



**OFFICE OF THE COUNTY AUDITOR**  
**COMPLIANCE REVIEW OFFICE**  
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 KANSAS CITY, MISSOURI 64106

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 CRO@JACKSONGOV.ORG  
 WWW.JACKSONGOV.ORG/AUDITOR

**JACKSON COUNTY, MISSOURI  
 CONTRACTOR UTILIZATION PLAN**

**Bid/RFP/RFQ Number:** \_\_\_\_\_  
**Bid/RFP/RFQ Title:** \_\_\_\_\_  
**Contracting Department:** \_\_\_\_\_  
**Respondent:** \_\_\_\_\_

I, \_\_\_\_\_, of lawful age and upon my oath state as follows:

1. This Affidavit is made for the purpose of complying with the provisions of the MBE/WBE/VBE submittal requirements on the above Bid/RFP/RFQ and the MBE/WBE/VBE Program and is given on behalf of the Respondent listed above. It sets out the Respondent's plan to utilize MBE and/or WBE and/or VBE prime and subcontractors on the awarded contract.

**The goals set by Jackson County, Missouri are:**

\_\_\_\_\_ % MBE \_\_\_\_\_ % WBE \_\_\_\_\_ % VBE

2. **Bidder stipulates that it will utilize a minimum of the following percentages of MBE/WBE/VBE participation in the above bid:**

\_\_\_\_\_ % MBE \_\_\_\_\_ % WBE \_\_\_\_\_ % VBE

3. The following are the MBE/WBE/VBE Contractors to be utilized on the above-named solicitation. **Respondent maintains that it either has a formal contract or a conditional contract contingent upon award.**

**Please note:**

- a. If Bidder is a certified MBE, WBE, or VBE firm, it may list itself in the appropriate area below.
- b. No contractor may be listed under multiple categories below regardless of certifications

<b>***INTERNAL USE ONLY***</b>	
<b>CUP RECEIVED:</b> _____	<b>CUP APPROVED:</b> _____
<b>GFE RECEIVED:</b> _____	<b>GFE APPROVED:</b> _____
<b>CUP REVISED:</b> _____	<b>REVISION APPROVED:</b> _____
<b>APPROVED GOALS: _____ MBE _____ WBE _____ VBE</b>	
<b>RES/ORD:</b> _____	<b>AMT AWARDED:</b> _____
<b>NOTES:</b>	

## MBE SUBCONTRACTORS

	Description	Bidder Response
<b>A.</b>	MBE Firm:	
	Address line 1:	
	Address line 2-include County:	
	Telephone Number:	
	President/Owner:	
	Email Address:	
	Certifying Agency	
	Expiration Date of Certification:	
	Scopes of Work Utilized:	
	Percentage of Contract Awarded:	
		<b>INTERNAL USE ONLY</b>  Certifying Agency: _____ KCMO _____ State of MO  Approved: Y N  Sub A Contract Value: \$
<b>B.</b>	MBE Firm:	
	Address line 1:	
	Address line 2-include County:	
	Telephone Number:	
	President/Owner:	
	Email Address:	
	Certifying Agency	
	Expiration Date of Certification:	
	Scopes of Work Utilized:	
	Percentage of Contract Awarded:	
		<b>INTERNAL USE ONLY</b>  Certifying Agency: _____ KCMO _____ State of MO  Approved: Y N  Sub B Contract Value: \$
<b>C.</b>	MBE Firm:	
	Address line 1:	
	Address line 2-include County:	
	Telephone Number:	
	President/Owner:	
	Email Address:	
	Certifying Agency	
	Expiration Date of Certification:	
	Scopes of Work Utilized:	
	Percentage of Contract Awarded:	
		<b>INTERNAL USE ONLY</b>  Certifying Agency: _____ KCMO _____ State of MO  Approved: Y N  Sub C Contract Value: \$
	<b>TOTAL MBE VALUE</b>	\$

