

INTEROFFICE MEMORANDUM

METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO

DEPARTMENT: General Administration
Diversity Section

DATE: May 26, 2023

TO: Edward W. Podczerwinski, Director of Monitoring and Research

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

RLM / P.S.

SUBJECT: Contract 22-RFP-20, Request for Proposal to Conduct a Full-Scale Trial of Additives to Promote Odor and Solids Reduction at the Thornton Composite Reservoir

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

Classification Type	Business Name	Contact
MBE/SBE	OptimaBiome LLC	Malcom Fabiyi

The Minority, Women, and Small Business Enterprise goals for the subject contract are 10% MBE and/or WBE, and 10% SBE. According to the MBE/WBE/SBE Commitment Form, OptimaBiome, LLC commits to the following goals:

MBE

SBE

55%

*

*MBE offered to satisfy SBE

The Consultant, OptimaBiome, LLC has met the requirements of Appendix A.

If you have any additional questions please contact Chase Carthen, Diversity Officer, at extension 1-4043.

RLM:CEC

Attachment

c: LoCascio, Cornier, Morakalis, File

MBE/WBE/SBE COMMITMENT FORM

1. Name of MBE/WBE/SBE: OptimaBiome, LLC
Identify MBE, WBE, SBE Status: MBE, SBE Address: 9213 Pavonia Court
City, State, Zip Code: Potomac, MD 20854
Contact Person: Malcolm Fabiyi Telephone Number: 773-647-8872
eMail Address: mfabiyi@optimabiome.com
Dollar Amount of Participation: \$ 512.7K Percent of Participation: 55%
Scope of Consulting Contract: Project coordination and implementation
2. 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: _____
3. 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: _____
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.