

## SCHEDULE A

### Statement of Prime Submitter Regarding Its MBE/WBE Utilization Plan

#### TO BE COMPLETED BY SUBMITTER ONLY

Submitter: CCMSI Project: 22017 THIRD-PARTY ADMINISTRATOR SERVICES FOR WORKERS COMPENSATION

Is the submitter a certified MBE/WBE? MBE: ☐ Yes ☒ No

WBE: ☐ Yes ☒ No

If yes, attach all current Letters of Certification.

#### NOTE:

CERTIFICATION OF THE SUBMITTER AS AN **MBE** SATISFIES ONLY THE **MBE** GOAL; THE **WBE** GOAL MUST STILL BE MET. CERTIFICATION OF THE SUBMITTER AS A **WBE** SATISFIES ONLY THE **WBE** GOAL; THE **MBE** GOAL MUST STILL BE MET. CERTIFICATION OF THE SUBMITTER AS BOTH **MBE** AND **WBE** MAY SATISFY **ONE GOAL** ONLY.

The submitter intends to perform work in connection with this project as a:

#### GENDER:

- ☒ Male  
☐ Female

#### RACE/ETHNICITY:

- ☐ Black/African American  
☐ Hispanic American  
☐ Asian American  
☒ White American  
☐ Other \_\_\_\_\_

#### TYPE OF FIRM:

- ☐ Partnership  
☐ Sole Proprietorship  
☒ Corporation  
☐ Joint Venturer  
☐ Other \_\_\_\_\_

All MBE/WBE firms included in the following plan must be certified as such by a public or private organization such as the City of Chicago, Chicago Minority Supplier Development Council (CMSDC), Women Business Development Center (WBDC), and the Small Business Administration.

### I. Participation of MBE/WBE Firms

In determining the manner of MBE/WBE participation in the performance of this contract, the submitter shall consider involvement with MBE/WBE firms as joint venture partners, subcontractors, and suppliers of goods and services, either directly or indirectly.

- A. If submitter is a joint venturer and one or more joint venture partners are certified MBEs or WBEs, attach copies of Letters of Certification and a copy of the Joint Venture Agreement clearly describing the role of the MBE/WBE firm(s) and its ownership interest in the joint venture.
- B. Proposing MBE/WBE subcontractors/suppliers/consultants to perform work or supply goods or services not directly related to the performance of this contract is considered to be indirect participation.

MBE/WBE Subcontractors/Suppliers/Consultants:

1. Name of MBE/WBE: Risk and Insurance Management Services dba EagleOne Case Management Solutions, Inc.

Address: 760 Village Center Drive, Suite 250, Burr Ridge, IL 60527

Contact Person: Beau Sprek

Phone: 630-468-1642

E-mail: bspreck@EagleOneCMS.com

Fax: \_\_\_\_\_

MBE/WBE Participation: Dollars \$ \_\_\_\_\_ Percent: 25 %

Will this subcontractor be used for direct or indirect participation? (circle one)

Schedule B and all current certification letters attached? ☒ Yes ☐ No

2. Name of MBE/WBE: Custom Case Management

Address: 500 N. Randall Rd.#226 Batavia, Illinois 60510

Contact Person: Keri Brzeczek Phone: phone: (815) 886-6333

E-mail: kbrzeczek@customcasemanagement.com Fax: \_\_\_\_\_

MBE/WBE Participation: Dollars \$ \_\_\_\_\_ Percent: 5% %

Will this subcontractor be used for direct or indirect participation? (circle one)

Schedule B and all current certification letters attached? ☒ Yes ☐ No

3. Name of MBE/WBE: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

MBE/WBE Participation: Dollars \$ \_\_\_\_\_ Percent: \_\_\_\_\_ %

Will this subcontractor be used for direct or indirect participation? (circle one)

Schedule B and all current certification letters attached? ☐ Yes ☐ No

4. Name of MBE/WBE: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

MBE/WBE Participation: Dollars \$ \_\_\_\_\_ Percent: \_\_\_\_\_ %

Will this subcontractor be used for direct or indirect participation? (circle one)

Schedule B and all current certification letters attached? ☐ Yes ☐ No

5. Name of MBE/WBE: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

MBE/WBE Participation: Dollars \$ \_\_\_\_\_ Percent: \_\_\_\_\_ %

Will this subcontractor be used for direct or indirect participation? (circle one)

