INTEROFFICE MEMORANDUM

METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO

DEPARTMENT: General Administration

DATE: July 6, 2023

Diversity Section

REVISED

TO:

Catherine O'Connor, Director of Engineering

FROM:

SUBJECT:

Richard L. Martinez, Jr., Acting Diversity Administrator RIM/P.5.

Contract 11-187-3F – Addison Creek Channel Improvements, SSA

LOW BIDDER: Judlau Contracting, Inc.

The lowest responsive bidder, Judlau Contracting, 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, 10% WBE, 10% SBE and 3% VBE. According to the bidder's Utilization Plan, the bidder has committed to the following goals:

MBE	$\underline{\mathbf{WBE}}$	SBE	VBE
20.55%	10.05%	12.90%	3%

Therefore, Judlau Contracting, Inc. is in apparent compliance with the requirements of the Affirmative Action Ordinance Revised Appendix D, dated 6/2/2022.

*MBE & WBE satisfy the SBE requirements

RLM:DH

Attachment

c: D. LoCascio, S. Morakalis, C. Cherian, M. Cosme, L. Cornier, D. Hardney, File (2)

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: Matural Creation, Mitch Holmer	
Business Phone Number: 815-724-0991 Email Address: mholmer @natural creations	landsc
Address: 356 F, Bruce St, Joliet, 11 60432	La promote
Description of Work, Services or Supplies to be provided: LANDSCAPING	
Description of work, Services of Supplies to September 221	
CONTRACT ITEM NO:_ 11 - 187 - 3 F	
CONTRACT ITEM NO.: 11-187-3F Total Dollar Amount Participation: \$9,285,965.00	
Total Dottal Athount Cartespation '\ '	
If the MBE 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 Subcoattactor's Letter of Intent MUST Accompany the Bid! 13	
MBE UTILIZATION	
Name of MBE and contact person:	
Rusiness 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 MBF, WBE, SBE Subcontractor's Letter of Intent MUST Accompany the Bid!!!	1804
MBE UTILIZATION	
Name of MBE and contact person:	
Rusiness 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	

(Attach additional sheets as needed)

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: Cabo Construction Corp, Robert Bohac Business Phone Number: 7735212226 Email Address:

Address: 1235 S Kilbourn Ave, Chicago, IL, 60623 Description of Work, Services or Supplies to be provided: Source ! Warter ! San Dress CONTRACT ITEM NO .: 11 - 187 - 3F Total Dollar Amount Participation: \$6,595,709.00 If the MBE participation will be counted towards the achievement of the SBE goal please indicate here: 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: Email Address: Business Phone Number: ____ 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: NO 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: _ Email Address: Business Phone Number: ___ 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:

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

YES

NO

(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: RA Searrow	1 CONTRACTOR	SERU	REBECCA	SENTON
Business Phone Number: 815-378-9799				
Address: 5/00 LINDEN RD, Ro	CKEDED 11.	61109		
Description of Work, Services or Supplies to be provided				
Description of work, services of supplies to se provided				
CONTRACT ITEM NO.: 11-187-3F				
Total Dollar Amount Participation:43,811	00.000			austración contravie
If the WBE participation will be counted towards the achievement of the SBE goal please indicate here:	YES	NO		
The MBE, WBE, SBF Unlization Plan and the MBE, W	BE, SBF Subcontractor's	Letter of Intent MI	UST Accompany th	e Bid!!!
W	BE UTILIZATION			
Name of WBE and contact person:				
Business Phone Number:				
Address:			1	
Description of Work, Services or Supplies to be provided				* 1
CONTRACT ITEM NO.:				
Total Dollar Amount Participation:				1 =
If the WBE participation will be counted towards the achievement of the SBE goal please indicate here:	YES	NO NO		
The MBE, WBP, SBF Utilization Plan and the MBF, W	BE, SBE Subcontractor	s Letter of Intent M	UST Accompany th	e Bid! !!
	BE UTILIZATION			
Name of WBE and contact person:				
Business Phone Number:				
Address:				
Description of Work, Services or Supplies to be provided	l:			
CONTRACT ITEM NO.				
CONTRACT ITEM NO.:			And the second second second second	
Total Dollar Amount Participation:				
If the WBE participation will be counted towards the achievement of the SBE goal please indicate here:	YES	□ NO		
and the same of th				

