

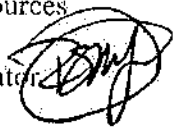
INTEROFFICE MEMORANDUM

METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO

DEPARTMENT: General Administration
Diversity Section

DATE: April 28, 2023

TO: Thaddeus Kosowski, Acting Director of Human Resources

FROM: Richard L. Martinez, Jr., Acting Diversity Administrator 

SUBJECT: Review of 22-RFP-23, Benefits Consulting Services

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

Classification Type	Business Name	Officer
WBE	Athena Consulting, LLC d/b/a Athena Actuarial	Adrienne Ostroff

The Minority and Women Business Enterprises goals for the above contract are 5% MBE and/or WBE. According to the MBE/WBE Commitment Form, Deloitte Consulting, LLP commits to the following goal:

<u>MBE</u>	<u>WBE</u>
0%	5.5%

The Consultant, Deloitte Consulting, LLP, has met the requirements of Appendix A.

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

RLM/PCS

Attachment

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

MBE/WBE COMMITMENT FORM

1. Name of MBE/WBE: Athena Consulting LLC d/b/a Athena Actuarial
Identify MBE, WBE Status: WBE Address: 801 S Marquette Ave, #200
City, State, Zip Code: Minneapolis, MN 55402
Contact Person: Adrienne Ostroff Telephone Number: 612-605-1812
eMail Address: adrienne@athenaactuarial.com
Dollar Amount of Participation: \$ 8,250 Percent of Participation: 5.5% %
Scope of Consulting Contract: RFP and Actuarial support

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 firm
Please duplicate this blank page when additional certified MBE/WBE subcontractors are being used on this contract.