Schedule B and all current certification letters attached? ☐ Yes ☐ No

## II. Summary of MBE/WBE Plan

### 1. MBE Participation:

<u>MBE Firm Name</u>	Dollar Amount of Participation	Percent Amount of Participation	Direct Indirect (check <input checked="" type="checkbox"/> one)
EagleOne	\$	25%	<input checked="" type="checkbox"/> <input type="checkbox"/>
	\$	%	<input type="checkbox"/> <input type="checkbox"/>
	\$	%	<input type="checkbox"/> <input type="checkbox"/>
	\$	%	<input type="checkbox"/> <input type="checkbox"/>
	\$	%	<input type="checkbox"/> <input type="checkbox"/>
	\$	%	<input type="checkbox"/> <input type="checkbox"/>
	\$	%	<input type="checkbox"/> <input type="checkbox"/>
	\$	%	<input type="checkbox"/> <input type="checkbox"/>

Total MBE Participation:

\$ \_\_\_\_\_ %

### 2. WBE Participation:

<u>WBE Firm Name</u>	Dollar Amount of Participation	Percent Amount of Participation	Direct Indirect (check <input checked="" type="checkbox"/> one)
Custom Case Management	\$	5%	<input checked="" type="checkbox"/> <input type="checkbox"/>
	\$	%	<input type="checkbox"/> <input type="checkbox"/>
	\$	%	<input type="checkbox"/> <input type="checkbox"/>
	\$	%	<input type="checkbox"/> <input type="checkbox"/>
	\$	%	<input type="checkbox"/> <input type="checkbox"/>
	\$	%	<input type="checkbox"/> <input type="checkbox"/>
	\$	%	<input type="checkbox"/> <input type="checkbox"/>
	\$	%	<input type="checkbox"/> <input type="checkbox"/>

Total WBE Participation:

\$ \_\_\_\_\_ %

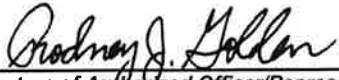
The submitter designates the following person as its MBE/WBE Liaison Officer: Must be on the contract responsible for reporting in B2GNEW compliance monitoring system

Steve Varzino (Name and Title) ( 312 ) 455-5124 (Phone Number)

svarzino@ccmsi.com (E-mail address)

The Contractor certifies to the best of its knowledge and belief that it, its principals and any subcontractors used in the performance of this contract, meet the Park District requirements and have not violated any City or Sister Agency policy, codes, state, federal, or local laws, rules or regulations and have not been subject to any debarment, suspension or other disciplinary action by any government agency. Additionally, if at any time the contractor becomes aware of such information, it must immediately disclose it to the Park District.

**Proposer:** Cannon Cochran Management Services, Inc. (CCMSI)  
*(Print or Type Name of Business)*

**Signature:**  **Date:** 1/26/2023  
*(Signature of Authorized Officer/Representative)*

**Name/Title:** Rodney J. Golden, Chief Operating Officer  
*(Print or Type Name and Title of Person Signing Statement)*

**NOTE:**

If submitter is an MBE/WBE joint venture with a non-MBE/WBE firm, use the **ALTERNATE SCHEDULE A SIGNATURE PAGE**

**End of Schedule A**

## SCHEDULE B

Statement of Intent from MBE/WBE to Perform as Subcontractor, Supplier and/or Consultant  
**MBE/WBE PRIME CONTRACTOR MUST SUBMIT A SCHEDULE B, IF SELF-PERFORMING ANY WORK, TO RECEIVE MBE/WBE CREDIT**

Project: 22017 THIRD-PARTY ADMINISTRATOR SERVICES FOR WORKERS COMPENSATION

From: Risk & Insurance Management Services, Inc.  
DBA EagleOne Case Management Solutions, Inc.  
(Name of MBE/WBE Firm)

MBE: ☒ Yes ☐ No  
WBE: ☐ Yes ☐ No

To: CCMSI and the Chicago Park District:  
(Name of Prime Contractor-Submitter)

The undersigned intends to perform work in connection with the above projects as a:

**GENDER:**

☐ Male  
☒ Female

**RACE/ETHNICITY:**

☐ Black/African American  
☒ Hispanic American  
☐ Asian American  
☐ White American  
☐ Other \_\_\_\_\_

**TYPE OF FIRM:**

☐ Partnership  
☐ Sole Proprietorship  
☒ Corporation  
☐ Joint Venturer  
☐ Other \_\_\_\_\_

The MBE/WBE status of the undersigned is confirmed by the attached current Letters of Certification from public or private entities such as the City of Chicago, the Chicago Minority Supplier Development Council (CMSDC), the Women's Business Development Center (WBDC), and the Small Business Administration.

