

## INTEROFFICE MEMORANDUM

### METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO

**DEPARTMENT:** General Administration  
Diversity Section

**DATE:** July 2, 2020

**TO:** William Sheriff, Assistant Director of Engineering

**FROM:** Regina D. Berry, Diversity Administrator

**SUBJECT:** Request for Proposal 19-RFP-32 Project E– Professional Services for Stormwater Management

Per your request, the Diversity Section has determined that the following firms are acceptable for MBE/WBE/SBE/VBE participation:

Classification Type	Business Name	Contact
WBE	Altamanu	Josephine Bellalta
MBE	Comprehensive Construction Consulting	Lynn Dixon
MBE/SBE	Environmental Design International, Inc.	Leslie J. Sawyer
VBE	Aqua Vitae	Gary Paradoski

The Minority, Women and Small Business Enterprises goals for the above contract are 20% MBE, 10% WBE, 10% SBE and 3% VBE. According to the MBE/WBE/SBE and VBE Commitment Forms, Stantec commits to the following goals:

<u>MBE</u>	<u>WBE</u>	<u>SBE</u>	<u>VBE</u>
20%	10%	*	3%

\* MBE satisfies SBE

The Consultant, Stantec, has met the requirements of Appendix A and Appendix V.

If you have any additional questions, please contact PJ Spencer, Diversity Officer, at extension 1-5876.

RDB/PCS

Attachment

c: Ms. Darlene A. LoCascio, Director of Procurement and Materials Management  
Morakalis (Law), Cornier, May, Wawczak, file (2)

**MBE/WBE/SBE COMMITMENT FORM**

1. Name of MBE/WBE/SBE: Altamanu  
Identify MBE, WBE, SBE Status: WBE Address: 1700 W Irving Park Road, Suite 202  
City, State, Zip Code: Chicago, IL 60613  
Contact Person: Josephine Bellalta Telephone Number: 773-528-7492  
eMail Address: Josephine@altamanu.com  
Dollar Amount of Participation: \$ 25,000 Percent of Participation: 10 %  
Scope of Consulting Contract: Landscape Architecture and Visualization

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2. Name of MBE/WBE/SBE: Comprehensive Construction Consulting  
Identify MBE, WBE, SBE Status: MBE Address: 53 W Jackson Blvd, Suite 915  
City, State Zip Code: Chicago, IL 60604  
Contact Person: Lynn Dixon Telephone Number: 312-353-3000 Ext. 103  
eMail Address: ldixon@comprehensivecc.com  
Dollar Amount of Participation: \$ 13,000 Percent of Participation: 5.2 %  
Scope of Consulting Contract: Stakeholder Outreach

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3. Name of MBE/WBE/SBE: Environmental Design International, Inc.  
Identify MBE, WBE, SBE Status: MBE/SBE Address: 33 W Monroe, Suite 1825  
City, State Zip Code: Chicago, IL 60603-5326  
Contact Person: Leslie J. Sawyer Telephone Number: 312-345-1400  
eMail Address: atimmons@envdesigni.com  
Dollar Amount of Participation: \$ 37,000 Percent of Participation: 14.8 %  
Scope of Consulting Contract: Topographic Survey, Hydraulic Modeling, Civil Design

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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.

**VBE COMMITMENT FORM**

1. Name of VBE: Aqua Vitae  
Identify MBE, WBE, SBE Status: VBE Address: 3400 W Stonegate Blvd, #100-2311  
City, State, Zip Code: Arlington Heights, IL 60005  
Contact Person: Gary Paradoski Telephone Number: 847-239-4512  
eMail Address: gparadoski@aqua-vitaegroup.com  
Dollar Amount of Participation: \$ 7,500 Percent of Participation: 3.0 %  
Scope of Work: GIS Data Management Support

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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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