## CONTRACTOR UTILIZATION PLAN/REQUEST FOR WAIVER



CITY OF FOUNTAINS

·	Project Title	
NSAS ISSO	TITY URI	
	(Department Project) Department	
	(Bidder/Proposer)	
STAT	E OF) ss TY OF)	
COUN	TY OF)	
	I,, of lawful age and upon my oath state as	
follow	S:	
	This Affidavit is made for the purpose of complying with the provisions of the MBE/WBE submittal requirements on the above project and the MBE/WBE Program are is given on behalf of the Bidder/Proposer listed below. It sets out the Bidder/Proposer plan to utilize MBE and/or WBE contractors on the project.  The project target goals are	nd
3.	Bidder/Proposer assures that it will utilize a minimum of the following percentages MBE/WBE participation in the above project:	эf
	BIDDER/PROPOSER PARTICIPATION:% MBE% WBE	
	POST-BID/POST-RFP ESTIMATED BUDGET: \$	
4.	The following are the M/WBE subcontractors whose utilization Bidder/Proposer warrant will meet or exceed the above-listed Bidder/Proposer Participation. Bidder/Propose warrants that it will utilize the M/WBE subcontractors to provide the goods/service described in the applicable Letter(s) of Intent to Subcontract, copies of which sha collectively be deemed incorporated herein). (All firms must currently be certified to Kansas City, Missouri)	er es ıll
	Name of M/WBE Firm Lovelace & Associates, LLC.	
	Address 929 SE 3rd St Lees Summit MO 64063	_
	Telephone No. <u>816-347 9997</u> IRS No. 43-1853091	_
	I B C No 49-1000081	

l	Name of M/W	/BE Firm	Environment	al Advi	sors and Eng	ineers, Inc	
			th Terrace Sh	awnee	KS 66218		
	Telephone No	o. 913-59	9 4326				
	I.R.S. No.	43-1806	626				
1	Name of M/W	/BE Firm					
	Address						
	Telephone No	)					
	I.R.S. No						
l	Name of M/W	/BE Firm					
	I.R.S. No.						
ı	Name of M/W	/BE Firm					
	Address						
	Telephone No	).					
	I.R.S. No.						
1	Name of M/W	BE Firm					
	Address						
	Telephone No	)					
	I.R.S. No						
(List additio	onal M/WBEs, if o	any, on ad	lditional page	and att	ach to this for	m)	
	owing is a break Proposer agrees t		1		otal contract a	mount that	
		MBE/W	BE BREAKD	OWN	SHEET		
MBE FIRM	л <b>с</b> .						
WIDE FIRE	<u> </u>				Subcontract	Weighted	% of Total
Name of M	IBE Firm	Supplier	r/Broker/Contrac	tor	Amount*	Value**	Contract



TOTAL MBE \$ / TOTA	L MBE %:	\$		%
WBE FIRMS:  Name of WBE Firm	Supplier/Broker/Contractor	Subcontract Amount*	Weighted Value**	% of Total Contract
TOTAL WBE \$ / TOTA	L WBE %:	\$ <u> </u>	<u> </u>	%

\*"Subcontract Amount" refers to the dollar amount that Bidder/Proposer has agreed to pay each M/WBE subcontractor as of the date of contracting and is indicated here solely for the purpose of calculating the percentage that this sum represents in proportion to the total contract amount. Any contract amendments and/or change orders changing the total contract amount may alter the amount due an M/WBE under their subcontract for purposes of meeting or exceeding the Bidder/Proposer participation.

- \*\*"Weighted Value" means the portion of the subcontract amount that will be credited towards meeting the Bidder/Proposer participation. See CREO KC Forms and Instructions for allowable credit and special instructions for suppliers.
- 5. Bidder/Proposer acknowledges that the monetary amount to be paid each listed M/WBE for their work, and which is approved herein, is an amount corresponding to the percentage of the total contract amount allocable to each listed M/WBE as calculated in the MBE/WBE Breakdown Sheet. Bidder/Proposer further acknowledges that this amount may be higher than the subcontract amount listed therein as change orders and/or amendments changing the total contract amount may correspondingly increase the amount of compensation due an M/WBE for purposes of meeting or exceeding the Bidder/Proposer participation

- 6. Bidder/Proposer acknowledges that it is responsible for considering the effect that any change orders and/or amendments changing the total contract amount may have on its ability to meet or exceed the Bidder/Proposer participation. Bidder/Proposer further acknowledges that it is responsible for submitting a Request for Modification or Substitution if it will be unable to meet or exceed the Bidder/Proposer participation set forth herein.
- 7. If Bidder/Proposer has not achieved both the M/WBE goal(s) set for this Project, Bidder/Proposer hereby requests a waiver of the MBE and/or WBE goal(s) that Bidder/Proposer has failed to achieve
- 8. Bidder/Proposer will present documentation of its good faith efforts, a narrative summary detailing its efforts and the reasons its efforts were unsuccessful when requested by the City.
- 9. I hereby certify that I am authorized to make this Affidavit on behalf of the Bidder/Proposer named below and who shall abide by the terms set forth herein:

