**SUPPLIER DIVERSITY COMPLIANCE EVALUATION FORM**

This form shall be completed by Bidders and submitted with the Bidder's Statement of Qualifications form for each diverse firm who will function as a subcontractor on the contract.

The undersigned submits the following data with respect to this firm's assurance to meet the goal for Supplier Diversity participation.

I. Project:

II. Name of General Contractor:

III. Name of Diverse Firm:

Address:

Phone No.: Fax No.:

Status (check one) MBE \_\_\_\_\_ WBE \_\_\_\_\_ Veteran\_\_\_\_\_ Service Disable Veteran\_\_\_\_\_\_ DBE\_\_\_\_\_\_

IV. Describe the subcontract work to be performed. (List Base Bid work and any Alternate work separately):

Base Bid:

V. Dollar amount of contract to be subcontracted to the Diverse firm:

Base Bid:

Alternate(s), (Identify separately):

VI. Is the proposed subcontractor listed in the Directory of M/W/DBE Vendors and/or the Directory of Veterans maintained by the State of Missouri?

Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

Is the proposed subcontractor certified as a diverse supplier by any of the following: federal government agencies, state agencies, State of Missouri city or county government agencies, Minority and/or WBE certifying agencies?

Yes \_\_\_\_\_\_ No \_\_\_\_\_\_ If yes, please provide details and attach a copy of the certification.

Does the proposed subcontractor have a signed document from their attorney certifying the Supplier as a Diverse and meeting the 51% owned and committed requirement?

Yes \_\_\_\_\_\_ No \_\_\_\_\_\_ If yes, please attach letter.

Signature: \_\_\_\_\_\_\_\_

Name:

Title:

Date:

**APPLICATION FOR WAIVER**

This form shall be completed and submitted with the Bidder's Statement of Qualifications. Firms wishing to be considered for award are required to demonstrate that a good faith effort has been made to include diverse suppliers. This form will be used to evaluate the extent to which a good faith effort has been made. The undersigned submits the following data with respect to the firm's efforts to meet the goal for Supplier Diversity Participation.

1. List pre-bid conferences your firm attended where Supplier Diversity requirements were discussed.

2. Identify advertising efforts undertaken by your firm which were intended to recruit potential diverse subcontractors for various aspects of this project. Provide names of newspapers, dates of advertisements and copies of ads that were run.

3. Note specific efforts to contact in writing those diverse suppliers capable of and likely to participate as subcontractors for this project.

4. Describe steps taken by your firm to divide work into areas in which diverse suppliers/contractors would be capable of performing.

5. What efforts were taken to negotiate with prospective diverse suppliers/contractors for specific sub-bids? Include the names, addresses, and telephone numbers of diverse suppliers/contractors contacted, a description of the information given to diverse suppliers/contractors regarding plans and specifications for the assigned work, and a statement as to why additional agreements were not made with diverse suppliers/contractors.

6. List reasons for rejecting a diverse supplier/contractor which has been contacted.

8. Describe the follow-up contacts with diverse suppliers/contractors made by your firm after the initial solicitation.

9. Describe the efforts made by your firm to provide interested diverse supplierscontractors with sufficiently detailed information about the plans, specifications and requirements of the contract.

10. Describe your firm's efforts to locate diverse suppliers/contractors.

Based on the above stated good faith efforts made to include supplier diversity, the bidder hereby requests that the original supplier diversity percentage goal be waived and that the percentage goal for this project be set at \_\_\_\_\_\_\_\_ percent.

The undersigned hereby certifies, having read the answers contained in the foregoing Application for Waiver, that they are true and correct to the best of his/her knowledge, information and belief.

Signature

Name

Title

Company

Date

**AFFIDAVIT**

"The undersigned swears that the foregoing statements are true and correct and include all material information necessary to identify and explain the operation of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of firm) as well as the ownership thereof. Further, the undersigned agrees to provide through the prime contractor or directly to the Contracting Officer current, complete and accurate information regarding actual work performed on the project, the payment therefore and any proposed changes, if any, of the project, the foregoing arrangements and to permit the audit and examination of books, records and files of the named firm. Any material misrepresentation will be grounds for terminating any contract which may be awarded and for initiating action under federal or state laws concerning false statements."

