

City of St. Louis
Minority and Women Owned Business Enterprise Utilization Plan

Contract Name:

Bid/Letting #:

Name of Prime contractor:

Total Amount of Prime Contract

The Prime contractor shall utilize and require all subcontractors to utilize the maximum number of **certified** MBE/WBE firms in the following African American, Hispanic American, Asian American, Native American, and Women-owned business enterprises possible.

The Prime contractor will purchase construction services, materials, and supplies from **certified** MBE/WBE firms in the following: African American, Hispanic American, Asian American, Native American, and Women owned business enterprises to the maximum extent feasible, and to this end, the Contractor will inform each subcontractor of this requirement.

The Prime contractor shall utilize the services and/or purchase supplies to be provided by the following **certified** MBE/WBE firms in the following: African American, Hispanic American, Asian American, Native American, and Women owned business enterprises in the execution of this contract.

NOTE: FIRMS MUST BE CERTIFIED PRIOR TO BID OPENING, IN ORDER TO COUNT TOWARD THE CITY'S GOALS. The City of St. Louis' M/WBE Directory is available at <https://www.flystl.com/business/business-diversity-development-1/directories>.

Please list all subcontractors including African American, Hispanic American, Asian American, Native American, and Women scheduled to perform work on this project below. The prime should include their work in this section.

Firm Name Address, City, State, Zip Contact Person Name - Phone Number (A)	Federal ID Number (B)	Bid Items of Work To Be Performed / Material Supplied (C)	Bid Amount (D)
Prime Contractor			

Firm Name Address, City, State, Zip Contact Person Name - Phone Number (A)	Federal ID Number (B)	Bid Items of Work To Be Performed / Material Supplied (C)	Bid Amount (D)

Total Amount of Prime Contractors Self Performed Work:
Total Amount of Non-MBE/WBE Subcontractor:

Please list all subcontractors identified as African American scheduled to perform work on this project below. In (A) Include the firm name, address, phone number and the contact person's name; (B) Enter the firm's federal identification number; (C) Select which agency the firm is currently certified with; (D) Enter the bid items of work to be performed/material supplied and (E) The bid amount for all items listed in column D.

ETHNICITY: AFRICAN AMERICAN

PERCENTAGE: 21%

[illegible]

Total Amount of African American Subcontracts:

Please list all subcontractors identified as Hispanic American scheduled to perform work on this project below. In (A) Include the firm name, address, phone number and the contact person's name; (B) Enter the firm's federal identification number; (C) Select which agency the firm is currently certified with; (D) Enter the bid items of work to be performed/material supplied and (E) The bid amount for all items listed in column D.

ETHNICITY: HISPANIC AMERICAN

PERCENTAGE: 2%

[illegible]

Total Amount of Hispanic American Subcontracts:

Please list all subcontractors identified as Asian American scheduled to perform work on this project below. In (A) Include the firm name, address, phone number and the contact person's name; (B) Enter the firm's federal identification number; (C) Select which agency the firm is currently certified with; (D) Enter the bid items of work to be performed/material supplied and (E) The bid amount for all items listed in column D.

ETHNICITY: ASIAN AMERICAN

PERCENTAGE: .50%

[illegible]

Total Amount of Asian American Subcontracts:

Please list all subcontractors identified as Native American scheduled to perform work on this project below. In (A) Include the firm name, address, phone number and the contact person's name; (B) Enter the firm's federal identification number; (C) Select which agency the firm is currently certified with; (D) Enter the bid items of work to be performed/material supplied and (E) The bid amount for all items listed in column D.

ETHNICITY: NATIVE AMERICAN

PERCENTAGE: .50%

[illegible]

Total Amount of Native American Subcontracts:

Please list all subcontractors identified as Women scheduled to perform work on this project below. In (A) Include the firm name, address, phone number and the contact person's name; (B) Enter the firm's federal identification number; (C) Select which agency the firm is currently certified with; (D) Enter the bid items of work to be performed/material supplied and (E) The bid amount for all items listed in column D.

ETHNICITY: **WOMEN**

PERCENTAGE: 11%

[illegible]

Total Amount of Women Subcontracts:

Total Dollar Amount of Prime Contract:

Total Dollar Amount of African American Subcontracts:

Total African American Percentage:

Total Dollar Amount of Hispanic American Subcontracts:

Total Hispanic American Percentage:

Total Dollar Amount of Asian American Subcontracts:

Total Asian American Percentage:

Total Dollar Amount of Native American Subcontracts:

Total Native American Percentage:

Total Dollar Amount of Women Subcontracts:

Total Women Percentage:

Prime Contractor's Authorized Representative's Name (Print)

Prime Contractor's Authorized Representative's Signature

Date

CITY OF ST. LOUIS
MINORITY / WOMEN BUSINESS ENTERPRISE UTILIZATION
PLAN CONTRACTOR'S GOOD FAITH EFFORT REPORT PART I

Contract Name:

Bid/Letting #:

Name of Contractor:

The quality, quantity and intensity of the Bidder's good faith efforts will be evaluated by the City. A bidder must make sufficient good faith efforts to meet the goal. If the goal is not met, the bidder can document adequate good faith efforts. This means that the bidder must show that it took all necessary and reasonable steps to achieve the M/WBE goals. The Bidder must demonstrate and document its efforts by submitting the "Good Faith Efforts Report Part I Form with the bid. Additionally, when the M/WBE goals cannot be met, the Bidder must also include a statement as to why the goals could not be met along with the Good Faith Effort Report Part I.

