

INTEROFFICE MEMORANDUM

METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO

DEPARTMENT: General Administration
Diversity Section

DATE: July 8, 2025

TO: Ted J. Kosowski, Director of Human Resources

FROM: Richard L. Martinez, Jr., Diversity Administrator *RLM/PCS*

SUBJECT: Goal Review of Contract 24-RFP-12, Harassment and Diversity Awareness:
Customizable Course for Online and In-Person Instruction

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

Classification Type	Business Name	Contact
MBE	The McGarity Consulting Group, Inc.	Tina Doke

The Minority and Women Business Enterprise goals for the above contract are 10% MBE and/or WBE. According to the MBE/WBE Commitment Form, The McGarity Consulting Group, Inc. commits to the following goals:

MBE

100%

WBE

0%

The McGarity Consulting Group, Inc. has met the requirements of Appendix A.

If you have any additional questions, please contact Desirée Foster, Diversity Officer, at 312-330-5641.

RLM/DAF

Attachment

c: LoCascio, Morakalis, Cornier, Kunath, Lopez, Valdez, Bachusz, Brown

MBE/WBE/SBE COMMITMENT FORM

1. Name of MBE/WBE/SBE: McGarity Consulting Group, Inc.
Identify MBE, SBE, WBE Status: MBE Address: 4450 S University Ave.
City, State Zip Code: Chicago, IL 60653
Contact Person: Tina Doke Telephone Number: 888-795-0283
Dollar Amount of Participation: \$ \$170,168.00 Percent of Participation: 100%
Scope of Consulting Contract: Harassment and Diversity Awareness Training

2. Name of MBE/WBE/SBE: _____
Identify MBE, SBE, WBE Status: _____ Address: _____
City, State Zip Code: _____
Contact Person: _____ Telephone Number: _____
Dollar Amount of Participation: \$ _____ Percent of Participation: _____ %
Scope of Consulting Contract: _____

3. Name of MBE/WBE/SBE: _____
Identify MBE, SBE, WBE Status: _____ Address: _____
City, State Zip Code: _____
Contact Person: _____ Telephone Number: _____
Dollar Amount of Participation: \$ _____ Percent of Participation: _____ %
Scope of Consulting Contract: _____

4. Name of MBE/WBE/SBE: _____
Identify MBE, SBE, WBE Status: _____ Address: _____
City, State Zip Code: _____
Contact Person: _____ Telephone Number: _____
Dollar Amount of Participation: \$ _____ Percent of Participation: _____ %
Scope of Consulting Contract: _____

Attach a copy of qualifications for each PCE firm

Please duplicate this blank page when additional certified MBE/WBE subcontractors are being used on this contract