: YES NO

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

If the WBE participation will be counted towards the achievement of the SBE goal please indicate here: YES NO

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

(Attach additional sheets as needed)

SBE UTILIZATION

Name of SBE and contact person: Same as C3G Construction
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/SBE Utilization Plan and the MBE/WBE/SBE Subcontractor's Letter of Intent must accompany the bid.

SBE UTILIZATION

Name of SBE 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/SBE Utilization Plan and the MBE/WBE/SBE Subcontractor's Letter of Intent must accompany the bid.

SBE UTILIZATION

Name of SBE 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: _____

(Attach additional sheets as needed)

The MBE/WBE/SBE Utilization Plan and the MBE/WBE/SBE Subcontractor's Letter of Intent must accompany the bid.

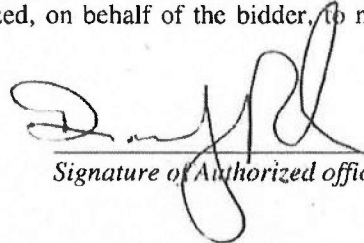
SIGNATURE SECTION

On Behalf of IHC Construction Companies LLC 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, 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.

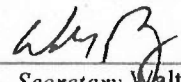
I do solemnly declare and affirm under penalties of perjury that the contents of the foregoing document are true and correct, and that I am authorized, on behalf of the bidder, to make this affidavit.

October 4, 2022
Date


Signature of Authorized officer

ATTEST:

David J. Rock, President
Print name and title


Secretary Walter P. Dwyer

(847) 742-1516
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, SBE Organization Plan and the MBE, WBE, SBE Subcontractor License are part of the MBE, WBE, SBE Subcontractor License and are not to be included in the Bid.

VBE COMMITMENT FORM

1. Name of VBE: Sullwood, Inc.
Identify MBE, WBE, SBE Status: SBE Address: 600 N. Albany Ave., 1R
City, State, Zip Code: Chicago, IL 60612
Contact Person: Frederick J. Woods Telephone Number: (312) 810-8757
eMail Address: fjw@sullwood.com
Dollar Amount of Participation: \$ 107,100 Percent of Participation: 3.39 %
Scope of Work: Furnish Equipment

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