

## SCHEDULE A

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

TO BE COMPLETED BY SUBMITTER ONLY

Submitter: PHYSICIANS IMMEDIATE CARE

Project: OCCUPATIONAL HEALTH SERVICES

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 LLC

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: PROFESSIONAL DYNAMIC NETWORK, INC

Address: 600 HOLIDAY PLAZA SUITE 540 MATTESON, IL 60443

Contact Person: CAROLYN EVANS

Phone: 708-747-4361

E-mail: CAROLYN@PDNSEEK.COM

Fax: 708-747-7057

MBE/WBE Participation: Dollars \$181,202 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 WBE: AMERICAN MARKETING SERVICES

Address: 527 S WELLS ST. SUITE 400 CHICAGO, IL 60607Contact Person: PAMELA GECANPhone: 312-663-5131E-mail: PAMGECAN@AMS95.COM

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

WBE Participation: Dollars \$ 36,240 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 Proposal:****A. MBE Proposal:****1. MBE Participation:**

<u>MBE Firm Name</u>	Dollar Amount of Participation	Percent Amount of Participation	Direct Indirect (check <input checked="" type="checkbox"/> one)
PROFESSIONAL STAFFING NETWORK	\$ <u>181,202</u>	<u>25%</u>	<u>Direct</u>
_____	_____	_____ %	_____
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____
Total MBE Participation	<u>\$ 181,202</u>	<u>25%</u>	

**2. WBE Participation:**

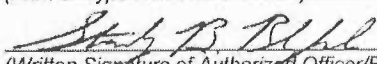
<u>WBE Firm Name</u>	Dollar Amount of Participation	Percent Amount of Participation	
American Marketing Services	\$ <u>36,240</u>	<u>5</u> %	<u>INDIRECT</u>
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____
Total WBE Participation:	<u>\$ 36,240</u>	<u>5%</u>	

The submitter designates the following person as its MBE/WBE Liaison Officer:

<u>Matthew Middendorf</u>	<u>(847) 232-6717</u>
(Name and Title)	(Phone Number)
<u>mmiddendorf@visitphysicians.com</u>	
(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.

Submitter: Physicians Immediate Care LLC  
(Print or Type Name of Business)

Signature:  Date: 4/20/21  
(Written Signature of Authorized Officer/Representative)

Name/Title: Stanley B. Blaylock, Chief Executive 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 following signature page instead:

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: Chicago Park District

From: Professional Dynamic Network, Inc.  
(Name of MBE/WBE Firm)

MBE: ☒ Yes ☐ No

WBE: ☒ Yes ☐ No

To: Physician's Immediate Care 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:

Certified drug collectors, medical assistants, administrative staff

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

Certified drug collectors - \$35.00 per hour

Medical Assistants \$35.00 per hour

Administrative staff - \$30.00 per hour

Terms of Payment

Net 30 4/18/202

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: Carolyn Evans  
(Signature of Owner or Authorized Agent of MBE/WBE)

Date: 4/17/21

Name/Title: Carolyn Evans  
(Print or Type Name and Title)

Address: 600 Holiday Plaza Drive, Ste 540, Matteson, IL 60443

Telephone: 708-747-4361

Fax: 708-747-7057

**End of Schedule B**



**TONI PRECKWINKLE**  
PRESIDENT  
Cook County Board  
of Commissioners

BRANDON JOHNSON  
1st District

DENNIS DEER  
2nd District

BILL LOWRY  
3rd District

STANLEY MOORE  
4th District

DEBORAH SIMS  
5th District

DONNA MILLER  
6th District

ALMA E. ANAYA  
7th District

LUIS ARROYO, JR.  
8th District

PETER N. SILVESTRI  
9th District

BRIDGET GAINER  
10th District

JOHN P. DALEY  
11th District

BRIDGET DEGNEN  
12th District

LARRY SUFFREDIN  
13th District

SCOTT R. BRITTON  
14th District

KEVIN B. MORRISON  
15th District

VACANT  
16th District

SEAN M. MORRISON  
17th District

OFFICE OF CONTRACT COMPLIANCE

**EDWARD H. OLIVIERI**

DIRECTOR

118 N. Clark, County Building, Room 1020 • Chicago, Illinois 60602 • (312) 603-5502

April 29, 2021

Ms. Carolyn Evans

Professional Dynamic Network, Inc.  
600 Holiday Plaza Dr., Ste., 540  
Matteson, IL 60443-1068

**Re: Cook County WBE/MBE Certification Extension Letter**

Dear Ms. Evans,

Please be advised that your status as a certified **Woman Business Enterprise (WBE)** and **Minority Business Enterprise (MBE)** has been extended until June 29, 2021.

This extension is to ensure a thorough review of your company's documentation and to allow your company the time to submit additional information and documents, if requested.

