INTEROFFICE MEMORANDUM

METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO

DEPARTMENT: General Administration

DATE: December 9, 2021

Diversity Section

TO:

John P. Murray, Director of Maintenance and Operations

FROM:

Regina D. Berry, Diversity Administrator

SUBJECT:

Contract 21-662-11 – Digester Cover Painting at Various Locations

LOW BIDDER:

Era Valdivia Contractors, Inc.

The lowest responsive bidder, Era Valdivia Contractors, Inc., has submitted company information and "MBE/WBE/SBE Business Verification Forms" for the firm identified on the subject contract's Affirmative Action Utilization Plan.

The MBE, WBE, and SBE Utilization Goals for the above-mentioned contract are 10% MBE and/or WBE and 10% SBE. According to the bidder's Utilization Plan, the bidder has committed to the following goals:

| <u>MBE</u> | $\underline{\mathrm{WBE}}$ | SBE | |
|------------|----------------------------|-----|--|
| 100% | 0% | * | |

Therefore, Era Valdivia Contractors, Inc., is in apparent compliance with the requirements of Affirmative Action Ordinance Revised Appendix D.

RDB:MGT

Attachments

c: LoCascio, Cornier, Morakalis, Torres, File

*Bidder offers self to satisfy the SBE requirements

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METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO

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Contract 21 662 11 Disactor Course Building at Venicus Locations

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TOM: 8G R

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Bidder offers self to satisfy the SDE requirements

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: | Era-Valdivia Contractots, Inc. | | |
|----------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Contract No.: | 21-662-11 | SSEA Soort be and proper property the second second by the second | |
| Affirmative Action C | Contact & Phone No.: | Jose G. Valdivia 773-721-9350 | |
| E-Mail Address: | joseva | valdivia@eravaldivia.com | |
| Total Bid: | 536,875.0 | of Words Supremed or Supremial to be possificed: | |

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 Jose G. Valdivia Name of MBE and contact person: josevaldivia@eravaldivia.com 773-721-9350 Business Phone Number: Email Address: 11909 S. Avenue O, Cjicago, IL 60617 Address: Cleaning and Coating all items as specified Description of Work, Services or Supplies to be provided: 1.2 and 3 CONTRACT ITEM NO .: Total Dollar Amount Participation: If the MBE participation will be counted towards the K achievement of the SBE goal please indicate here: YES 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: 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

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

achievement of the SBE goal please indicate here:

(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)

Name of WBE and contact person: Email Address: Business Phone Number: 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: 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: _____ 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 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: ____ 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

(Attach additional sheets as needed)

SBE UTILIZATION

| Description of Work, Services or Supplied Leaning and CONTRACT ITEM NO.: | Painting | Description of Work, Services or Supplies to be no |
|--------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Total Dollar Amount Participation: | \$ 536, 875.04 | CONTRACT ITEM NO. |
| | | |
| The MBE, WBE, SBE Utilization Pl | an and the MBE, WBE, SBE Subcontractor's Le | etter of Intent MUST Accompany the Bid!!! |
| | SBE UTILIZATION | |
| Name of SBE and contact person: | MOIS AND WITH SHIP | |
| | Email Address: | and the transfer of the state o |
| Address: | | Dereinere Plance Munique |
| Description of Work, Services or Suppl | ies to be provided: | ment/s/A |
| CONTRACT ITEM NO.: | - India | Description of Mark. Sentent on Bugglinete to pre- |
| Total Dollar Amount Participation: | | CONTRACTION NO |
| | | |
| | | |
| The MRE WRE SRE Utilization P | lan and the MBE, WBE, SBE Subcontractor's L | etter of Intent MIIST Accompany the Rid!!! |
| The MDE, WDE, 3DE Guilzation F | UH BUT | etter of intent MOS1 Accompany the Dia. : . |
| | SBE UTILIZATION | |
| Name of SBE and contact person: | MODEL STORY STORY | |
| Business Phone Number: | Email Address: | 3000 2000 100 20Wh ex. 2 |
| Address: | | The state of the s |
| Description of Work, Services or Suppl | lies to be provided: | |
| CONTRACT ITEM NO.: | (ASIA) | ong so to somplish so make the showing many ment |
| Total Dollar Amount Participation: | | YEAR AND |
| | (Attach additional sheets as needed) | |

SIGNATURE SECTION

| On Behalf of _ | Era- valdivia Contractors, Inc. | I/We hereby acknowledge that |
|--------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | (name of company) | |
| MBEs, WBEs, Form. To the b | and SBEs listed above in the performance of the | ovisions of Revised Appendix D, and intend to use the his contract and/or have completed the Waiver Request the facts and representations contained in this Exhibit |
| | e true and correct, and that I am authorized | of perjury that the contents of the foregoing orized, on behalf of the bidder, to make this |
| : EWO: | Date | Signature of Authorized officer |
| ATTEST: | | Jose G. Valdivia |
| | | Print name and title |
| - The | Aldera ecretary | |
| Saul Valdivia, Corp. Secretary | Valdivia, Corp. Secretary | 773-721-9350 |
| | | Phone number |
| 4 \ 7001 | | The section of the se |

- 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."

WAIVER REQUEST FORM

If a waiver is requested, the Bidder is required to sign and execute this page.

| Contract No.: | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| 1011 St City IV IN IN IN INC. | te true, and no material facel have been omitted |
| Name of Bidder: | |
| Densities of negities that the common of the forestion | do solemnly declare and affirm under |
| Contact Person and Phone Number; | |
| With manner to the contract manifeld above to | ha Ridday bayaha yangata 1986 |
| With respect to the contract specified above, t | |
| total or partial waiver of the requirement that | |
| (d) of the Affirmative Action Ordinance, Revise | |
| WBE, SBE Utilization Plan or achieve a particular participation in the contract. The reasons for | |
| participation in the contract. The reasons for | the request are as follows: |
| Traige mentionals in a manage | |
| | |
| Inca C. Vatebala | .0003717 |
| | 11 (12) |
| | |
| On Behalf of | I/We hereby acknowledge that |
| Action Ordinance, Revised Appendix D, and intend to use the MBEs SBE Utilization Plan in the performance of this contract and have come of my knowledge, information and belief, the facts and representation true, and no material facts have been omitted. I do solemnly declare and affirm under penalties of perjury that the concorrect, and that I am authorized, on behalf of the contractor, to make the contractor of the contractor of the contractor. | apleted the Waiver Request Form. To the best as contained in this Waiver Request Form are contents of the foregoing document are true and |
| | |
| Date | Signature of Authorized officer |
| | |
| ATTEST: | |
| | Print name and title |
| | |
| PRE AAISTOOSSALIDER RESTER | |
| Secretary | alt to maitagian bus |
| | Phone number |
| | |

NOTE TO BIDDERS

All Waiver requests are evaluated carefully by the District. The evaluation is based on your firm's documented GOOD FAITH EFFORTS.

The GOOD FAITH EFFORTS MUST be Undertaken PRIOR to your bid submittal to the District.

Good Faith Efforts are identified on pp. D15-D16, Section 12. Utilization Plan Submission (e), (i)(i)-(xi).