Note - If, after filing this information and before the work of this firm is completed on the contract covered by this regulation, there is any significant change in the information submitted, you must inform the UM Executive Director of Facilities Planning and Development of the change either through the prime contractor or directly.

Signature

Name

Title

Date

Corporate Seal (where appropriate)

Date

State of

County of

On this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 ,

before me appeared (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to me personally known, who, being duly sworn, did execute the foregoing affidavit, and did state that he or she was properly authorized by (name of firm) to execute the affidavit and did so as his or her own free act and deed.

(Seal)

Notary Public

Commission expires

**AFFIDAVIT FOR AFFIRMATIVE ACTION**

State of Missouri )

) ss.

County of )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ first being duly sworn on his/her oath states: that he/she is the (sole proprietor, partner, or officer) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a (sole proprietorship, partnership, corporation), and as such (sole proprietor, partner, or officer) is duly authorized to make this affidavit on behalf of said (sole proprietorship, partnership, corporation); that under the contract known as "\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_" Project No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ less than 50 persons in the aggregate will be employed and therefore, the applicable Affirmative Action requirements as set forth in the "Nondiscrimination in Employment Equal Opportunity," Supplemental Special Conditions, and Article 13 in the General Conditions do not apply.

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

My commission expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_.

**CERTIFYING SUPPLIER DIVERSITYAGENCIES**

Diverse firms are defined in General Conditions Articles 1.1.7 and those businesses must be certified as disadvantaged by an approved agency. The Bidder is responsible for obtaining information regarding the certification status of a firm. A list of certified firms may be obtained by contacting the agencies listed below. Any firm listed as disadvantaged by any of the following agencies will be classified as a diverse firm by the Owner.

St. Louis Development Corporation

1520 Market St., Suite 2000

St. Louis, MO 63101

314/657-3700; 314/613-7011 (Fax)

CONTACT: Minority Business Development Manager

Metro

One Metropolitan Square

211 North Broadway, Suite 700

St. Louis, MO 63102-2759

314/982-1400

CONTACT: Disadvantaged Business Enterprise

Coordinator

St. Louis Minority Business Council

211 N. Broadway, Suite 1300

St. Louis, MO 63102

314/231-5555

CONTACT: Executive Director

U.S. Small Business Administration - St. Louis, MO

8(a) Contractors, Minority Small Business

1222 Spruce Street, Suite 10.103

St. Louis, MO 63101

314/539-6600; 202/481-6565 (Fax)

CONTACT: Business Opportunity Specialist

Lambert St. Louis International Airport

11495 Navaid

Bridgeton, MO 63044

314/551-5000; 314/551-5013 (Fax)

CONTACT: Program Specialist

City of Kansas City, Missouri

Human Relations Department, MBE/WBE Division

4th Floor, City Hall

414 E. 12th Street

Kansas City, MO 64106

816/513-1836; 816/513-1805 (Fax)

CONTACT: Minority Business Specialist

Mid-States Minority Supplier Development Council

One U.S. Bank Plaza #1820

St. Louis, MO 63101

317/923-2110

CONTACT: [info@midstatesmsdc.org](mailto:info@midstatesmsdc.org)

U.S. Small Business Administration - Kansas City, MO

8(a) Contractors, Minority Small Business

1000 Walnut, Suite 500

Kansas City, MO 64106

816/426-4900; 816/426-4939 (Fax)

CONTACT: Business Opportunity Specialist

Missouri Department of Transportation

Division of Construction

P.O. Box 270

Jefferson City, MO 65102

573/751-6801; 573/526-5640-6555 (Fax)

CONTACT: Disadvantaged Business Enterprise

Coordinator

Illinois Department of Transportation

MBE/WBE Certification Section

2300 Dirksen Parkway

Springfield, IL 62764

217/782-5490; 217/785-1524 (Fax)

