

INTEROFFICE MEMORANDUM
METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO

DEPARTMENT: General Administration
Diversity Section

DATE: August 19, 2024

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

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

RLM/PCS

SUBJECT: Review of 24-CON-02 (Contract 24-891-2C)

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

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

The Minority and Women goals for the subject contract are 20% MBE and/or WBE. According to its MBE/WBE Commitment Form, Corrosion Probe, INC. commits to the following goals:

MBE
0%

WBE
20%

The Consultant Corrosion Probe, Inc. has met the requirements of Appendix A.

If you have questions concerning this review, please contact Fred Fortier, Diversity Officer, at extension 1-4032.

RLM:FF

Attachment

C: D. Locascio, S. Morakalis, Y.M. Lefler, L. Cornier, N. Lopez, M Valdez

MBE/WBE COMMITMENT FORM

1. Name of MBE/WBE: FLOOD Testing Laboratories, Inc.
Identify MBE, WBE Status: WBE Address: 1945 E. 87th Street
City, State, Zip Code: Chicago, IL 60617
Contact Person: Susanne Flood Telephone Number: 773.721.2200
eMail Address: slflood@floodlabs.com
Dollar Amount of Participation: \$ TBD Percent of Participation: 20 %
Scope of Consulting Contract: Inspection and Testing of Structural Steel
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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.