

INTEROFFICE MEMORANDUM

METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO

DEPARTMENT: General Administration
Diversity Section

DATE: August 17, 2022

TO: Beverly Sanders, Director of Human Resources

FROM: Dr. Regina D. Berry, Diversity Administrator



SUBJECT: 22-RFP-02, Medicare Advantage Plan

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	Jamali Kopy Kat Printing Inc	Darwood Burhani
WBE/SBE	Bridgeforth & Associates	Donna Bridgeforth

The Minority, Women, and Small Business Enterprises goals for the above contract are 20% MBE, 10% WBE, and 10% SBE. According to the MBE/WBE/SBE Commitment Form United Healthcare Insurance Company commits to the following goals:

<u>MBE</u>	<u>WBE</u>	<u>SBE</u>
20%	10%	*

* WBE satisfy SBE goal

The Consultant, United Healthcare Insurance Company, has met the requirements of Appendix A.

If you have any additional questions, please contact Ms. Ouidie M. Pollard, Diversity Officer, at extension 1-3029.

RDB/omp

Attachment

c: Ms. Darlene A. LoCascio, Director of Procurement and Materials Management
Morakalis, Cornier, May, Fisher, Ito, file (2)

MBE/WBE/SBE COMMITMENT FORM

1. Name of MBE/WBE/SBE: Bridgeforth Wolf & Associates
Identify MBE, SBE, WBE Status: WBE & SBE Address: 47 W DIVISION, #229
City, State Zip Code: CHICAGO, IL 60610
Contact Person: Donna Bridgeforth (donna@bridgeforthwolf.com) Telephone Number: (312) 663-5171
Dollar Amount of Participation: \$125,000 Percent of Participation: 50% of \$250,000
Scope of Consulting Contract: Promotional Items (Direct)

2. Name of MBE/WBE/SBE: Jamali Kopy Kat Printing Inc
Identify MBE, SBE, WBE Status: MBE Address: 2501 St Charles Road
City, State Zip Code: Bellwood, IL 60104
Contact Person: Dawood Burhani (jkkprinting@gmail.com) Telephone Number: (708) 544-6164
Dollar Amount of Participation: \$125,000 Percent of Participation: 50% of \$250,000
Scope of Consulting Contract: Printing Services

3. Name of MBE/WBE/SBE: _____
Identify MBE, SBE, WBE Status: _____ Address: _____
City, State Zip Code: _____
Contact Person: _____ Telephone Number: _____
Dollar Amount of Participation: _____ Percent of Participation: _____
Scope of Consulting Contract: _____

4. Name of MBE/WBE/SBE: _____
Identify MBE, SBE, WBE Status: _____ Address: _____
City, State Zip Code: _____
Contact Person: _____ Telephone Number: _____
Dollar Amount of Participation: _____ Percent of Participation: _____
Scope of Consulting Contract: _____