This **Certification Extension** does not guarantee continued eligibility in Cook County's **MBE/WBE/VBE/SDVBE** Program.

In responding to procurement opportunities, as evidence of your current certification with Cook County, you may include this Extension Letter and most recent Certification Letter with your submission.

If you have any questions, please feel free to contact Lisa Alexander at (312) 603-5513.

Sincerely,

Lisa Alexander, MCA  
Deputy Director

LA/rl

## Certification: View

## Certification List

## Vendor Capabilities

BUSINESS NAME	Professional Dynamic Network, Inc.
SYSTEM VENDOR NUMBER	20069435
PRIMARY OWNER'S NAME	Ms. Carolyn Evans
COMPANY TYPE	Corporation
ETHNIC GROUP	African-American (Black)
GENDER	Female

## Certification Information

CERTIFYING AGENCY	Cook County
CERTIFICATION TYPE	MBE - Minority Business Enterprise
EFFECTIVE DATE	2/27/2020
RENEWAL DATE	6/27/2021

## Contact Information

MAIN COMPANY EMAIL	carolyn@pdnseek.com
MAIN PHONE	708-747-4361
MAIN FAX	708-747-7057
MAIN COMPANY WEBSITE	<a href="http://www.Pdnseek.com">http://www.Pdnseek.com</a>

## Addresses

PHYSICAL ADDRESS	600 Holiday Plaza Dr., Ste., 540 Matteson, IL 60443-1068
MAILING ADDRESS	600 Holiday Plaza Dr., Ste., 540 Matteson, IL 60443-1068

## Business Capabilities

BUSINESS CERTIFIED FOR	Professional Service: Temporary Staffing, Recruitment, Education & Training Consulting: Management Consultant - Healthcare and Government Services
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FULL DESCRIPTION OF  
CAPABILITIES/PRODUCTS

**Professional Service: Temporary Staffing, Recruitment, Education & Training  
Consulting: Management Consultant - Healthcare and Government Services**

COMMODITY CODES

NAICS 5416	Management, Scientific, and Technical Consulting Services ( <a href="#">More</a> )
NAICS 561320	Office help supply services ( <a href="#">More</a> )
NAICS 561320	Temporary help services ( <a href="#">More</a> )
NAICS 561320	Temporary staffing services ( <a href="#">More</a> )

## Owner Ethnicity and Gender

ETHNIC GROUP

African-American (Black)

GENDER

Female

## Location

COUNTY

Cook (IL)

## Additional Information

SERVICE-DISABLED VETERAN BUSINESS **Not Applicable**

[Certification List](#)

**Customer Support**

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**Certification: View****Certification List****Vendor Capabilities**

BUSINESS NAME	Professional Dynamic Network, Inc.
SYSTEM VENDOR NUMBER	20069435
PRIMARY OWNER'S NAME	Ms. Carolyn Evans
COMPANY TYPE	Corporation
ETHNIC GROUP	African American
GENDER	Female

**Certification Information**

CERTIFYING AGENCY	State of Illinois Central Management Services
CERTIFICATION TYPE	MBE - Minority Business Enterprise
EFFECTIVE DATE	9/5/2015
RENEWAL DATE	9/5/2021

**Contact Information**

MAIN COMPANY EMAIL	carolyn@pdnseek.com
MAIN PHONE	708-747-4361
MAIN FAX	708-747-7057
MAIN COMPANY WEBSITE	<a href="http://www.Pdnseek.com">http://www.Pdnseek.com</a>

**Addresses**

PHYSICAL ADDRESS	600 Holiday Plaza Dr., Ste., 540 Matteson, IL 60443-1068
MAILING ADDRESS	600 Holiday Plaza Dr., Ste., 540 Matteson, IL 60443-1068

**Business Capabilities**

BUSINESS CERTIFIED FOR	Management Consulting EDUCATIONAL/TRAINING SERVICES
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FULL DESCRIPTION OF CAPABILITIES/PRODUCTS	Employment Agency and Search Firm Services (Including Background Investigations and Drug Testing for Employment) Personnel Services, Temporary	
	Management Consulting EDUCATIONAL/TRAINING SERVICES Employment Agency and Search Firm Services (Including Background Investigations and Drug Testing for Employment) Personnel Services, Temporary	
COMMODITY CODES	NIGP 91875	Management Consulting
	NIGP 92400	EDUCATIONAL AND TRAINING SERVICES
	NIGP 96130	Employment Agency and Search Firm Service, Including Background Investigations and Drug Testing for Employment
	NIGP 96269	Personnel Services, Temporary

### Owner Ethnicity and Gender

ETHNIC GROUP	African American
GENDER	Female

### Location

COUNTY	Cook (IL)
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### Additional Information

REGION	Metro Chicago
RECIPROCAL CERTIFICATION AGENCY	

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**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: Chicago Park DistrictFrom: American Marketing Services

