



Intergovernmental Agreement Reimbursement Request Form

Reimbursement Request No.: _____ Construction Period From: _____

Request Date: _____ Due Date: _____ Construction Period To: _____

IGA Partner Agency: _____ Partner Agency Zip Code: _____

Project Name and Description: _____

Total Amount of This Reimbursement Request: \$ _____

Are MBE, WBE, and VBE participation goals applied on this project? Yes No

If YES, please indicate the goals specified in the IGA:

____% MBE, ____% WBE, ____% VBE,
____% MBE and/or WBE (for and/or goals if applicable)

If NO, please explain below why they do not apply:

The approval date of your Utilization Plan: _____

Prime Contractor	Awarded Bid Amount (Total Construction Cost)	Total Paid to Prime to Date	MWRD Contribution to Date

Notes:

- If there is more than one Prime Contractor, attach additional sheets with their information.
- Attach all invoices paid to Prime Contractor(s) as support to this Reimbursement Request.

MBE, WBE, or VBE Subcontractor Firm Name	Select Firm Status from dropdown:	Total Amount Committed from Prime	Paid by Prime to Subcontractor since last request	Total Paid by Prime to Subcontractor to Date
Totals:				

Notes:

- Ensure that the "Total Amount Committed from Prime" matches the Utilization Plan.
- Ensure that the "Total Paid by Prime to Subcontractor" amount matches the cancelled check(s) and waiver(s) of lien provided for each MBE, WBE, and VBE subcontractor.
- Attach additional sheets if there are more than 5 MBE, WBE, and/or VBE subcontractors.

Have the participation goals specified in the IGA been met as of the date of this request?

Yes No. If No, provide explanation below:

Were MWRD Biosolids used on this project? Yes No

If Yes, please indicate the total quantity used (include unit) on your final reimbursement request:

If No, please explain below why they were not used. If there were no opportunities to use biosolids on your project due to its scope, please check here:

AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

I, _____, the Project Manager and authorized agent for _____, acknowledge and confirm that I have read the attached Payment Request, for the amount of \$_____, and that I have full and complete knowledge of the contents thereof, that the same was prepared under my supervision, management and control; and hereby certify (a) that all of the items on the Payment Request are true and correct; (b) that all of the costs listed have been paid and that all of the items on the Payment Request are related to _____ that formed the basis of an Intergovernmental Agreement between the Water Reclamation District and _____; (c) that no part of the amount due under this Payment Request has been heretofore received; and (d) that there are no liens whatsoever on this project in favor of the United States, the State of Illinois, or anyone else.

The Affidavit is made for the purpose of inducing the Water Reclamation District to act upon this Payment Request under an Intergovernmental Agreement between the Water Reclamation District and _____, and with the knowledge and understanding of affiant that the Water Reclamation District will rely upon the representation made in the Affidavit and on the Payment Request and based thereon will make said payment to _____, except for such corrections made by the Water Reclamation District for any and all claims and liens.

State of Illinois
County of Cook
Subscribed and sworn to before me
This date _____

(Notary Public)

Authorized Agent
Government Agency

Intergovernmental Agreement Reimbursement Request Instructions



**Metropolitan Water
Reclamation District
of Greater Chicago**

The above pages 1-2 must be completed and submitted with each Reimbursement Request Package. Pages 1-2 may be filled out electronically and emailed as an initial submission. Once the affidavit is signed and notarized, that page can be scanned and emailed.

Page 1: Reimbursement Request Form

- a. General Information
 - i. Reimbursement Request Number – Identify the reimbursement request in sequential order beginning with the number 1.
 - ii. Reimbursement Request Date – Record the date the payment reimbursement request is submitted.
 - iii. Due Date – Indicate the date by which reimbursement is requested.
 - iv. Construction Period From – Enter the start date of the construction period for which payment reimbursement is requested.
 - v. Construction Period To – Enter the end date of construction period for which payment reimbursement is requested.
 - vi. Total Amount of This Reimbursement Request - Enter the total reimbursement amount requested.
- b. Affirmative Action and MBE, WBE, and VBE participation.
 - i. MBE, WBE, and VBE information is required for all projects with such participation. If participation goals do not apply to the project, check the box and provide an explanation.
 - ii. A Payment Summary is required, which details an itemization of requested reimbursements categorized by:
 1. Prime Contractor Costs – List by company name, all payments made to the prime contractor(s) and indicate MWRD’s contribution to date (e.g. the amount you have requested for reimbursement to date).
 2. MBE, WBE, and VBE Subcontractor Costs – List by company name all payments made to MBE, WBE, and VBE subcontractors and indicate the company’s MBE, WBE, or VBE status.
 3. For all subsequent reimbursement requests after the first, list both the amount paid since the last request and cumulative values of the totals paid to each company.
 - iii. Invoices – Include ALL invoices paid by the Partner Agency for which reimbursement is sought.
 - iv. For MBE, WBE, and VBE subcontractors, attach the following as required in Article 2 of the IGA:
 1. Partial and/or full waiver(s) of lien AND corresponding copies of cancelled checks to provide backup of the amount paid by the prime contractor to the sub-contractor (include only the waivers and cancelled checks related to the request being submitted – any documents submitted in a past request should not be included); and
 2. Affirmative Action and VBE Status Report.
- c. Please indicate whether MWRD biosolids were used on this project and if so, in what quantity. If you are unsure or would like more information, contact your MWRD project manager. An answer for this question is required for the final reimbursement request.

Page 2: Affidavit - (must be signed and notarized)

Additional Reminders:

- a. To evidence compliance with the MWRD's MBE, WBE, and VBE Affirmative Action goals, the partner agency must submit the following items to the MWRD's Diversity Administrator prior to the start of construction: (1) a completed Utilization Plan for MBE/WBE participation and a completed VBE Commitment Form (attached to the IGA as Exhibits); and (2) a current letter from a certifying agency that verifies the MBE/WBE/VBE status of each vendor listed as a subcontractor on the MBE/WBE Utilization Plan and/or VBE Commitment Form. A certification letter will be deemed current so long as its expiration date is after the date of the Utilization Plan or Commitment Form. Failure to timely submit a Utilization Plan, Commitment Form or certifying letter may result in a payment delay and/or denial.
- b. Where a Bidder has failed to meet the Contract Goals, it must file a Waiver Request documenting its Good Faith Efforts to meet the Contract Goals as provided in the format described in the bid solicitation. Following the submittal of a Waiver Request, the Administrator will require the Prime Contractor to file a Contractor Information Form and provide additional documentation of its Good Faith Efforts in attempting to fulfill such goals.
 - i. Good Faith Efforts will include but are not limited to those listed in **Section 15. Utilization Plan Submission** of MWRD's Affirmative Action Ordinance Revised Appendix D dated December 31, 2022, which is attached to the IGA as Exhibit 4.