


## INTEROFFICE MEMORANDUM

### METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO

**DEPARTMENT:** General Administration  
Diversity Section

**DATE:** September 15, 2020

**TO:** John P. Murray, Director of Maintenance and Operations

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

**SUBJECT:** **Contract 19-613-21, HVAC Improvements at Various Locations**

**Bidder:** Autumn Construction Services, Inc.

The Bidder, Autumn Construction Services, Inc., has submitted company information and "MBE/ WBE/SBE/VBE Business Verification Forms" for the firms identified on the subject contracts Affirmative Action Utilization Plan.

The MBE, WBE and SBE utilization goals, for the subject contract are 20% MBE, 9% WBE, 10% SBE and 3% VBE. The Affirmative Action goal category is "Mechanical". 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%	*	**	3%

Therefore, the Bidder, Autumn Construction Services, Inc., is in apparent compliance with the requirements of Affirmative Action Ordinance Revised Appendix D.

RDB:JHB

Attachment

cc: Darlene A. LoCascio, Cornier, Morakalis, Bullock, File

\* Bidder offers themselves to satisfy WBE participation

\*\* Bidder offers themselves and MBE to satisfy SBE participation

**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: Autumn Construction Services, Inc.

Contract No.: 19-613-21 HVAC Improvements at Various Locations

Affirmative Action Contact & Phone No.: Susan Nelson 630-588-9585

E-Mail Address: susan.nelson@autumnconstruction.com

Total Bid: \$3,175,000.00

**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: Ornelas Construction Company / Jim Ornelas  
Business Phone Number: 815-462-7600 Email Address: jimornelas@ornelasconstruction.com  
Address: 12520 W. Horseshoe Drive, New Lenox, IL 60451  
Description of Work, Services or Supplies to be provided: Furnish and install mechanical equipment and piping, and general trades work  
CONTRACT ITEM NO.: 01, 02, 03, 04, 06  
Total Dollar Amount Participation: \$581,950.00

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: Integrated Demolition Service LLC / Mayra Nevarez  
Business Phone Number: 708-369-7508 Email Address: mayra@integrateddemolition.com  
Address: 1312 Prospect Avenue, Willow Springs, IL 60480  
Description of Work, Services or Supplies to be provided: Demolition  
CONTRACT ITEM NO.: 01, 02, 04  
Total Dollar Amount Participation: \$55,050.00

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: \_\_\_\_\_  
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: Susan Nelson  
Business Phone Number: 630-588-9585 Email Address: susan.nelson@autumnconstruction.com  
Address: 87 Eisenhower Lane South, Lombard, IL 60148  
Description of Work, Services or Supplies to be provided: Prime Contractor - Demo, remove, furnish, and install mechanical equipment, piping, controls and associated work  
CONTRACT ITEM NO.: 1, 2, 3, 4, 5, 6  
Total Dollar Amount Participation: \$2,442,500.00

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: \_\_\_\_\_

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: \_\_\_\_\_

**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 Autumn Construction Services, 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.

08/25/2020

*Date*

Susan Nelson

*Signature of Authorized officer*

ATTEST:

Susan Nelson, President

*Print name and title*

Laura L. Schmidt

Laura L. Schmidt

*Secretary*

630-588-9585

*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: Sullwood, Inc.  
Identify MBE, WBE, SBE Status: VBE Address: 600 N. Albany, 1R  
City, State, Zip Code: Chicago, IL 60612  
Contact Person: Frederick Woods Telephone Number: 312-810-8757  
eMail Address: fjw@sullwood.com  
Dollar Amount of Participation: \$ 95,500.00 Percent of Participation: 3 %  
Scope of Work: Furnish and deliver mechanical equipment

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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