(Name of MBE/WBE Firm)

MBE: ☐ Yes ☐ NoWBE: ☒ Yes ☐ NoTo: Physicians Immediate Care LLC

(Name of Prime Contractor-Submitter)

and the Chicago Park District:

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:

Marketing and Advertising Services

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

Hours will vary for individual assignments; AMS blended hourly rate is \$150/hour

Payment is expected within 30 days of invoice

\$ 38,240

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: \_\_\_\_\_

(Signature of Owner or Authorized Agent of MBE/WBE)

Date: 5-10-21Name/Title: Pamela S. Gecan

(Print or Type Name and Title)

Address: 527 S. Wells St. Suite 400, Chicago, IL 60607Telephone: 312-663-5131Fax: 312-913-3893**End of Schedule B**



DEPARTMENT OF PROCUREMENT SERVICES

CITY OF CHICAGO

NOV 10 2016

Pamela Gecan  
American Marketing Services, Inc.  
527 S. Wells Street, Suite 400  
Chicago, Illinois 60607-3987

Dear Pamela Gecan:

We are pleased to inform you that **American Marketing Services, Inc.** has been recertified as a **Women-Owned Business Enterprise ("WBE")** by the City of Chicago ("City"). This WBE certification is valid until **11/15/2021**; 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. As a consequence, we require you 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 firms' **annual No Change Affidavit** is due by **11/15/2017, 11/15/2018, 11/15/2019, and 11/15/2020**. 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 **11/15/2021**. 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 **9/15/2021**.

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.

NOV 10 2016

Please note – you shall be deemed to have had your certification lapse and will be ineligible to participate as a **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):**

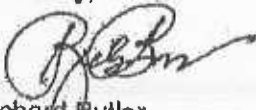
**541613 – Marketing Consulting Services**

**541820 – Public Relations Consulting Services**

Your firm's participation on City contracts will be credited only toward **Women-Owned Business Enterprise** 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 and Women-Owned Business Enterprise (MBE/WBE) Program.

Sincerely,



Richard Butler  
First Deputy Procurement Officer  
RB/vlw



## Certification: View

## Certification List

## Vendor Capabilities

BUSINESS NAME	American Marketing Services, Inc.
SYSTEM VENDOR NUMBER	20070106
PRIMARY OWNER'S NAME	Ms. Pamela Gecan
COMPANY TYPE	Corporation
ETHNIC GROUP	Caucasian
GENDER	Female

## Certification Information

CERTIFYING AGENCY	State of Illinois Central Management Services
CERTIFICATION TYPE	WBE - Women Business Enterprise
EFFECTIVE DATE	9/13/2018
RENEWAL DATE	9/13/2021

## Contact Information

MAIN COMPANY EMAIL	pamgecan@ams95.com
MAIN PHONE	312-663-5131
MAIN FAX	312-913-3893
MAIN COMPANY WEBSITE	<a href="http://www.ams95.com">http://www.ams95.com</a>

## Addresses

PHYSICAL ADDRESS	527 South Wells Street, Suite 400 Chicago, IL 60607-3997
MAILING ADDRESS	527 South Wells Street, Suite 400 Chicago, IL 60607-3997

## Business Capabilities

BUSINESS CERTIFIED FOR	91500 Communications and Media Related Services 91522 Communications Marketing Services
------------------------	--

FULL DESCRIPTION OF CAPABILITIES/PRODUCTS	<b>91807 Advertising Consulting</b> <b>91826 Public Relations Consulting</b> <b>91876 Marketing Consulting</b> <b>96153 Marketing Service, Including Distribution, Public Opinion Surveys, Research, Sales Promotions, etc.</b>  <b>91500 Communications and Media Related Services</b> <b>91522 Communications Marketing Services</b> <b>91807 Advertising Consulting</b> <b>91826 Public Relations Consulting</b> <b>91876 Marketing Consulting</b> <b>96153 Marketing Service, Including Distribution, Public Opinion Surveys, Research, Sales Promotions, etc.</b>	
COMMODITY CODES	<b>NIGP 91500</b> <b>NIGP 91522</b> <b>NIGP 91807</b> <b>NIGP 91826</b> <b>NIGP 91876</b> <b>NIGP 96153</b>	<b>COMMUNICATIONS AND MEDIA RELATED SERVICES</b> <b>Communications Marketing Services</b> <b>Advertising Consulting</b> <b>Public Relations Consulting</b> <b>Marketing Consulting</b> <b>Marketing Service, Including Distribution, Public Opinion Surveys, Research, Sales Promotions, etc.</b>

### Owner Ethnicity and Gender

ETHNIC GROUP	Caucasian
GENDER	Female

### Location

COUNTY	Cook (IL)
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### Additional Information

REGION	Metro Chicago
RECIPROCAL CERTIFICATION AGENCY	

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