(Attach additional sheets as needed)

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: Business Phone Number: 708 331 1816 Email Address: 5 Kapovich Address: 4245 166 A Stopet Description of Work, Services or Supplies to be provided: (AISSON) 11-187-35 Total Dollar Amount Participation: \$3,377,478.00 If the WBE participation will be counted towards the U achievement of the SBE goal please indicate here: 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: Email Address: Business Phone Number: 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: ___ Email Address: Business Phone Number: ___ 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 bidder should indicate on the Utilization Plan explicitly if the dollar amounts for the WBE participation will also be counted toward the

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)

	WEE CHEIZATION		
Name of WBE and contact person: Ma Rebo			
Business Phone Number: 312 - 320 - 1100	Email Address: +k	@makebars	MOD. 2921845
Address: 1415 West 3th Stree	+ , suite 205 W	, Chicago IL	60609
Description of Work, Services or Supplies to be provide	ed: REBAR INST	ALL	
CONTRACT ITEM NO.: 11- 187-3F			
Total Dollar Amount Participation: 5181,940	. 00		
If the WBE participation will be counted towards the achievement of the SBE goal please indicate here:	Q YES	NO NO	
The MBE, WBE, SBE Utilization Plan and the MBE,	WBE, SBE Subcontractor's Le	tter of Intent MUST Accomp	any the Bid! !!
1	WBE UTILIZATION		
Name of WBE and contact person:			
Business Phone Number:		, , ,	
Description of Work, Services or Supplies to be provide	ed:		
CONTRACT ITEM NO.:			
Total Dollar Amount Participation:			
If the WBE participation will be counted towards the achievement of the SBE goal please indicate here:	U YES	□ NO	
The MBE, WBE, SBE Utilization Plan and the MBE,	WBE, SBE Subcontractor's Le	tter of Intent MUST Accomp	ony the Bid!!!
Y	WBE UTILIZATION		
Name of WBE and contact person:			
Business Phone Number:			3
Address:			
Description of Work, Services or Supplies to be provide	ed:		
CONTRACT ITEM NO.:	4	The substitution of the su	
Total Dollar Amount Participation:			33.0
If the WBE participation will be counted towards the achievement of the SBE goal please indicate here:	□ YES	□ NO	
	communication of the second second second		

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: <u>2</u>	rpo ration	, Carol A.	Marcus
Business Phone Number: 815-723-220	Email Address:		
Name of WBE and contact person: C3 Con Business Phone Number: 815-723-226 Address: 822N 129th Infant	By Drive,	Suite 105	Joliet, IL
Description of Work, Services or Supplies to be provide	d: Sueveying	16	
the second secon	-		40.00
CONTRACT ITEM NO .: 11 - 187 - 3 F] 		
Total Dollar Amount Participation:	5.00		
If the WBE participation will be counted towards the			
achievement of the SBE goal please indicate here:		×	
The second section of the second section secti	YES	NO	
The MBE, WBE, SBF Utilization Plan and the MBE,	WBE, SBE Subcontractor's	Letter of Intent MUST Acc	ompany the Bid!!!
<u> </u>	BE UTILIZATION		
Name of WBE and contact person:		*	
Business Phone Number:			
Address:			
Description of Work, Services or Supplies to be provide			
CONTRACT ITEM NO.:			and the Arms
Total Dollar Amount Participation:			
If the WBE participation will be counted towards the			
achievement of the SBE goal please indicate here:			
A SECOND A PROPERTY OF THE SECOND ASSESSMENT O	YES	NO	manufactural description of the second second second second
The MBE, WBE, SBE Utilization Plan and the MBE. V	WBE, SBE Subcontractor's	Letter of Intent MUST Acc	ompany the Bid!!!
<u>w</u>	BE UTILIZATION		
Name of WBE and contact person:	*	*	
Business Phone Number:	Email Address:	*	Super many services
Address:		, i	
Description of Work, Services or Supplies to be provide	d:		
CONTRACT ITEM NO.:			
Total Dollar Amount Participation:			- Commission - Inch
If the WBE participation will be counted towards the			
achievement of the SBE goal please indicate here:			
A CONTRACT OF THE PROPERTY OF	YES	NO.	ATTENDANCE CONTRACTOR OF THE PARTY OF THE PA
The MBE, WBE, SBE Utilization Plan and the MBE, V	WBE, SBE Subcontractor's	Letter of Intent MUST Acc	ompany the Bid!!!

