

Sub-consultant and Minority/Women Business Enterprise (M/WBE) Preliminary Utilization Plan

Project # & Name:						
Prime Consultant Name & Address:						
Prime Consultant Representative Name & Telephone #:						
The Prime Consultant shall make assertive effort (M/WBE) as possible and to this end the prime c following information on M/WBEs the Prime Co Provide the names of all sub-consultants, their ac firm is currently certified as MBE, WBE or N/A certified identify their certifying agency; provide percentage of M/WBE participation for each M/V	onsultant will in nsultant intends ddresses, and co (N/A is if the fire a description of	nform each sub-c to utilize in the p ntact information rm is neither MB	consultant of this requirement. Please properformance of the services related to n (name, title, & telephone number); selection of WBE certified), if the firm is cur	provide the this project. elect if the rently		
Sub-consultant Name Address (Street, City, State, Zip) Contact Person Name, Title, Number	MBE, WBE or N/A	Certifying Agency St. Louis Airport Authority	Description of Anticipated Work to be Performed	Anticipated M/WBE %		
Prime Consultant Authorized Signature: Date						
Prime Consultant Printed Name:						

Sub-consultant and Minority/Women Business Enterprise (M/WBE) Final Utilization Plan

Project # & Name:

Prime Consultant Name & Address:							
Prime Consultant Representative Name & Telephone #:							
This form must be completed in	its entirety	and submitte	ed to the City after fee/s	cope negotiation	s are complete.		
Sub-consultant Name Address (Street, City, State, Zip Code) Contact Person Name, Title & Number	MBE WBE or N/A (Select One)	Certifying Agency (Select One)	Description of Work to be Performed	Total Dollar Value of Work	Value Applicable to Goal	M/WBE Tier 1 ST Tier 2 ND Tier Consultant Name	M/WBE %
						☐ 1 ST Tier ☐ 2 ND Tier	
						Consultant Name:	
						□ 1 ST Tier □ 2 ND Tier	
						Consultant Name:	
						☐ 1 ST Tier	
	·					☐ 2 ND Tier Consultant Name:	
						Consultant Name.	
			.			□ 1 ST Tier □ 2 ND Tier	
						Consultant Name:	
						☐ 1 ST Tier ☐ 2 ND Tier	
						Consultant Name:	
Prime Consultant Authorized Signature:Date:							
Prime Consultant Printed Name:							

Notice of Intent (NOI) to Perform As a Sub-consultant

Project	t # and Nan	ne:				
Prime	Consultant	's Name:				
CHEC	K ONE:		Sub-consultant (Fully complete Parts I & II)			with Lower-Tier Consultants e Parts I, II and III)
PART	I: SUB-CO	NSULTAN	F PARTICIPATION			
1.	To:		(Name of Prin	ne Consult	ant)	
	From:		(Name of Su	b-consulta	nt)	
2.	The under	signed Sub-c	onsultant intends to perform work i	n connection	on with the above r	eferenced project as (check one):
			dividual/sole proprietorship poration			a partnership a joint venture
3.	The under	signed Sub-C	Consultant (check applicable statement	ents):		
		□ is a N	Non-Minority/Non-Women Business	s Enterprise	e.	
	С	□ has b		nan Busino	ess Enterprise by th	ne City of St. Louis St. Louis Airport
4.		signed Sub-c		e following	g scope of work in	connection with the above referenced

Notice of Intent (NOI) to Perform As a Sub-consultant (Continued)

PART II: LOWER-TIER SUB-CONSULTANT PARTICIPATION

Warl to Do Doufours of	
Company Name Address: Federal ID: Contact Person: Phone No. Insurance 2. Company Name Address: Federal ID: Contact Person: Phone No. Insurance 3. Select One Company Name	ount of Sub-consultant eement
Address: Contact Person: Phone No. Insurance Company Name Address: Contact Person: Phone No. Federal ID: Tontact Person: Phone No. Insurance Select One Company Name	
Contact Person: Phone No. Insurance Company Name Address: Contact Person: Phone No. Insurance Federal ID: Company Name Select One Company Name	
2. Company Name Address: Contact Person: Phone No. Insurance Select One Company Name	
Company Name Address: Contact Person: Phone No. Insurance Select One Company Name	
Address: Contact Person: Phone No. Insurance Select One Company Name	
Contact Person: Phone No. Insurance Select One Company Name Federal ID:	
3. Select One Company Name	
Company Name	
Fadaral ID:	
Address: Federal ID:	
Addition.	
Contact Person: Phone No. Insurance	
Total amount to be subcontracted out to M/WBEs:	
Total amount to be subcontracted out to non-M/WBEs:	
Total amount to be subcontracted out to non-in wides.	
PART III: SIGNATURES	
(Name of Prime Consultant) BY: PHONE: (Signature of Authorized Representative) PHONE: DATE:	
(Name of Sub-consultant) BY: (Signature of Authorized Representative) PHONE: DATE:	
PART IV: MWBE PARTICIPATION VERIFICATION	
To be considered by the Office of Dissourity & Ladwin Democratical	
To be completed by the Office of Diversity & Inclusion Representative: Total MBE participation Amount: % MBE Participation Overall	
Total WBE participation Amount: % WBE Participation	
Reviewed for Content and Completeness: BDD Representative Signature	

CONTRACTOR'S GOOD FAITH EFFORT REPORT (PART I)

Project # and Name:
Prime Consultant's Name:

In addition to the minority and women business enterprises (M/WBEs) that are listed and proposed for utilization on this contract, the following M/WBEs were also contacted regarding performance under this proposal.

Firm Name Address/Phone # Contact Person Name	Bid Item(s), Suppli Services or Materials for Which a Bid/Quote Was Requested	Bid/Quote Amounts	Date & Method of Solicitation	Reason Rejected Comments	
Prime Consultant's Authorized Representative Signature Date					

CONTRACTOR'S GOOD FAITH EFFORTS REPORT (PART II)

Prime Consultant's Project # and Name: Name: Please indicate those efforts made to maximize the participation of minority and women business enterprises (M/WBEs) on this contract. **Good Faith Efforts Activities** Comments Attended the pre-proposal conference held on this contract. Selected portions of work proposed to be performed by M/WBEs in order to increase the likelihood of meeting the stated goals. Solicited individual M/WBEs by written notification at least (15) calendar days prior to bid opening to participate in the contract as a subcontractor, supplier, manufacturer, consultant, or service agency for specific items or types of work. Notified, in writing, organizations which provide assistance in recruitment and placement of M/WBEs of the type of work, supplies, or services being considered on this contract. Made efforts to negotiate with M/WBEs for specific items of work. Made efforts to assist M/WBEs that requested assistance in obtaining bonding, insurance, or line of credit required to participate in the contract. Advertised in general circulation media, trade association publications, and M/WBE focused media for M/WBEs to participate on this contract. Publication: Publication: Date: Publication: Date: Publication: Date: Publication: Date: Publication: Date: List the minority and women community organizations; contractor's

groups; local, state, and federal minority and women business assistance offices; and other organizations that provide assistance in recruitment of M/WBEs you contacted related to achieving maximum participation of M/WBEs on this contract. Please note the name of the person contacted and the date of contact. Organization: Date: Contact Person: Organization: Contact Person: Date: Organization: Contact Person: Date:

Date Prime Consultant's Authorized Representative Signature