Bidder/Proposer primary contact:Address:	<del></del>
Phone Number:	
Facsimile number:	
E-mail Address:	
	By:
	Title: Vice President
	Date: February 19, 2024
	(Attach corporate seal if applicable)
Subscribed and sworn to before me t	
My Commission Expires: 02-13-2025	Notary Public
	SANDRA M CALHOUN Notary Public, Notary Seal State of Missouri St. Louis County Commission # 13448649



My Commission Expires 02-13-2025

# KANSAS CITY

CITY OF FOUNTAINS

## LETTER OF INTENT TO SUBCONTRACT

Project Name/Title

 Check one:	
Original LOI:	
 Updated LOI:	

	(III)							Updated LOI:
	Ψ	Pro	ject Location/N	Number _				-
M I S	SAS C	R I						
PAR	ТΙ:	Prime Contractor	r				_agrees to enter into a	a contractual
							agrees to enter into a who will provide	
•			·				arrative describing goo	•
•					_		ng of NAICS Codes in	
_		~	· ·	-	_		of Intent to Subcontrac	
for an	estima	ated amount of \$_		(or	% (	of the total	estimated contract valu	ue.)
M/WE	BE Vei	ndor type:	Subcontractor/	manufactur	er (counts	as 100% o	f contract value toward	ds goals)
		,, <u> </u>					ount paid or to be paid	-
			contractor for s					•
			Broker (counts	as 10% of	the total d	ollar amou	nt paid or to be paid by	y a prime
			contractor for s	supplies or g	goods towa	ards goals)		
agrees work o Prime	to ution the Contr	lize M/W/DBE S above-referenced actor.	ubcontractor in the ca	e capacities pacities ind	indicated icated her	herein, and ein, contin	s indicated herein. Print M/W/DBE Subcontragent upon award of the	actor agrees to e contract to
as nee	ded fo	r more than one i		ontract. <b>IM</b>			ted above. Please attac cation of this docume	
				-	IC NO	7D 1 .		
Select	one:		DBE Subcontracto ork(s). (Continue		ove <u>IS NO</u>	T subcontr	racting any portions of	the above-stated
		•		•	<b>T</b> C 1			1 1
		of work(s)		or listed abo	ove <u>18</u> sub	contracting	g certain portions of the	e above stated scope
(1)	Com	pany name:						
	Full	address:						
		Stree	et number and name			City, St	tate and Zip Code	
	Prim	ary contact: Name				Phone		
	a) T	his subcontractor		MBE	WBE	DBE	N/A	
			contractor is an M/st be attached to th			the City o	of Kansas City, Missou	ri, a separate Letter
							with the City of Kansas tent is not required.	s City, Missouri, the
	b)	Scope of wor	k to be performed	:				
	c)							

## PART 3:

NOTE: SIGNATURES AND NOTARIZATIONS REQUIRED FOR NEW LETTERS OF INTENT (LOI); <u>SIGNATURES ONLY</u> FOR UPDATED LOI (ADDING VALUE TO EXISTING CONTRACT).

PRIME CON	TRACTOR BUSINESS NAME: Jaco	bs Engineering Group
	V WYF	Michael McCarty
Signature: Prim	ie Contractor	Print Name
Vice Preside		February 19, 2024
Title		Date
State of Miss	souri )	
County of St.	. Louis )	
I, Sa and b		that the above and foregoing is based on my best knowledge
	Subscribed and sworn to before me, a day of February 2024	
	My Commission Expires: 02-13-202	25 John Calhour
STAMP:	SANDRA M CALHOUN Notary Public, Notary Seel State of Missouri St. Louis County Commission # 31448649 My Commission Expires 02-13-2025	Notary Public
MWDBE SU Signature/Sub Title	BCONTRACTOR BUSINESS NAME:  Blesma  Bocontractor  Pesi dent	Envivonmental Advisors and Engineers  Jill R. Biesma  Print Name  2/19/2024  Date
1,	lay )	that the above and foregoing is based on my best knowledge
STAMP:	Subscribed and sworn to before me, a day of February 20 24  My Commission Expires: Novembre SAMANTHA FLOYD  NOTARY PUBLIC - NOTARY SEAL STATE OF MISSOURI  MY COMMISSION EXPIRES NOVEMBER 17, 2024	

### **TIMETABLE FOR MBE/WBE UTILIZATION**

(This form should be submitted to the City after contract award.)