**Attach all current certification letters behind Schedule B.**

The undersigned is prepared to provide the following services or supply the following goods in connection with the above project/contract:

EagleOne will provide CCMSI with Staff, including adjusters or nurses to work on the program  
EagleOne currently provides NCM and other services to CPD and this will continue

The above-described performance is offered for the following price and described terms of payment:

25% of Annual Contract

If more space is needed to fully describe the MBE/WBE firm's proposed scope of work and/or payment schedule, attach additional sheets.

The undersigned will enter into a written agreement for the above work with you as prime contractor, conditioned upon your execution of a contract with the Chicago Park District, and will do so within (3) three working days of receipt of a signed contract from the Chicago Park District.

Signature: Elizabeth Rodriguez Spreck Date: 1/16/2023  
(Signature of Owner or Authorized Agent of MBE/WBE)

Name/Title: Elizabeth Rodriguez Spreck, President & CEO  
(Print or Type Name and Title)

Address: 760 Village Center Drive, Suite 250,  
Burr Ridge, IL 60527

Telephone: 630-207-7196 Fax: \_\_\_\_\_

**End of Schedule B**

**Certified Profile****CLOSE WINDOW** [Print](#)**Business & Contact Information**

BUSINESS NAME	<b>Risk &amp; Insurance Management Services, Inc., DBA EagleOne Case Management Services, Inc</b>
OWNER	<b>Ms. Elizabeth Spreck</b>
ADDRESS	<b>760 Village Center Dr Suite 250 Burr Ridge, IL 60527 <a href="#">[map]</a></b>
PHONE	<b>630-789-3267</b>
FAX	<b>630-230-4220</b>
EMAIL	<b><a href="mailto:lspreck@eagleonecms.com">lspreck@eagleonecms.com</a></b>
ETHNICITY	<b>Hispanic American</b>

**Certification Information**

CERTIFYING AGENCY	<b>Cook County</b>
CERTIFICATION TYPE	<b>MBE - Minority Business Enterprise</b>
CERTIFICATION DATE	<b>2/28/2023</b>
RENEWAL DATE	<b>2/28/2024</b>
EXPIRATION DATE	<b>2/28/2028</b>
CERTIFIED BUSINESS DESCRIPTION	<b>Professional Service - Consulting: Healthcare Services, Managed Care Administration and Claim Services; Medical Case Management; Risk Management &amp; Insurance</b>

**Commodity Codes**

Code	Description
NAICS 524292	Insurance claims processing services, third party
NAICS 541612	Benefit consulting services
NAICS 621999	Medical care management services

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Statement of Intent from MBE/WBE to Perform as Subcontractor, Supplier and/or Consultant  
**MBE/WBE PRIME CONTRACTOR MUST SUBMIT A SCHEDULE B, IF SELF-PERFORMING ANY WORK, TO RECEIVE MBE/WBE CREDIT**

Project: 22017 THIRD-PARTY ADMINISTRATOR SERVICES FOR WORKERS COMPENSATION

From: Custom Case Management, LLC  
(Name of MBE/WBE Firm)

MBE: ☐ Yes ☐ No

WBE: ☒ Yes ☐ No

To: CCMSI and the Chicago Park District:  
(Name of Prime Contractor-Submitter)

The undersigned intends to perform work in connection with the above projects as a:

**GENDER:**

☐ Male

☒ Female

**RACE/ETHNICITY:**

☐ Black/African American

☐ Hispanic American

☐ Asian American

☐ White American

☐ Other \_\_\_\_\_

**TYPE OF FIRM:**

☐ Partnership

☐ Sole Proprietorship

☐ Corporation

☐ Joint Venturer

☐ Other \_\_\_\_\_

The MBE/WBE status of the undersigned is confirmed by the attached current Letters of Certification from public or private entities such as the City of Chicago, the Chicago Minority Supplier Development Council (CMSDC), the Women's Business Development Center (WBDC), and the Small Business Administration.

**Attach all current certification letters behind Schedule B.**

The undersigned is prepared to provide the following services or supply the following goods in connection with the above project/contract:

Medical Management and Training for CCMSI Adjusters and CPD Team

The above-described performance is offered for the following price and described terms of payment:

5% of annual contract

If more space is needed to fully describe the MBE/WBE firm's proposed scope of work and/or payment schedule, attach additional sheets.

The undersigned will enter into a written agreement for the above work with you as prime contractor, conditioned upon your execution of a contract with the Chicago Park District, and will do so within (3) three working days of receipt of a signed contract from the Chicago Park District.

