


INTEROFFICE MEMORANDUM

METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO

DEPARTMENT: General Administration
Diversity Section

DATE: December 12, 2018

TO: Beverly K. Sanders, Director of Human Resources
FROM: Regina D. Berry, Diversity Administrator 
SUBJECT: 18-RFP-14, Third Party Claims Administrator Services

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

Classification Type	Business Name	Officer
MBE	Eagle One Case Management Solutions, Inc.	Liz Spreck
WBE	Custom Case Management	Tracey Bilut
WBE	Innovative Rehabilitation Consulting Services	Gail Ryan

The Minority, Women and Small Business Enterprises goals for the above contract are 10% MBE and/or WBE and 10% SBE. According to the MBE/WBE/SBE Commitment Form, PMA Management Corp. commits to the following goals:

<u>MBE</u>	<u>WBE</u>	<u>SBE</u>
5%	10%	10%

The Consultant, PMA Management Corp., has met the requirements of Appendix A.

If you have any additional questions, please contact PJ Spencer, Diversity Officer, at extension 1-5876.

RDB/PCS

Attachment

c: Ms. Darlene A. LoCascio, Director of Procurement and Materials Management
Shields-Wright (Law), L. Cornier, Joplin, file (2)

APPENDIX 5
MBE/WBE/SBE COMMITMENT FORM

1. Name of MBE/WBE/SBE: Custom Case Management
Identify MBE, WBE, SBE Status: WBE Address: P.O. Box 266
City, State, Zip Code: Batavia, IL 60510
Contact Person: Keri Brzeczek Telephone Number: (815) 886-6333
eMail Address: kbrzeczek@customcasemanagement.com
Dollar Amount of Participation: \$ _____ Percent of Participation:
5-10 %
Scope of Consulting Contract: Medical Case Management and claims resolution
-
2. Name of MBE/WBE/SBE: Innovative Rehabilitation Consulting Services
Identify MBE, WBE, SBE Status: WBE Address: P.O. Box 3777
City, State Zip Code: St. Charles, IL 60174
Contact Person: Gail Ryan Telephone Number: 331-442-9654
eMail Address: irc@att.net
Dollar Amount of Participation: \$ _____ Percent of Participation:
5-10 %
Scope of Consulting Contract: Nurse Case Management
-
3. Name of MBE/WBE/SBE: Eagle One Case Management Solutions Inc.
Identify MBE, WBE, SBE Status: MBE Address: 745 McClintock Dr. Suite 360
City, State Zip Code: Burr Ridge, IL 60527
Contact Person: Liz Rodriguez Spreck Telephone Number: 630-655-0800
eMail Address: _____
Dollar Amount of Participation: \$ _____ Percent of Participation:
5-10 %
Scope of Consulting Contract: Case Management
-
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.



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