I,		, acting i	n my capacity	as				
(Nan	ne)	, 2	(Position with Firm)					
of		, with t	_, with the submittal of this Timetable, certify that					
(Name of Fir	m)							
_		E/WBE utilization in	the fulfillmen	t of this cont	ract is corre	ect and		
true to the best of m	y knowledge	2.						
ALLOTT	ED TIME	FOR THE COMPL	ETION OF T	THIS CONT	RACT			
1122011		(Check one o			10101			
15 days		75 days		135 days				
30 days		90 days	<del></del>	150 days				
45 days		105 days		165 days				
60 days		120 days		180 days				
Other		(Specify)						
Throughout		Begi	nning 1/3					
		Fina						
		Middle 1/3						
PLEASE NOTE: Opportunity Departr		s in this timetable rennee of the change.	equire approva	al of the Civ	il Rights &	Equal		
		ding the completion at: (816) 513-1836		please contac	t the Civil	Rights		
				ignature)				
			/ice President					
			(Position	on with Firm	)			
		F	ebruary 19, 20	)24				
				(Date)				



# KANSAS CITY

CITY OF FOUNTAINS

## LETTER OF INTENT TO SUBCONTRACT

Project Name/Title

 Check one:	
Original LOI:	
 Updated LOI:	

	(III)							Updated LOI:
	Ψ	Pro	ject Location/N	Number _				-
M I S	SAS C	R I						
PAR	ТΙ:	Prime Contractor	r				_agrees to enter into a	a contractual
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•			·				arrative describing goo	•
•					_		ng of NAICS Codes in	
_		~	· ·	-	_		of Intent to Subcontrac	
for an	estima	ated amount of \$_		(or	% (	of the total	estimated contract valu	ue.)
M/WE	BE Vei	ndor type:	Subcontractor/	manufactur	er (counts	as 100% o	f contract value toward	ds goals)
		,, <u> </u>					ount paid or to be paid	-
			contractor for s					•
			Broker (counts	as 10% of	the total d	ollar amou	nt paid or to be paid by	y a prime
			contractor for s	supplies or g	goods towa	ards goals)		
agrees work o Prime	to ution the Contr	lize M/W/DBE S above-referenced actor.	ubcontractor in the ca	e capacities pacities ind	indicated icated her	herein, and ein, contin	s indicated herein. Print M/W/DBE Subcontragent upon award of the	actor agrees to e contract to
as nee	ded fo	r more than one i		ontract. <b>IM</b>			ted above. Please attac cation of this docume	
				-	IC NO	7D 1 .		
Select	one:		DBE Subcontracto ork(s). (Continue		ove <u>IS NO</u>	T subcontr	racting any portions of	the above-stated
		•		•	<b>T</b> C 1			1 1
		of work(s)		or listed abo	ove <u>18</u> sub	contracting	g certain portions of the	e above stated scope
(1)	Com	pany name:						
	Full	address:						
		Stree	et number and name			City, St	tate and Zip Code	
	Prim	ary contact: Name				Phone		
	a) T	his subcontractor		MBE	WBE	DBE	N/A	
			contractor is an M/st be attached to th			the City o	of Kansas City, Missou	ri, a separate Letter
							with the City of Kansas tent is not required.	s City, Missouri, the
	b)	Scope of wor	k to be performed	:				
	c)							



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PRIME CONTRACTOR BUSINESS NAME: 1	acobs Engineering Group
( WW)	Michael McCarty
Signature: Prime Contractor	Print Name
Vice President	February 19, 2024
Title	Date
State of Missouri )	
County of St. Louis	
I, Sandra M Calhoun and belief.	state that the above and foregoing is based on my best knowledge
Subscribed and sworn to before a day of February 20 24	me, a notary public, on this 19th
My Commission Expires: 02-13	3-2025 Soumalhour
STAMP:  SANDRA M CALHOUN  Notary Public, Notary Seal  State of Missouri  St. Louis County  Commission 6 1344689  My Commission Expires 02-13-2025	Notary Public
MWDBE SUBCONTRACTOR BUSINESS NAMES IN THE SUBCONTRACTOR BUSINESS IN THE SUBCON	ME:  AARON THOMAS  Print Name  7/20/24
Title	Date
State of $Missoure!$ ) County of $Sacksore$ )	
-	state that the above and foregoing is based on my best knowledge
Subscribed and sworn to before r day of 35 4, 20 3 4	me, a notary public, on this
My Commission Expires:	Notary Public
STAMP:  DEBRA S. CONF Notary Public-Notal STATE OF MISSO Jackson Coun My Commission Expire Commission # 228	RAD  Iry Seal  DURI  Iry  es 7/4/2026