

INTEROFFICE MEMORANDUM

METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO

DEPARTMENT: General Administration
Diversity Section

DATE: April 28, 2026

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

FROM: Richard L. Martinez, Jr., Diversity Administrator *Richard L. Martinez, Jr.*

SUBJECT: Professional Services for 26-CON-01 (Project 25-801-2C formerly 25-801-3C),
Testing and Inspection of Concrete and Construction Materials for Years 2026-
2028 - *Revised*

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

Classification Type	Business Name	Officer
WBE	Flood Testing Laboratories, Inc.	Susanne Hufnagel

The Minority and Women Business Enterprises goals for the above contract are 20% MBE and/or WBE. According to the MBE/WBE Commitment Form, Flood Testing Laboratories, Inc. commits to the following goal:

<u>MBE</u>	<u>WBE</u>
0%	100%

The Consultant, Flood Testing Laboratories, Inc., has met the requirements of Appendix A.

If you have any questions, please contact Ms. PJ Spencer, Senior Diversity Officer, at spencerpj@mwr.org or extension 1-5876.

RLM/PCS

Attachment

c: LoCascio, Morakalis, Ross, Lefler, Cornier, Kunath, Lopez, Valdez, file

MBE/WBE COMMITMENT FORM

1. Name of MBE/WBE: FLOOD TESTING LABORATORIES, INC
Identify MBE, WBE Status: WBE Address: 1945 E, 87th St
City, State, Zip Code: CHICAGO IL 60617
Contact Person: SUSANNE HUFNAGEL Telephone Number: (773) 721-2200
eMail Address: S.HUFNAGEL@FLOODLABS.COM
Dollar Amount of Participation: \$ 750,000 Percent of Participation: 100 %
Scope of Consulting Contract: CONSTRUCTION MATERIALS TESTING + INSP.

2. Name of MBE/WBE: _____
Identify MBE, WBE 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: _____
Identify MBE, WBE 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: _____
Identify MBE, WBE 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 and WBE business.
Please duplicate this blank page when additional certified MBE and WBE subcontractors are being used on this contract.