



**OFFICE OF THE COUNTY AUDITOR**  
**COMPLIANCE REVIEW OFFICE**  
 415 E 12TH STREET, 2ND FLOOR  
 KANSAS CITY, MISSOURI 64106

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**JACKSON COUNTY, MISSOURI**  
**MBE/WBE/VBE PARTICIPATION AFFIDAVIT**

ITB/RFP/RFQ Number: 24-037

ITB/RFP/RFQ Title: Construction Services for the Buckner Tarsney Road Bridge Replacement Over Fire Prairie Creek, JCPW Project # 3228

Contracting Department: Public Works Department

Respondent: Phillips Hardy Inc.

I, ~~Andrew Killen~~ Phillip Raines, 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 ITB/RFP/RFQ and the MBE/WBE/VBE Program and is given on behalf of the Respondent listed above.

The goals set by Jackson County, Missouri are:

9.5 %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:

~~9.5~~ 6.3 %MBE      3.2 %WBE      \_\_\_\_\_ %VBE

**\*\*\*INTERNAL USE ONLY\*\*\***

CUP RECEIVED: \_\_\_\_\_ CUP APPROVED: \_\_\_\_\_

GFE RECEIVED: \_\_\_\_\_ GFE APPROVED: \_\_\_\_\_

CUP REVISED: \_\_\_\_\_ REVISION APPROVED: \_\_\_\_\_

APPROVED GOALS: \_\_\_\_\_ MBE      \_\_\_\_\_ WBE      \_\_\_\_\_ VBE      \_\_\_\_\_ OTHER

RES/ORD: \_\_\_\_\_ AMT AWARDED: \_\_\_\_\_

NOTES:

**MBE SUPPLIER SUBCONTRACTORS**

**Description**

**Bidder Response**

A.	MBE Firm:	Saber Steel, LLC	INTERNAL USE ONLY
	Address line 1:	3638 Fite Road	
	Address line 2-include County:	Millington, TN 38053, Shelby County	
	Telephone Number:	(901) 334-4400	
	President/Owner:	Keiven Wright	
	Email Address:	sabersteellc@gmail.com	
	Certifying Agency	MoDOT	
	Expiration Date of Certification:	June 14th, 2025	
	Scopes of Work Utilized:	Rebar, Piling	
	Percentage of Contract Awarded:	6.30%	
			Certifying Agency: KCMO State of MO
			Approved: Y N
			Sub A Contract Value: \$

B.	MBE Firm:		INTERNAL USE ONLY
	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:		
			Certifying Agency: KCMO State of MO
			Approved: Y N
			Sub B Contract Value: \$

C.	MBE Firm:		INTERNAL USE ONLY
	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:		
			Certifying Agency: KCMO State of MO
			Approved: Y N
			Sub C Contract Value: \$
		<b>TOTAL MBE VALUE</b>	<b>\$</b>

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

**WBE SUBCONTRACTORS**

**Description**

**Bidder Response**

A.	WBE Firm:	IBC Traffic Inc.	INTERNAL USE ONLY Certifying Agency: <u>      </u> KCMO <u>      </u> State of MO Approved: Y N Sub A Contract Value: \$
	Address line 1:	PO Box 411405	
	Address line 2-include County:	Kansas City, MO 64141, Jackson Co	
	Telephone Number:	(816) 220-0812	
	President/Owner:	Brandy McCombs	
	Email Address:	brandy@ibcinc.biz	
	Certifying Agency	MoDOT, KCMO	
	Expiration Date of Certification:	December 9th, 2024	
	Scopes of Work Utilized:	Traffic Control, Pavement Marking	
	Percentage of Contract Awarded:	1.49%	

B.	WBE Firm:	Grey Diamond, LLC	INTERNAL USE ONLY Certifying Agency: <u>      </u> KCMO <u>      </u> State of MO Approved: Y N Sub B Contract Value: \$
	Address line 1:	16722 S Hadsell Rd	
	Address line 2-include County:	Pleasant Hill, MO 64080, <sup>Cass/Jackson</sup> Co	
	Telephone Number:	(816) 517-7564	
	President/Owner:	Debra Barker	
	Email Address:	greydiamondllc@gmail.com	
	Certifying Agency	MoDOT	
	Expiration Date of Certification:	June 2025	
	Scopes of Work Utilized:	Aggregate Supply	
	Percentage of Contract Awarded:	1.71%	

C.	WBE Firm:		INTERNAL USE ONLY Certifying Agency: <u>      </u> KCMO <u>      </u> State of MO Approved: Y N Sub C Contract Value: \$
	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>\$</b>

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

**VBE SUBCONTRACTORS**

Description		Bidder Response	
A.	VBE Firm:		<b>INTERNAL USE ONLY</b>  Certifying Agency: KCMO State of MO  Approved: Y N  Sub A Contract Value: \$
	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.	VBE Firm:		<b>INTERNAL USE ONLY</b>  Certifying Agency: KCMO State of MO  Approved: Y N  Sub B Contract Value: \$
	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:		
C.	VBE Firm:		<b>INTERNAL USE ONLY</b>  Certifying Agency: KCMO State of MO  Approved: Y N  Sub B Contract Value: \$
	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>	\$

\*\*\*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.

**List of Intended Subcontractors:**

Respondent acknowledges that it is responsible for submitting a **List of Intended Subcontractors (LIS)** prior to receiving a contract award as a result of its response to the above ITB/RFP/RFQ. This affidavit in conjunction with the LIS constitutes the **Contractor's Utilization Plan (CUP)**, which sets out the Respondent's plan to utilize MBE and/or WBE and/or VBE prime and subcontractors on the awarded contract. **The CUP is contractually binding and any changes to either document must follow a modification process as described below.**

**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 (Print) :** Phillip Raines

**Title:** Sr. Estimator/Project Manager **Email:** praines@hardyholdinggroup.com

**Date:** 7/11/2024 **Phone:** (573)447-8070 x2203

**Signature:**  **Date:** 7/11/2024

**NOTARIZED:**   
Subscribed and sworn to before me this 11th day of July, 2024.

My Commission Expires: Nov. 25, 2024

CHRISTY FLOOD  
NOTARY PUBLIC, NOTARY SEAL  
STATE OF MISSOURI  
BOONE COUNTY  
COMMISSION # 12417259  
MY COMMISSION EXPIRES: NOVEMBER 25, 2024

NOTARY PUBLIC  
Attach Corporate Seal if applicable