CONTACT: Certification Manager

State of Missouri-Office of Administration

Missouri Office of Equal Opportunity

P.O. Box 809

Jefferson City, MO 65102

573/751-8130; 573/522-8078 (Fax)

CONTACT: MBE/WBE Certification Coordinator

<https://oeo.mo.gov/>

State of Missouri-Office of Administration

Division of Purchasing

301 West High Street, Room 630

Jefferson City, MO 65101

573/751-2387; 573/526-9815 (Fax)

CONTACT: Administrator

[https://oa.mo.gov/purchasing/vendor-information/missouri-service-disabled-veteran-business-enterprise-sdve-information](https://nam02.safelinks.protection.outlook.com/?url=https%3A%2F%2Foa.mo.gov%2Fpurchasing%2Fvendor-information%2Fmissouri-service-disabled-veteran-business-enterprise-sdve-information&data=04%7C01%7C%7Ca5ba7a385a754a305c9c08d9068c2a68%7Ce3fefdbef7e9401ba51a355e01b05a89%7C0%7C0%7C637548021332033576%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=8%2BQoYe8sLl%2F%2FIGGmZCKJqdTJ%2FHmIVMSoKmYlPGphz6w%3D&reserved=0)

**Minority Newspapers**

Dos Mundos Bilingual Newspaper

902A Southwest Blvd.

Kansas City, MO 64108

816-221-4747

[www.dosmundos.com](http://www.dosmundos.com)

Kansas City Hispanic News

2918 Southwest Blvd.

Kansas City, MO 64108

816/472-5246

[www.kchispanicnews.com](http://www.kchispanicnews.com)

The Kansas City Globe

615 E. 29th Street

Kansas City, MO 64109

816-531-5253

[www.thekcglobe.com/about\_us.php](http://www.thekcglobe.com/about_us.php)

St. Louis American

4144 Lindell

St. Louis, MO 63108

314-533-8000

[www.stlamerican.com](http://www.stlamerican.com)

St. Louis Chinese American News

1766 Burns Ave, Suite 201

St. Louis, MO 63132

314-432-3858

[www.scannews.com](http://www.scannews.com)

St. Louis Business Journal

815 Olive St., Suite 100

St. Louis, MO 63101

314-421-6200

[www.bizjournal.com/stlouis](http://www.bizjournal.com/stlouis)

Kansas City Business Journal

1100 Main Street, Suite 210

Kansas City, MO 64105

816-421-5900

[www.bizjournals.com/kansascity](http://www.bizjournals.com/kansascity)

**AFFIDAVIT OF SUPPLIER DIVERSITY PARTICIPATION**

The apparent low Bidder shall complete and submit this form within 48 hours of bid opening for each Diverse firm that will participate on the contract.

1. Diverse Firm:

Contact Name:

Address:

Phone No.: email:

Status (check one) MBE WBE Veteran Service Disabled Veteran DBE

**If MBE**, Certified as (circle one): 1) Black American 2) Hispanic American 3) Native American 4) Asian American

1. Is the proposed diverse firm certified by an approved agency [see IFB article 15]? Yes No

Agency: [attach copy of certification authorization from agency]

Certification Number:

1. Diverse firm scope work and dollar amount of participation (List Base Bid and Alternate work separately):

**The final Dollar amount will be determined at substantial completion:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Scope of Work | Bid/Contract Amount | Final Dollar Amount |
| Base Bid |  |  |  |
| Alternate # 1 |  |  |  |
| Alternate # 2 |  |  |  |
| Alternate # 3 |  |  |  |
| Alternate # 4 |  |  |  |
| Alternate # 5 |  |  |  |
| Alternate # 6 |  |  |  |

The undersigned certifies that the information contained herein (i.e. Scope of Work and Bid/Contract Amount) is true and correct to the best of their knowledge, information and belief.

General Contractor: Diverse Firm:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned certifies that the information contained herein (i.e. Scope of Work and Final Dollar Amount) is true and correct to the best of their knowledge, information and belief. If the Final Dollar Amount is different than the Bid/Contract Amount, then attach justification for the difference.

General Contractor: Diverse Firm:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_