(Attach additional sheets as needed)

SBE UTILIZATION

Name of SRE and contact person: 5: \	CONSTRUCTION CO. INC SIMONE KAPOVICE
	16 Email Address: 5 Kapovich @ Sjconst. con
Address 4145 11th ST	OAK FOREST, IL 60452
Address. TC15	Office Process of Designer Sand
Description of work, Services or Supplies to be provi	vided: CAISSON! DRILLING SUB
CONTRACT ITEM NO.: 17-187-31	
Total Dollar Amount Participation: \$3, 37	7,478.00
The MBE, WBE, SBE Utilization Plan and the MI	3E, WBE, SBE Subcontractor's Letter of Intent MUST Accompany the Bid!!!
	SBE UTILIZATION .
0 1	USTENCTION CORP ROSCET BOHAC
Business Phone Number: 773 - 521 - 222	
Address: 1235 S. KILBOVEN A	
Description of Work, Services or Supplies to be provi	vided: SEWER! WATER! SANITHEY
CONTRACT ITEM NO.: 11-137-3F	
Total Dollar Amount Participation: \$1,515	
The MBE, WBE, SBF Utilization Plan and the MI	BE, WBF, SBF Subcontractor's Letter of Intent MUST Accompany the Bid!!!
	SPE LITH IZATION
Andrew Control of the Control of the	SDE CARREATION
Name of SBE and contact person:	
Business Phone Number:	Email Address:
Address:	
Description of Work, Services or Supplies to be pro-	vided:
CONTRACT ITEM NO.:	
Total Dollar Amount Participation:	
	tach additional sheets as needed)

SIGNATURE SECTION

I/We hereby acknowledge that

Judlau Contracting, Inc.

On Behalf of

(name of company)	
MBEs, WBEs, and SBEs listed above in the performance	the provisions of Revised Appendix D, and intend to use the cc of this contract and/or have completed the Waiver Request belief, the facts and representations contained in this Exhibit
	alties of perjury that the contents of the foregoing authorized, on behalf of the bidder, to make this
February 27, 2023	Am
Date	Signature of Authorized officer
ATTEST:	Daniel Ruiz Andujar, Chief Executive Officer
	Print name and title
Secretary	630.387.6060
7	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."

WAIVER REQUEST FORM

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

Judlau Contracting, Inc.				
Judiau Contracting, mo.				
Contact Person and Phone Number: Arnav Amin, 630.387.6060 With respect to the contract specified above, the Bidder hereby requests a total or partial waiver of the requirement that, pursuant to Section 12 (a)—(d) of the Affirmative Action Ordinance, Revised Appendix D, it files a MBE, WBE, SBE Utilization Plan or achieve a particular goal for MBE, WBE, SBE participation in the contract. The reasons for the request are as follows:				
Judiau Contracting, Inc.	I/We hereby acknowledge that			
rised Appendix D, and intend to use the rank the performance of this contract and have brighted and belief, the facts and represent the same been omitted.	x D, will comply with the provisions of Affirmative MBEs, WBEs, and SBEs listed in the MBE, WBE, e completed the Waiver Request Form. To the best stations contained in this Waiver Request Form are			
and affirm under penalties of perjury that authorized, on behalf of the contractor, to a	the contents of the foregoing document are true and nake this affidavit.			
3	Signature of Authorized officer			
	Daniel Ruiz Andujar, Chief Executive Office Print name and title			
	630.387.6060			
	Phone number			
	the contract specified above waiver of the requirement to mative Action Ordinance, Rev tion Plan or achieve a partitude contract. The reasons for the contract. The reasons for the contract. The reasons for the performance of this contract and have the performance of this contract and represent the performance of the facts and rep			

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).

