REVISED DECEMBER, 2022

METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO

MBE/WBE UTILIZATION PLAN

For Local and Small business entities - Definitions for terms used below can be found in Appendix D: MBE - Section 5(u); WBE - Section 5(ff); SBE - Section 5(z).

NOTE: The Bidder shall submit with the Bid, originals or facsimile copies of all MBE/WBE Subcontractor's Letter of Intent furnished to all MBEs and WBEs. IF A BIDDER FAILS TO INCLUDE signed copies of the MBE/WBE Utilization Plan and all signed MBE/WBE Subcontractor's Letter of Intent with its bid, said bid will be deemed nonresponsive and rejected.

All Bidders must sign the signature page UP-4 of the Utilization Plan, even if a waiver is requested.

Name of Bidder:

IHC Construction Companies LLC

Contract No.: 21-0

21-091-3P

Affirmative Action Contact & Phone No.: Walter P. Dwyer / (847) 841-7736

E-Mail Address: wdwyer@ihcconstruction.com

Total Bid:

14,850,000.00

MBE/WBE UTILIZATION PLAN AND ALL SIGNED MBE/WBE SUBCONTRACTOR'S LETTER OF INTENT MUST BE COMPLETED, SIGNED AND ACCOMPANY YOUR BID!!!

The bidder should indicate on the Utilization Plan explicitly if the dollar amounts for the MBE participation will also be counted toward the achievement of its SBE participation. See Affirmative Action Ordinance, Revised Appendix D, Section 11, Counting MBE, WBE and SBE Participation towards Contract Goals. (a) (b) (c)

Name of MBE and contact person:Acura Inc	EATER ORIG	Domenico DiGio	a
	Email Address:	nico@acurainc.com	
Address: 556 County Line Rd. Suite B. Bense	enville, IL 60106		
Description of Work, Services or Supplies to be provid	led: Site Conc	crete	
CONTRACT ITEM NO .: DIU 03		Loos and Starl Dusmas con	203
Total Dollar Amount Participation: 17,00	0		
If the MBE participation will be counted towards the achievement of the SBE goal please indicate here:	U YES	□ NO	
The MBE, WBE, SBE Utilization Plan and the MBE,			
nsive and rejected.	MBE UTILIZATION		
Name of MBE and contact person:			
Business Phone Number:			
Address:			
Description of Work, Services or Supplies to be provid	led:		
CONTRACT ITEM NO.:		Constant Constant Section	
Total Dollar Amount Participation:		21,001-30	
If the MBE participation will be counted towards the achievement of the SBE goal please indicate here:	YES	D NO	
The MBE, WBE, SBE Utilization Plan and the MBE,	WBE, SBE Subcontractor	's Letter of Intent MUST Accompany the B	id! !
1	MBE UTILIZATION		
Name of MBE and contact person:			field
Business Phone Number:	Email Address: _		
Address:	TTA MARTIN		
Description of Work, Services or Supplies to be provid	led:	SCONTRACTOR'S L	100
CONTRACT ITEM NO.:	AND ACCOM		
Total Dollar Amount Participation:			
If the MBE participation will be counted towards the			
achievement of the SBE goal please indicate here:	YES	NO	

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The bidder should indicate on the Utilization Plan explicitly if the dollar amounts for the MBE participation will also be counted toward the achievement of its SBE participation. See Affirmative Action Ordinance, Revised Appendix D, Section 11, Counting MBE, WBE and SBE Participation towards Contract Goals. (a) (b) (c)

	MBE UTI	LIZATION		
Name of MBE and contact person: C&G Constr	uction Sup	ply Co	L	auren Green
Business Phone Number: (708) 825-9770	Em	ail Address: info	@cgconstructions	supply.com
Address: 1593 Valencia Court, Calumet Ci	ty, IL 6040	9	lil epaeli evA'er	4444 - 1400 Ardimo
Description of Work, Services or Supplies to be pro-	ovided: M	aterial		ong, shoW to optimize
CONTRACT ITEM NO.: DIV 1		1	<u></u>	
Total Dollar Amount Participation: 12,73	8,440)°°		tal Dol <u>fy, Latenné P</u> ue
If the MBE participation will be counted towards the achievement of the SBE goal please indicate here:		□ YES		
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Business Phone Number:	Em	ail Address:		and and the second states of the
Address:				
Description of Work, Services or Supplies to be pro	ovided:	interes of		
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achievement of the SBE goal please indicate here:	- VES	YES	NO	
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Business Phone Number:	Em	ail Address:		
Address:				
Description of Work, Services or Supplies to be pro	ovided:	habiiring		
CONTRACT ITEM NO.:				

 Total Dollar Amount Participation:

 If the MBE participation will be counted towards the achievement of the SBE goal please indicate here:

 YES

(Attach additional sheets as needed)

The MBE, WBE, SBE Utilization Plan and the MBE, WBE, SBE Subcontractor's Letter of Intent MUST Accompany the Bid! ! !

