

INTEROFFICE MEMORANDUM
METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO

DEPARTMENT: General Administration
Diversity Section

DATE: January 31, 2024

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

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

RUM/PCS

SUBJECT: Request for Proposal 22-880-2C, Geotechnical Analysis and Sub-Surface
Exploration for Construction Project Services

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

Classification Type	Business Name	Contact
MBE/SBE	Lin Engineering, Ltd	Fred Lin
WBE/SBE	Strata Earth Services, LLC	Sara Knight

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, Wang Engineering, Inc., A Terracon Company commits to the following goals:

MBE
10%

WBE
10%

SBE
*

The Consultant, Wang Engineering, Inc., A Terracon Company, has met the requirements of Appendix A.

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

RLM:MGT

Attachment

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

*Bidder offers MBE and WBE to satisfy the SBE requirements

MBE/WBE/SBE COMMITMENT FORM

1. Name of MBE/WBE/SBE: Strata Earth Services, LLC
Identify MBE, WBE, SBE Status: WBE/SBE Address: 530 W Colfax St
City, State, Zip Code: Palatine, IL 60067
Contact Person: Sara Knight Telephone Number: 847 489-9175
eMail Address: Sara Knight <sara.knight@strataearth.com>
Dollar Amount of Participation: \$ _____ Percent of Participation: 10/5 %
Scope of Consulting Contract: geotechnical drilling

2. Name of MBE/WBE/SBE: Lin Engineering, Ltd.
Identify MBE, WBE, SBE Status: MBE/SBE Address: 576 Oakmont Lane
City, State Zip Code: Westmont, IL 60559
Contact Person: Fred Lin Telephone Number: 630 323-5168 ext. 668
eMail Address: Fred Lin <flin@lineng.com>
Dollar Amount of Participation: \$ _____ Percent of Participation: 10/5 %
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.