\*\*\*Add Additional Pages as Necessary\*\*\*

## WBE SUBCONTRACTORS

	Description	Bidder Response
<b>A.</b>	WBE Firm:	
	Address line 1:	
	Address line 2-include County:	
	Telephone Number:	
	President/Owner:	
	Email Address:	
	Certifying Agency	
	Expiration Date of Certification:	
	Scopes of Work Utilized:	
	Percentage of Contract Awarded:	
		<b>INTERNAL USE ONLY</b>  Certifying Agency: _____ KCMO _____ State of MO  Approved: Y N  Sub A Contract Value: \$
<b>B.</b>	WBE Firm:	
	Address line 1:	
	Address line 2-include County:	
	Telephone Number:	
	President/Owner:	
	Email Address:	
	Certifying Agency	
	Expiration Date of Certification:	
	Scopes of Work Utilized:	
	Percentage of Contract Awarded:	
		<b>INTERNAL USE ONLY</b>  Certifying Agency: _____ KCMO _____ State of MO  Approved: Y N  Sub B Contract Value: \$
<b>C.</b>	WBE Firm:	
	Address line 1:	
	Address line 2-include County:	
	Telephone Number:	
	President/Owner:	
	Email Address:	
	Certifying Agency	
	Expiration Date of Certification:	
	Scopes of Work Utilized:	
	Percentage of Contract Awarded:	
	<b>TOTAL WBE VALUE</b>	<b>INTERNAL USE ONLY</b>  Certifying Agency: _____ KCMO _____ State of MO  Approved: Y N  Sub C Contract Value: \$

\*\*\*Add Additional Pages as Necessary\*\*\*

## VBE SUBCONTRACTORS

	Description	Bidder Response
<b>A.</b>	VBE Firm:	
	Address line 1:	
	Address line 2-include County:	
	Telephone Number:	
	President/Owner:	
	Email Address:	
	Certifying Agency	
	Expiration Date of Certification:	
	Scopes of Work Utilized:	
	Percentage of Contract Awarded:	
		<b>INTERNAL USE ONLY</b>  Certifying Agency: _____ KCMO _____ State of MO  Approved: Y N  Sub A Contract Value: \$
<b>B.</b>	VBE Firm:	
	Address line 1:	
	Address line 2-include County:	
	Telephone Number:	
	President/Owner:	
	Email Address:	
	Certifying Agency	
	Expiration Date of Certification:	
	Scopes of Work Utilized:	
	Percentage of Contract Awarded:	
		<b>INTERNAL USE ONLY</b>  Certifying Agency: _____ KCMO _____ State of MO  Approved: Y N  Sub B Contract Value: \$
<b>C.</b>	VBE Firm:	
	Address line 1:	
	Address line 2-include County:	
	Telephone Number:	
	President/Owner:	
	Email Address:	
	Certifying Agency	
	Expiration Date of Certification:	
	Scopes of Work Utilized:	
	Percentage of Contract Awarded:	
	<b>TOTAL VBE VALUE</b>	<b>INTERNAL USE ONLY</b>  Certifying Agency: _____ KCMO _____ State of MO  Approved: Y N  Sub B Contract Value: \$

**\*\*\*Add Additional Pages as Necessary\*\*\***

## ACKNOWLEDGMENT

Respondent acknowledges that it is responsible for considering the effect that any change order and/or amendments changing the total contract amount may have on its ability to meet or exceed the subcontractor participation goals.

**Good Faith Effort:**

Respondent further acknowledges that it is responsible for submitting a **Good Faith Effort Form** if it will be unable to meet the participation goals. A **Good Faith Effort Form** documents the efforts a respondent puts forth to achieve the MBE and/or WBE and/or VBE goals on a project. **Simply stating that goals cannot be met is not considered sufficient.**

**Contractor Modification Form:**

If, at any point during the life of the awarded contract, the contractor needs to substitute an approved subcontractor a **Contractor Modification Form** must be submitted to the Compliance Review Office.

***Any Good Faith Effort or Contractor Modification Form must be approved by the Compliance Review Office.***

**\*\*\*Contact the Compliance Review Office for assistance or to request forms.\*\*\***

*I hereby certify that I am authorized to make this Affidavit on behalf of the Respondent named below and who shall abide by the terms set forth herein. I acknowledge that the assigned values determined by this CUP shall be enforceable under the contract terms and conditions.*

**Respondent Primary Contact:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public  
(Attach corporate seal if applicable)

**For questions on this form please contact:**

**Compliance Review Office  
816-881-3302  
CRO@jacksongov.org**