The bidder should indicate on the Utilization Plan explicitly if the dollar amounts for the WBE participation will also be counted toward the achievement of its SBE participation. See Affirmative Action Ordinance, Revised Appendix D, Section 11, Counting MBE, WBE and SBE Participation towards Contract Goals. (a) (b) (c)

	WBE UTI	LIZATION		
Name of WBE and contact person: Evergreen Sup	ply Co.	indian Suppl		Colleen Kramer
		ail Address:	ckramer@everg	reensupply.com
Address: 1400 Ardmore Ave. Itasca, IL 6014	43-1107	00000	Count Calumet Cit	acingia V Cliningia
Description of Work, Services or Supplies to be prov	vided: El	ectrico	3 (
CONTRACT ITEM NO.: DIV 16				LL ON MITTING
Total Dollar Amount Participation: 1600, 0	<u>x00</u> .			eat Dollar Amount Particion
If the WBE participation will be counted towards the		-		
achievement of the SBE goal please indicate here:		YES		
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		LIZATION		
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Business Phone Number:				
Address:				
Description of Work, Services or Supplies to be prov	/ided:	a dealar	en sel et adleaue vo	sectivities of Work, Strivies
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achievement of the SBE goal please indicate here:		U YES	NO	
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(Attach additional sheets as needed)

The bidder should indicate on the Utilization Plan explicitly if the dollar amounts for the WBE participation will also be counted toward the achievement of its SBE participation. See Affirmative Action Ordinance, Revised Appendix D, Section 11, Counting MBE, WBE and SBE Participation towards Contract Goals. (a) (b) (c)

WBE UTILIZATION

Name of WBE and contact person: Hillco Distributing	g Co, Inc	e Supply Inc.	Midden Klach	Nicole Liddy
Business Phone Number: (312) 492-8844	En	nail Address:	ikki@hillcodistrib	uting.com
Address: 1516 West Adams, Chicago, IL 606	07	Laley Pad	Lafus Lasts	B805-800.6328
Description of Work, Services or Supplies to be provid	led: <u>E</u>	zuipme	1+	
CONTRACT ITEM NO.: DIV 1				<u></u>
Total Dollar Amount Participation: 3334, 2	TOT	<u> </u>	onu k	otal Boll a Anno 1 10
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Business Phone Number:	En	nail Address:		
Address:				
Description of Work, Services or Supplies to be provid	led:			
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Business Phone Number:				
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(Attach additional sheets as needed)

The bidder should indicate on the Utilization Plan explicitly if the dollar amounts for the WBE participation will also be counted toward the achievement of its SBE participation. See Affirmative Action Ordinance, Revised Appendix D, Section 11, Counting MBE, WBE and SBE Participation towards Contract Goals. (a) (b) (c)

	WBE UTI	LIZATION		
Name of WBE and contact person: Midco Electric Supply Inc				Diane Quinlan
Business Phone Number: (708) 599-7777			lquinlan@midco	electric.com
Address: 8150 West 185th STreet, Suite H,	Tinley Pa	rk, IL 60487		Homese 1516 West Ade
Description of Work, Services or Supplies to be prov	vided: El	ectrico		Searchption of Work, Services
CONTRACT ITEM NO.: DIV 16			13.0	
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achievement of the SBE goal please indicate here:		YES	NO	
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achievement of the SBE goal please indicate here:		YES	NO	
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Business Phone Number:	En	nail Address:	1. Automation and the second	lunness Phone Number
Address:				uddest
Description of Work, Services or Supplies to be pro-	vided:		or Supplies to be m	lescription of Work, Services
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The MBE, WBE, SBE Utilization Plan and the MI	BE, W <mark>BE.</mark> SB	E Subcontractor'	s Letter of Intent MUS	T Accompany the Bid! ! !

(Attach additional sheets as needed)

SIGNATURE SECTION IHC Construction Companies LLC On Behalf of I/We hereby acknowledge that (name of company) I/WE have read Revised Appendix D, will comply with the provisions of Revised Appendix D, and intend to use the MBEs and WBEs listed above in the performance of this contract and/or have completed the Waiver Request Form. To the best of my knowledge, information and belief, the facts and representations contained in this Exhibit are true, and no material facts have been omitted. I do solemnly declare and affirm under penalties of perjury that the contents of the foregoing document are true and correct, and that I am authorized, on behalf of the bidder, to make this affidavit. May 23, 2023 Date Signature of And orized officer David J. Rock, President ATTEST: Print name and title Secretary Waller P. Dwyer (847) 742-1516 Phone number 1) The Bidder is required to sign and execute this page, EVEN IF A WAIVER IS BEING **REOUESTED.** 2) Failure to do so will result in a nonresponsive bid and rejection of the bid. 3) If a waiver is requested, the bidder must also complete the following "WAIVER REOUEST FORM." The MRF WRF Unitzation Plan and the MRF WRF Subcontractor - Letter of Intern

VBE COMMITMENT FORM

1.	Name of VBE: NO PARTICIPATION							
	Identify MBE, WBE, SBE Status:	Address:						
	City, State, Zip Code:							
	Contact Person:	Telephone Number:						
		Percent of Participation:						
	Scope of Work:							
2.	Name of VBE:							
	Identify MBE, WBE, SBE Status:	Address:						
	City, State Zip Code:							
	Contact Person: Telephone Number:							
	eMail Address:							
		Percent of Participation:						
	Scope of Work:							
3.	Name of VBE:		4					
		Address:						
		Telephone Number:						
		Percent of Participation:						
		· ·						
4.	Name of VBE:							
	Identify MBE, WBE, SBE Status:	Address:						
	City, State, Zip Code:							
	Contact Person:	Telephone Number:						
		Percent of Participation:						
	Scope of Work:							

Attach a copy of qualifications for each VBE firm