In addition to the African American, Hispanic American, Asian American, Native American, and Women business enterprises that are listed and proposed for utilization on this contract, the following additional African American, Hispanic American, Asian American, Native American, and Women business enterprises were also contacted regarding this contract.

Firm Name Address, Phone # Contact Person	Bid Item(s), Supplies, Services or Materials For Which a Bid Was Requested	Bid Amounts	Date & Method of Solicitation	Comments / Reason Rejected

Prime Contractor's Authorized Representative's Signature

Date

CITY OF ST. LOUIS
MINORITY / WOMEN BUSINESS ENTERPRISE UTILIZATION PLAN
CONTRACTOR'S GOOD FAITH EFFORTS REPORT - Part II

Please indicate those efforts you made to maximize the participation of African American, Hispanic American, Asian American, Native American, and Women business enterprises on this contract.

Good Faith Efforts Activities	Description
Attend the pre-bid conference held on this contract.	
Selected portions of work proposed to be performed by MBE/WBEs in order to increase the likelihood of meeting the stated goals.	
Solicited individual African American, Hispanic American, Asian American, Native American, and Women business enterprises 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 African American, Hispanic American, Asian American, Native American, and Women business enterprises of the type of work, supplies, or services being considered on this contract.	
Made efforts to negotiate with African American, Hispanic American, Asian American, Native American, and Women business enterprises for specific items of work.	
Made efforts to assist African American, Hispanic American, Asian American, Native American, and Women business enterprises 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 African American, Hispanic American, Asian American, Native American, and Women business enterprises focused media for African American, Hispanic American, Asian American, Native American, and Women business enterprises to participate on this contract. 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 African American, Hispanic American, Asian American, Native American, and Women business enterprises you contacted related to achieving maximum participation of African American, Hispanic American, Asian American, Native American, and Women on this contract.	
Please note the name of the person contacted and the date of contact. Organization: _____ Contact Person: _____ Date: _____ Organization: _____ Contact Person: _____ Date: _____	

 Prime Contractor's Authorized Representative's Signature

 Date

CITY OF ST. LOUIS
NOTICE OF INTENT TO PERFORM AS A SUBCONTRACTOR AND/OR MATERIAL SUPPLIER

*Ordinance 70767 requires that this form be submitted to the City of St. Louis at the time of bid opening and signed by each subcontractor listed in the M/WBE Utilization Plan. Failure to include a completed Notice of Intent form signed by each subcontractor will be sufficient cause to reject a bid as non-responsive. Additionally, all Minority Business Enterprises (MBE) and Women Business Enterprises (WBE) participating on projects funded in whole or part with City funds must be "currently" certified with the City of St. Louis St. Louis Lambert International Airport at the time of bid. In order to count toward MBE and WBE goal attainment, a firm must be currently certified in the North American Industry Classification System (NAICS) code characteristic of the work the MBE or WBE will be performing on the contract. Additionally, firms certified with both MBE and WBE designations will only count as MBE or WBE **not both**.*

Letting # & Name of Project: _____

Check One:

- ☐ Subcontractor Fully complete Parts I (page 11) and Parts III (page 14)
- ☐ Subcontractor with Lower-Tier Subcontractors Fully complete Parts I (page 11), Parts II (page 12 & 13) and Parts III (page 14)

PART I: SUBCONTRACTOR PARTICIPATION

1. To: _____
(Name of Prime Contractor)

From: _____
(Name of Subcontractor)

2. The undersigned Subcontractor / Supplier intends to perform work with the above project as (check one):

- | | |
|--|--|
| ☐ an individual / sole proprietorship | ☐ a partnership |
| ☐ a corporation | ☐ a joint venture |

3. The undersigned Subcontractor / Supplier (check applicable statements):

- ☐ has been certified as a Minority or Woman Business Enterprise by St. Louis Lambert International Airport
- ☐ is a non-Minority / Non-Women Business Enterprise (Non-M/WBE)

4. The undersigned Subcontractor / Supplier is prepared to perform the following described work and / or the materials / supplies listed in connection with the above project (where applicable specify "supply" or "install" or both at the following price).
\$ _____.

PART II: LOWER-TIER SUBCONTRACTOR PARTICIPATION

With respect to the proposed subcontract described above, the following work will be completed by lower-tier subcontractor(s). List both M/WBE and Non-M/WBE firms.

