INTEROFFICE MEMORANDUM
METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO

DEPARTMENT: General Administration
Diversity Section

DATE: July 30, 2026

TO: Richard L. Martinez, Jr., Diversity Administrator

FROM: Malisa G. Torres, Senior Diversity Officer MGT

SUBJECT: Request for Proposal 25-RFP-23, Technical Assistance Program – Group A

Per your request, the Diversity Section has determined that the following firms are acceptable for MBE/WBE/VBE participation:

Classification Type	Business Name	Contact
MBE	Phoenix CCI LLC	Brianna Stewart
MBE	BCE-USA LLC	Warren Bennie
MBE	JLC & Associates, Inc.	Juan Calahorrano
WBE	Cumberland Irving, Inc.	Anabel Lopez
VBE	GNC Consulting, Inc.	Garry Cooper

The Minority, Women, and Veteran Business Enterprises goals for the above contract are 15% MBE and/or WBE, and 3% VBE. According to the MBE/WBE/VBE Commitment Forms, Zann & Associates, Inc. commits to the following goals:

MBE	**WBE**	**VBE**
14%	10%	3%

The Consultant, Zann & Associates, Inc., has met the requirements of Appendices A and V.

If you have any additional questions, please contact Malisa G. Torres, Senior Diversity Officer, at extension 1-5711.

RLM:MGT

Attachment

c: LoCascio, Morakalis, Cornier, Kunath, Lopez, Valdez

MBE/WBE COMMITMENT FORM

1.

Name of MBE/WBE: Cumberland Irving,Inc.

Identify MBE, WBE Status: WBE **Address:** 1823 N. Lawndale Ave.

City, State, Zip Code: Chicago, IL 60647

Contact Person: Anabel Lopez **Telephone Number:** 224-261-6777

eMail Address: alopez@cumberlandirving.com

Dollar Amount of Participation: $ 37,247.08 **Percent of Participation:** 10.00 **%**

Scope of Consulting Contract: Track program activities; reporting, other tasks as needed.

2.

Name of MBE/WBE: Phoenix CCI LLC

Identify MBE, WBE Status: MBE **Address:** 444 N Michigan Avenue, Suite 1200

City, State Zip Code: Chicago, IL 60611

Contact Person: Irma Holloway **Telephone Number:** (708) 372-1089

eMail Address: askirma1@gmail.com

Dollar Amount of Participation: $ 29,797.66 **Percent of Participation:** 8.00 **%**

Scope of Consulting Contract: Bidding and estimating as a prime contractor/subcontractor

3.

Name of MBE/WBE: BCE-USA LLC

Identify MBE, WBE Status: MBE **Address:** 3500 Martens St

City, State Zip Code: Franklin Park, IL 60131

Contact Person: Warren Bennie **Telephone Number:** (815) 556-8037

eMail Address: wb@bce-usa.com

Dollar Amount of Participation: $ 11,174.12 **Percent of Participation:** 3.00 **%**

Scope of Consulting Contract: Bid assistance award compliance support, and technical technical assistance.

4.

Name of MBE/WBE: JLC & Associates, Inc.

Identify MBE, WBE Status: MBE **Address:** 2822 N.Neva Ave.

City, State, Zip Code: Chicago, IL 60634

Contact Person: Juan Calahorrano **Telephone Number:** 630-501-7448

eMail Address: JuanCalahorrano@hotmail.com

Dollar Amount of Participation: $ 11,174.12 **Percent of Participation:** 3.00 **%**

Scope of Consulting Contract: Marketing and branding support; technical assistance; Tier 3 follow-up

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.

VBE COMMITMENT FORM

1. **Name of VBE:** GNC Consulting, Inc.

   Identify MBE, WBE Status: VBE **Address:** 21195 S. LaGrange Road

   City, State, Zip Code: Frankford, IL 60423

   Contact Person: Garry Cooper **Telephone Number:** 779-206-7206

   eMail Address: dennis.burkwald@gnc-consulting.com

   ***Dollar Amount of Participation:** $ 11,174.12 **Percent of Participation:** 3.00 %

   Scope of Work: Technical assistance

2. **Name of VBE:** _____

   Identify MBE, WBE 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 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 Status: _____ **Address:** _____

   City, State, Zip Code: _____

   Contact Person: _____ **Telephone Number:** _____

   eMail Address: _____

   ***Dollar Amount of Participation:** $_____ **Percent of Participation:** _____ %

   Scope of Work: _____

* If a MBE or WBE will be utilized to accomplish the VBE Contract Goal, then the VBE commitment amount must be entered as a separate dollar amount. VBE Contract Goals are separate and distinct from the MBE and WBE Contract Goals.

Attach a copy of qualifications for each VBE business.