

**INTEROFFICE MEMORANDUM**

**METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO**

**DEPARTMENT:** General Administration **DATE:** June 9, 2021  
Diversity Section

**TO:** Catherine A. O'Connor, Director of Engineering

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

**SUBJECT:** Contract 11-187-AF – Demolition for Addison Creek Channel Improvements, SSA

**LOW BIDDER:** **McDonagh Demolition, Inc.**

The lowest responsive bidder, McDonagh Demolition, Inc. has submitted company information and “MBE/WBE/SBE Business Verification Forms for the firms identified on the subject contract’s Affirmative Action Utilization Plan.

The MBE, WBE AND SBE Utilization Goals for the above mentioned contract are 20% MBE, 9% WBE, 10% SBE 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>SBE</u>	<u>VBE</u>
20%	10%	10%	4%

Therefore, McDonagh Demolition, Inc. is in apparent compliance with the requirements of Affirmative Action Ordinance Revised Appendix D and Appendix V.

RDB:DH

Attachment

c: D. LoCascio, S. Morakalis, L. Cornier, D. Hardney, File (2)

**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: McDonagh Demolition, Inc.

Contract No.: 11 187 AF

Affirmative Action Contact & Phone No.: Paul Dadian 773-276-7707

E-Mail Address: paul.d@mcdonaghdemo.com

Total Bid: \$673,700.00

**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: Martinez Frogs, Inc. Ricardo Martinez  
Business Phone Number: 708-259-9955 Email Address: ricardo@martinezfrogs.com  
Address: 650 Andy Dr. Melrose Park, Il. 60160  
Description of Work, Services or Supplies to be provided: Trucking services

CONTRACT ITEM NO.: Incidental  
Total Dollar Amount Participation: \$33,000.00

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: NES Environmental  
Business Phone Number: 708-478-5497 Email Address: klawson@nesincorp.com  
Address: 195 Industry Ave. Frankfort, Il. 60423  
Description of Work, Services or Supplies to be provided: Environmental remediation

CONTRACT ITEM NO.: Incidental  
Total Dollar Amount Participation: \$93,960

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: Ocean Mist, Inc.  
Business Phone Number: 312-446-4432 Email Address: oceanmistinc@gmail.com  
Address: 830 E. Higgins Rd. Suite 111Y Schaumburg, Il. 60173  
Description of Work, Services or Supplies to be provided: Trucking services  
  
CONTRACT ITEM NO.: Incidental  
Total Dollar Amount Participation: \$69,000.00

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: Enlight Contracting  
Business Phone Number: 847-312-2337 Email Address: deepi@enlightcontracting.com  
Address: 645 N. Kingsbury St. Unit 1208  
Description of Work, Services or Supplies to be provided: Landscaping, Utility disconnects  
\_\_\_\_\_  
CONTRACT ITEM NO.: Incidental  
Total Dollar Amount Participation: \$69,000.00

**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!!**

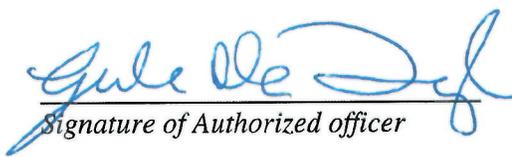
### SIGNATURE SECTION

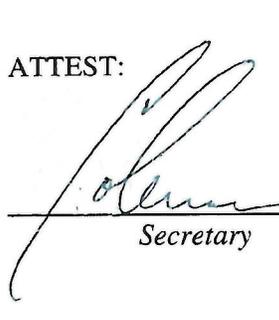
On Behalf of McDonagh Demolition, Inc. I/We hereby acknowledge that  
(name of company)

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.

04/30/2021  
Date

  
Signature of Authorized officer

ATTEST:  
  
Secretary

Geraldine McDonagh - President  
Print name and title

773-276-7707  
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 Utilization Plan and the MBE, WBE, SBE Subcontractor's Letter of Intent MUST Accompany the Bid !!!

**VBE COMMITMENT FORM**

1. Name of VBE: Industrial Fence, Inc.  
Identify MBE, WBE, SBE Status: SBE Address: 1300 S. Kilbourn Ave.  
City, State, Zip Code: Chicago, IL 60623  
Contact Person: Tim Gray Telephone Number: 773-297-7374  
eMail Address: tgray@industrialfenceinc.com  
Dollar Amount of Participation: \$ 25,000.00 Percent of Participation: 3.7 %  
Scope of Work: Temporary Fencing

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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