

INTEROFFICE MEMORANDUM

METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO

DEPARTMENT: General Administration
Diversity Section

DATE: December 21, 2020

TO: Edward W. Podczewski, Director of Monitoring and Research

FROM: Regina D. Berry, Diversity Administrator

SUBJECT: 21-100-11, Collection, Shipment, and Analysis of Water Samples from the Thornton Composite Reservoir and Monitoring Wells and Analysis of Monitoring Well Samples from the McCook Reservoir Site

Per your request, the Diversity Section has determined that the following firm is acceptable for MBE/WBE/SBE participation:

Classification Type	Business Name	Contact
WBE/SBE	A3 Environmental, LLC	Alisa Allen

The Minority, Women, and Small Business Enterprises goals for the above contract are 20% MBE and/or WBE and 10% SBE. According to the MBE/WBE/SBE Commitment Form, A3 Environmental, LLC commits to the following goals:

MBE

0%

WBE

66%

SBE

*

* WBE satisfies SBE goal

The Consultant, A3 Environmental, LLC, has met the requirements of Appendix A.

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, Abozir, file (2)

MBE/WBE/SBE COMMITMENT FORM

1. Name of MBE/WBE/SBE: A3 Environmental, LLC
Identify MBE, WBE, SBE Status: WBE/SBE Address: 3030 Warrenville Road , Suite 418
City, State, Zip Code: Lisle, IL 60532
Contact Person: Alisa Allen Telephone Number: 630-507-9002
eMail Address: Alisa@A3E.com
Dollar Amount of Participation: \$ 87,600 Percent of Participation: 66 %
Scope of Consulting Contract: Prime - Collection of water samples

2. 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: _____

3. 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: _____

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.