RL /ISED UP 6/29/2023

REVISED DECEMBER, 2022

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:	Thornton Equipment Services, Inc.		
Contract No .:	23-646-53		
Affirmative Action	on Contact & Phone No.: Andrea Verbeek	708-479-7531	
E-Mail Address:	office@thorntonequip.com	2	\
Total Bid: \$2,4	92,823.00		

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

MBE UTILIZATION

Name of MBE and contact person: Efficient Trucking Inc.

Business Phone Number: 708-935-8970 Email Address: walter@efficienttruckinginc.com

Address: 3201 S Hoyne Ave, Chicago II 60608

Description of Work, Services or Supplies to be provided:

Trucking, Hauling and Mobilization, restoration, equipment rental/lease and sales

CONTRACT ITEM NO.: 18,19,22

Total Dollar Amount Participation: \$___348,032.30

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: AB Sanchez Landscaping

Business Phone Number: 847-392-5767 Address: 2814 Hintz Rd, Arlington Heights IL 60004
bobby@absanchezlandscapes.com

Description of Work, Services or Supplies to be provided:

skidsteer, landscaping, mobilization, restoration

CONTRACT ITEM NO.: 15,16,22

Total Dollar Amount Participation: \$150,532.30

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:	Lorenza persona de la seconda de	
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)

WBE UTILIZATION

Name of WBE and contact person: Thornton Equi	pment Serv	ices, Inc.	
Business Phone Number: 708-479-7531	Email Address:	office@thorntonequip.com	
Address: 530 Thornhouse Crescent New L	enox III 604	51	
Description of Work, Services or Supplies to be provided:	hobit	roredon of Work, Service in Supplemented to be pro-	

Heavy Equipment with operator for contract 23-646-53

CONTRACT ITEM NO .:_

Total Dollar Amount Participation: 249,282.30

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

WBE UTILIZATION

Name of WBE and contact person:

Email Address:

Address:

Description of Work, Services or Supplies to be provided:

CONTRACT ITEM NO .: _

Business Phone Number: _

Total Dollar Amount Participation: _

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

WBE UTILIZATION

Name of WBE and contact person:		and the second
Business Phone Number:	Email Address:	and and the second second
Address:		bshiving.
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)

SIGNATURE SECTION

On Behalf of Thornton Equipment Services, Inc.

(nume of company)

We hereby acknowledge that

IAWE 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.

6/27/2023

Date

Signature of Authorized officer (

ATTEST:

Sina Latris

Susan Hering, President Print name and title

708-479-7531

Phone number

1)<u>The Bidder is required to sign and execute this</u> 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)<u>If a waiver is requested, the bidder must also</u> complete the following "WAIVER REOUEST FORM."

REVISED DECEMBER, 2022

SIGNATURE SECTION

/WE have real its visual Appendix D, will comply with the movingon of Revised Appendix D, and intend to use the MREs and WEEs used arrows in the performance of this contract and/or have completed the Weited Request Form to the best of my knowledge, information and belief, the frets and oppresentations contained in this Rebifiel are true and no material field have been consteal.

do salemnly declare and effirm under penaltics of perjory that the contents of the foregoing locument are true and correct, and that I am authorized, on behalf of the bidder, to make this fittering with the set

Page Intentionally

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VBE COMMITMENT FORM

1.	Name of VBE:				
	Identify MBE, WBE Status: VBE Address: 7340 Harrison Street				
	City, State, Zip Code: Forest Park, IL 60130				
	Contact Person: Michael Mohr Telephone Number: 708-366-2900				
	eMail Address: sales@mohroil.com	_			
	Dollar Amount of Participation: \$73,659.69 Percent of Participation: 3	%			
	Scope of Work: Fuel, Lubricants and related 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:	0/.			
	Dollar Amount of Participation: Percent of Participation: Output Output	_70			
	Scope of Work:	5			

Attach a copy of qualifications for each VBE firm