1.	Name of VBE: Veterans Vac Services				
	Identify MBE, WBE, SBE Status: VBE Address: 518 S. Rouk 31 Mcheny 11	L6005			
	City, State, Zip Code: Mc Henry, 11, 60050				
V	Contact Person: Ray Andresen Telephone Number: 815 963 7700				
	eMail Address: 224 mond @ veteransvac.com				
	Dollar Amount of Participation; \$ 486,000.00 Percent of Participation: 0.63 %				
	Scope of Work: VAC TRUCK SERVICES				
2.	Name of VBE:				
۵.	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:				
3.	Name of VBE:	1			
	Identify MBE, WBE, SBE Status: Address:				
	City, State Zip Code:				
	Contact Person: Telephone Number:				
	eMail Address:				
	Dollar Amount of Participation: \$				
	Scope of Work:				
4.	Name of VBE:				
	Identify MBE, WBE, SBE Status: Address:				
	City, State, Zip Code:				
	Contact Person: Telephone Number:				
	eMail Address:	2.			
	Dollar Amount of Participation: \$ Percent of Participation:%	3 ⁵ 3			
	Sagna of Warks				

1.	Name of VBE: GEO-ENVIRO CONSULTANTS, LAC.
	Identify MBE, WBE, SBE Status: No Address: P.O. Box 376
	City, State, Zip Code: McHENRY, 12 60051
	Contact Person: Keery Van Auer Telephone Number: 773-562-6672
	eMail Address: Kerry @ geo-cnviroconsult.com
	Dollar Amount of Participation: \$ 420,000. O Percent of Participation: 0.55 %
	Scope of Work: ENVIRONMENTAL CONSULTANT
2.	Name of VBE:
	Identify MBE, WBE, SBE Status: Address:
	City, State Zip Code:
	Contact Person: Telephone Number:
	eMail Address:
	Dollar Amount of Participation: \$
	Scope of Work:
3.	Name of VBE:
	Identify MBE, WBE, SBE Status: Address:
	City, State Zip Code:
	Contact Person: Telephone Number:
	eMail Address:
	Dollar Amount of Participation: \$
	Scope of Work:
4.	Name of VBE:
	Identify MBE, WBE, SBE Status: Address:
	City, State, Zip Code:
	Contact Person: Telephone Number:
	eMail Address:
	Dollar Amount of Participation: \$
	Scope of Work:

1.	Name of VBE: VETERAN TRANSPORTATION SERVICES
	Identify MBE, WBE, SBE Status: Address: 11761 Bridging CT.
	City, State, Zip Code: Burr RIDGE, 11 60527
	Contact Person: STEVEN GANTAN Telephone Number: 3/2-656-62/7
	eMail Address: S. gayfan & veteran transportation services net
	Dollar Amount of Participation: \$ 694,000.06 Percent of Participation: 6.88 %
	Scope of Work: TRUCKING
2.	Name of VBE:
	Identify MBE, WBE, SBE Status: Address:
	City, State Zip Code:
	Contact Person: Telephone Number:
	eMail Address:
	Dollar Amount of Participation: \$
	Scope of Work:
3.	Name of VBE:
	Identify MBE, WBE, SBE Status: Address:
	City, State Zip Code:
	Contact Person: Telephone Number:
	eMail Address:
1	Dollar Amount of Participation: \$ Percent of Participation:%
	Scope of Work:
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:

1.	Name of VBE: TELRAZAS LLC
	Identify MBE) WBE, SBE Status: 165 Address: 4656 W. OFFNER RD
	City, State, Zip Code: MONEE, 16 60449
	Contact Person: Roserto Terrazas Telephone Number: 708-515-9074
	eMail Address: rterrazas@terrazaconstruction . com
	Dollar Amount of Participation: \$ 7/5, 147.60 Percent of Participation: 0.94 %
	Scope of Work: FLATWORK
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:
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:
-	
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: