Coordinated Construction Project Control ServicesINTEROFFICE MEMORANDUM
METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO

DEPARTMENT: General Administration
Diversity Section

DATE: July 29, 2026

TO: Carmen Scalise, Acting Assistant Director of Engineering

FROM: Richard L. Martinez, Jr., Diversity Administrator RLM/MGT

SUBJECT: 25-CON-04 (24-894-3C), Professional Services for Schedule Delay Analysis

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

Classification Type	Business Name	Contact
WBE	Coordinated Construction Project Control Services	Jacqueline Doyle

The Minority and Women goals for the subject contract are 20% MBE and/or WBE.
According to its MBE/WBE Commitment Form, Berkely Research Group, LLC (BRG) commits to the following goals:

MBE	WBE
0%	20%

Consultant BRG has met the requirements of Appendix A.

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

RLM: FF

Attachment

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

Appendix B

MBE/WBE COMMITMENT FORM

1. Name of MBE/WBE: Coordinated Construction Project Control Services

Identify MBE, WBE Status: W B E ____ Address: 18W140 Butterfield Road, 15th Floor

City, State, Zip Code: Oakbrook Terrace, IL 60181
Contact Person: Jacqueline Doyle Telephone Number: 630-613-7170

eMail Address: jdoyle@coordcpcs.com

Dollar Amount of Participation: $ 70,000 Percent of Participation: 2 0 %

Scope of Consulting Contract: Perform Delay Analyses

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.