

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 efforts to utilize the maximum number of Minority and Women Business Enterprises (M/WBE) as possible and to this end the prime consultant will inform each sub-consultant of this requirement. Please provide the following information on M/WBEs the Prime Consultant intends to utilize in the performance of the services related to this project. Provide the names of all sub-consultants, their addresses, and contact information (name, title, & telephone number); select if the firm is currently certified as MBE, WBE or N/A (N/A is if the firm is neither MBE or WBE certified), if the firm is currently certified identify their certifying agency; provide a description of anticipated work to be performed and indicate the anticipated percentage of M/WBE participation for each M/WBE listed.

<i>Sub-consultant Name Address (Street, City, State, Zip) Contact Person Name, Title, Number</i>	<i>MBE, WBE or N/A</i>	<i>Certifying Agency</i> <small>St. Louis Airport Authority</small>	<i>Description of Anticipated Work to be Performed</i>	<i>Anticipated M/WBE %</i>

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 submitted to the City after fee/scope negotiations are complete.

<i>Sub-consultant Name Address (Street, City, State, Zip Code) Contact Person Name, Title & Number</i>	<i>MBE WBE or N/A (Select One)</i>	<i>Certifying Agency (Select One)</i>	<i>Description of Work to be Performed</i>	<i>Total Dollar Value of Work</i>	<i>Value Applicable to Goal</i>	<i>M/WBE Tier 1ST Tier 2ND Tier Consultant Name</i>	<i>M/WBE %</i>
						<input type="checkbox"/> 1 ST Tier <input type="checkbox"/> 2 ND Tier Consultant Name:	
						<input type="checkbox"/> 1 ST Tier <input type="checkbox"/> 2 ND Tier Consultant Name:	
						<input type="checkbox"/> 1 ST Tier <input type="checkbox"/> 2 ND Tier Consultant Name:	
						<input type="checkbox"/> 1 ST Tier <input type="checkbox"/> 2 ND Tier Consultant Name:	
						<input type="checkbox"/> 1 ST Tier <input type="checkbox"/> 2 ND Tier Consultant Name:	

Prime Consultant Authorized Signature: _____ Date: _____

Prime Consultant Printed Name: _____

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

PART II: LOWER-TIER SUB-CONSULTANT PARTICIPATION

With respect to the proposed Sub-consultant agreement described above, the following work will be completed by lower-tier sub-consultant(s).-*List M/WBE and Non-M/WBE Firms:*

Name of Firm Receiving Lower-Tier Sub-consultant Agreement	MBE/ WBE or NA	Work to Be Performed	Amount of Sub-consultant Agreement
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1.

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

Address:

Federal ID:

Contact Person:

Phone No.

Insurance

Total amount to be subcontracted out to M/WBEs:

Total amount to be subcontracted out to non-M/WBEs:

PART III: SIGNATURES

(Name of Prime Consultant) **BY:** _____
(Signature of Authorized Representative)

PHONE:
DATE:

(Name of Sub-consultant) **BY:** _____
(Signature of Authorized Representative)

PHONE:
DATE:

PART IV: MWBE PARTICIPATION VERIFICATION

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

