

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 confollowing information on M/WBEs the Prime Conformation on M/WBEs the Prime Conformation on M/WBEs the Prime Conformation on M/WBEs as MBE, WBE or N/A certified identify their certifying agency; provide percentage of M/WBE participation for each M/WBEs as MBEs and M/WBEs participation for each M/WBEs are made as M	onsultant will in onsultant intends ddresses, and co (N/A is if the fi a description of	nform each sub-c to utilize in the pontact information rm is neither MB	onsultant of this requirement. Please preformance of the services related to n (name, title, & telephone number); set or 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:			Paç	ge 1 of 6

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	NSULTANT	PARTICIPATION			
1.	To:		(Name of Prin	ne Consult	ant)	
	From:		(Name of Su	b-consulta	nt)	
2.	The under	signed Sub-co	onsultant intends to perform work i	n connecti	on with the above r	eferenced project as (check one):
			lividual/sole proprietorship poration			a partnership a joint venture
3.	The under	signed Sub-C	onsultant (check applicable statement	ents):		
		□ is a N	on-Minority/Non-Women Busines	s Enterpris	e.	
		☐ has be Autho	•	man Busin	ess Enterprise by th	ne City of St. Louis St. Louis Airport
4.		signed Sub-co		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 Authorize	ed Representative Signature	,		Date

CONTRACTOR'S GOOD FAITH EFFORTS REPORT (PART II)

Project # and Prime Consultant's 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. C C (C

Prime Consultant's Authorize	ed Representative Signature	Date	
Contact Person:	Date:		
Organization:			
Contact Person:	Date:		
Organization:			
Contact Person:	Date:		
Organization:			