

INTEROFFICE MEMORANDUM

METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO

DEPARTMENT: General Administration
Diversity Section

DATE: February 8, 2024

TO: Ted J. Kosowski, Director of Human Resources

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



SUBJECT: 22-RFP-25 (REBID) Compensation and Benefits Study

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

Classification Type	Business Name	Contact
WBE	Bronner Group, LLC	Don Davis

The Minority and Women Business Enterprise goals for the above contract are 10% MBE and/or WBE. According to the MBE/WBE Commitment Form, Korn Ferry (US) commits to the following goals:

<u>MBE</u>	<u>WBE</u>
0%	13.64

The Consultant, Korn Ferry (US), has met the requirements of the Appendix A.

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

RLM/PCS
Attachment

c: Darlene A. LoCascio, Morakalis, Fisher, Cornier, Lopez, Valdez (2)

MBE/WBE COMMITMENT FORM

1. Name of MBE/WBE: Bronner Group, LLC
Identify MBE, WBE Status: WBE Address: 120 North La Salle Street, Suite 130
City, State, Zip Code: Chicago, IL 60602
Contact Person: Don Davis, Director of Professional Services Telephone Number: 312-759-5101
eMail Address: ddavis@bronnergroupp.com
Dollar Amount of Participation: \$ \$20,000 Percent of Participation: 13.64 %
Scope of Consulting Contract: Leading Custom Survey and Support in Job Validation and analysis

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.