Name & Address of Firm Receiving
Lower-Tier Subcontract: _____

Contact Person Name: _____ Phone Number: _____

Federal ID: _____ ☐ MBE ☐ WBE Ethnicity: _____ Insurance: ☐

Work to Be Performed:

Amount Subcontract: \$ _____

Name & Address of Firm Receiving
Lower-Tier Subcontract: _____

Contact Person Name: _____ Phone Number: _____

Federal ID: _____ ☐ MBE ☐ WBE Ethnicity: _____ Insurance: ☐

Work to Be Performed:

Amount Subcontract: \$ _____

Name & Address of Firm Receiving

Lower-Tier Subcontract: _____

Contact Person Name: _____

Phone Number: _____

Federal ID: _____

☐ MBE

☐ WBE

Ethnicity: _____

Insurance: ☐

Work to Be Performed:

Amount Subcontract: \$ _____

PART II: LOWER-TIER SUBCONTRACTOR PARTICIPATION (CONTINUED)

Name & Address of Firm Receiving

Lower-Tier Subcontract: _____

Contact Person Name: _____

Phone Number: _____

Federal ID: _____

☐ MBE

☐ WBE

Ethnicity: _____

Insurance: ☐

Work to Be Performed:

Amount Subcontract: \$ _____

Name & Address of Firm Receiving

Lower-Tier Subcontract: _____

Contact Person Name: _____

Phone Number: _____

Federal ID: _____

☐ MBE

☐ WBE

Ethnicity: _____

Insurance: ☐

Work to Be Performed:

Amount Subcontract: \$ _____

Total amount to be subcontracted out to African American firms:

\$

Total amount to be subcontracted out to Hispanic American firms:

\$

Total amount to be subcontracted out to Asian American firms:

\$

Total amount to be subcontracted out to Native American firms:

\$

Total amount to be subcontracted out to Women-Owned firms:

\$

PART III: SIGNATURES

(Name of Authorized Representative Prime Contractor) BY: _____ PHONE: _____ DATE: _____
(Signature of Authorized Representative)

(Subcontractor) BY: _____ PHONE: _____ DATE: _____
(Signature of Authorized Representative)

PART IV: M/WBE PARTICIPATION VERIFICATION

To be completed by a Business Diversity Development Representative:

Total African American participation Amount: \$ _____ Overall _____ % African American Participation

Total Hispanic American participation Amount: \$ _____ Overall _____ % Hispanic American Participation

Total Asian American participation Amount: \$ _____ Overall _____ % Asian American Participation

Total Native American participation Amount: \$ _____ Overall _____ % Native American Participation

Total Women-Owned participation Amount: \$ _____ Overall _____ % Women-Owned Participation

Reviewed for Content and Completeness:

Contract Compliance Officer Name Date: _____

CITY OF ST. LOUIS
REQUEST FOR SUBSTITUTION / REQUEST FOR ADDITION CHANGE FORM

Project Name:

Contract #/Letting #:

Name of Prime Contractor:

Total Contract Amount:

Whenever additional contract supplements, extra work orders, or change orders are made that individually, or in the aggregate, increase the total dollar value of the original contract, the contractors shall make every effort to maintain the level of African American, Hispanic American, Asian American, Native American and Women business enterprise participation as established in the original contract. No contractor shall change any subcontractor list unless a substitution change form is submitted in writing and approved in writing by the St. Louis Lambert International Airport Business Diversity Development office.

1. Name of subcontractor/supplier being

Federal Tax ID #:

Contact Person Name & Phone Number:

Physical Address:

Certification Type:

Description of work:

Contract Amount \$:

2. Type of work performed and / or material supplied by subcontractor / supplier that is being replaced:

3. The reason the original subcontractor / supplier is being replaced:

4. Document the efforts made to replace or add an African American, Hispanic American, Asian American, Native American, and Woman business enterprises to perform the work / supply the required materials (please attach additional sheets if necessary):

Prime Contractor Representative's Name (print)

Prime Contractor Representative's Signature

Date

**CITY OF ST. LOUIS
SUBCONTRACTOR / SUPPLIER LIST**

The Contractor agrees that it will not subcontract or transfer any part of the services or work to be performed hereunder without the prior written approval of the Director of Airports. The list below represents all subcontractors and suppliers the Contractor contemplates utilizing in performing the above-referenced service, and if awarded the contract, the Contractor will furnish all authorized subcontractors or agents a copy of the Agreement. No subcontract or any other agreement will be effective as it pertains to the City until such time as the City receives a fully executed copy of the approved subcontract or agreement.

Firm Name Address, City, State, Zip Contact Person - Phone Number	Certification Type	Scope of Work or Materials to be Supplied	Subcontract Amount
Prime Contractor			

Total Dollar Amount of Contracts: \$