

INTEROFFICE MEMORANDUM

METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO

DEPARTMENT: General Administration **DATE:** May 26, 2023
Diversity Section

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:

<u>MBE</u>	<u>SBE</u>
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.

1. Name of MBE/WBE/SBE: _____
City, State Zip Code: _____
Contact Person: _____ Telephone Number: _____
Email Address: _____
Dollar Amount of Participation: \$ _____ Percent of Participation: _____
Scope of Consulting Contract: _____

2. Name of MBE/WBE/SBE: _____
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: _____
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: _____
City, State Zip Code: _____
Contact Person: _____ Telephone Number: _____
Email Address: _____
Dollar Amount of Participation: \$ _____ Percent of Participation: _____
Scope of Consulting Contract: _____