Signature: Tracey Bilut  
(Signature of Owner or Authorized Agent of MBE/WBE)

Date: 1/20/2023

Name/Title: Tracey Bilut, President  
(Print or Type Name and Title)

Address: 500 N. Randall Road #266 Batavia, IL 60510

Telephone: phone: (815) 886-6333

Fax: fax: (866) 908-1042

**End of Schedule B**



CITY OF CHICAGO

DEPARTMENT OF PROCUREMENT SERVICES

**OCT 16 2020**

Tracey L. Bilut  
Custom Case Management, LLC  
500 N. Randall Rd. #226  
Batavia, Illinois 60510

Dear Ms. Bilut:

We are pleased to inform you that **Custom Case Management, LLC** is recertified as a **Women-Owned Business Enterprise ("WBE")** by the City of Chicago ("City"). This **WBE** certification is valid until **10/15/2025**; however, your firm's certification must be revalidated annually. In the past the City has provided you with an annual letter confirming your certification; such letters will no longer be issued. Therefore, we require you to be even more diligent in filing your **annual No-Change Affidavit 60 days** before your annual anniversary date.

It is now your responsibility to check the City's certification directory and verify your certification status. As a condition of continued certification during the five year period stated above, you must file an **annual No-Change Affidavit**. Your firm's annual No-Change Affidavit is due by **10/15/2021, 10/15/2022, 10/15/2023 and 10/15/2024**. Please remember, you have an affirmative duty to file your No-Change Affidavit 60 days prior to the date of expiration. Failure to file your annual No-Change Affidavit may result in the suspension or rescission of your certification.

Your firm's five year certification will expire on **10/15/2025**. You have an affirmative duty to file for recertification **60 days** prior to the date of the five year anniversary date. Therefore, you must file for recertification by **8/15/2025**.

It is important to note that you also have an ongoing affirmative duty to notify the City of any changes in ownership or control of your firm, or any other fact affecting your firm's eligibility for certification **within 10 days** of such change. These changes may include but are not limited to a change of address, change of business structure, change in ownership or ownership structure, change of business operations, gross receipts and or personal net worth that exceed the program threshold. Failure to provide the City with timely notice of such changes may result in the suspension or rescission of your certification. In addition, you may be liable for civil penalties under Chapter 1-22, "False Claims", of the Municipal Code of Chicago.

Please note – you shall be deemed to have had your certification lapse and will be ineligible to participate as an **WBE** if you fail to:

- File your annual No-Change Affidavit within the required time period;
- Provide financial or other records requested pursuant to an audit within the required time period;
- Notify the City of any changes affecting your firm's certification **within 10 days** of such change; or
- File your recertification within the required time period.



Please be reminded of your contractual obligation to cooperate with the City with respect to any reviews, audits or investigation of its contracts and affirmative action programs. We strongly encourage you to assist us in maintaining the integrity of our programs by reporting instances or suspicions of fraud or abuse to the **City's Inspector General at [chicagoinspectorgeneral.org](http://chicagoinspectorgeneral.org), or 866-IG-TIPLINE (866-448-4754).**

Be advised that if you or your firm is found to be involved in certification, bidding and/or contractual fraud or abuse, the City will pursue decertification and debarment. In addition to any other penalty imposed by law, any person who knowingly obtains, or knowingly assists another in obtaining a contract with the City by falsely representing the individual or entity, or the individual or entity assisted is guilty of a misdemeanor, punishable by incarceration in the county jail for a period not to exceed six months, or a fine of not less than \$5,000 and not more than \$10,000 or both.

Your firm's name will be listed in the City's Directory of Minority and Women-Owned Business Enterprises in the specialty area(s) of:

**NAICS Code(s):**

**524292 - Third Party Administration of Insurance and Pension Funds**

**524298 - Insurance Advisory and Investigation Services (except claims investigation)**

**541611 - Administrative Management and General Management Consulting Services**

**541612 - Human Resources Consulting Services**

**624310 - Vocational Rehabilitation Services**

Your firm's participation on City contracts will be credited only toward **WBE** goals in your area(s) specialty. While your participation on City contracts is not limited to your area of specialty, credit toward goals will be given only for work that is self-performed and providing a commercially useful function that is done in the approved specialty category.

Thank you for your interest in the City's Minority, Women-Owned Business Enterprise, Veteran-Owned Business Enterprise and Business Enterprise Owned or Operated by People with Disabilities (MBE/WBE/VBE/BEPD) Program.

Sincerely,



Shannon E. Andrews  
Chief Procurement Officer

SEA/od