

24-036

ITB/RFP/RFQ Number:

(816) 881-3302 FAX (816) 881-3340 CRO@JACKSONGOV.ORG WWW.JACKSONGOV.ORG/AUDITOR

JACKSON COUNTY, MISSOURI CONTRACTOR UTILIZATION PLAN

	ITB/RFP/RFQ Title: 2024 Pavement Maintenance Program – Mill and Overlay	
Con	tracting Department: Public Works Department	artment – Engineering Division
Res	pondent: Ideker, Inc.	
I,	Cody Phillips, of la	wful age and upon my oath state as follows:
beha	mittal requirements on the above Invitation t	complying with the provisions of the MBE/WBE/VBE to Bid and the MBE/WBE/VBE Program and is given on Bidder's plan to utilize MBE and/or WBE and/or VBE
The	goals set by Jackson County, Missouri	are:
9.	<u>11.7</u> %WBE	%VBE
2. parti	Bidder stipulates that it will utilize a minin icipation in the above bid:	num of the following percentages of MBE/WBE
NON RBO	9,5 % MBE NON RBO 6.6 %WBE	%VBE
3.	The following are the MBE/WBE/VBE Co	ntractors to be utilized on the above-named Bid. Bidde or a conditional contract contingent upon award.
	ase note:	or a conditional contract contingent upon award.
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 multipl	e categories below regardless of certifications
	INTERNA	AL USE ONLY
CUF	RECEIVED:	_ CUP APPROVED:
		GFE APPROVED:
	REVISED:	한 생물 내용했다. 전쟁에는 발생 나는 보다 가게 되었다. 아무리를 하는 것이 되었다. 그는 사람들은 얼마를 하는 것이 되었다. 그는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이다.
		E WBE VBE
RES	S/ORD:	
NOT	ES:	

MBE SUBCONTRACTORS

A.	MBE Firm:	KC & SONS Trucking LLC.	INTERNAL USE
	Address line 1:	KC & SONS Trucking LLC 233 SW ASCOT COURT	ONLY
	Address line 2-including County:	POBOX 1421 Lee's Summit MO 6406	SCertifying Agency:
	Telephone Number:	816-591-4723	X KCMO
	President/Owner:	Keith Chism	State of MO
	Email Address:	Keithchism Egymail.com	
	Certifying Agency:	KCMO	Approved: Y N
	Expiration Date of Certification:	2025	
	Scopes of Work Utilized:	Trucking	Contract Value:
	Percentage of Contract Awarded:	4.13 % NON RBO IF ALLOW	\$ _D
_	1	WILL PAY Frever	Ing Wage
В.	MBE Firm:	Vision Trucking LLC	INTERNAL USE
	Address line 1:	4640 Chestnut Ave.	ONLY
-	Address line 2-including County:	Kansas City MO 64130	Certifying Agency:
	Telephone Number:	816-728-3046	KCMO
	President/Owner:	Michelle Walker	State of MO
	Email Address:	mardesai. goodrich & yahoo. com	
	Certifying Agency:	KCMO	Approved: Y N
	Expiration Date of Certification:	2025	
	Scopes of Work Utilized:	Trucking	Contract Value:
	Percentage of Contract Awarded:	5.37% NON RBOIFAUD	\$
_	MDE	WILL PAY PREVA	WAGE
C.	MBE Firm:		INTERNAL USE
	Address line 1:		ONLY
	Address line 2-including County:		Certifying Agency:
	Telephone Number:		KCMO
	President/Owner:		State of MO
	Email Address:		
	Certifying Agency:		Approved: Y N
	Expiration Date of Certification:		
	Scopes of Work Utilized:		Contract Value:
	Percentage of Contract Awarded:		\$

TOTAL MBE VALUE: \$

*** Add Additional Pages as Necessary ***

WBE SUBCONTRACTORS

Α.	WBE Firm:	Amino Brothers Co. Inc.	INTERNAL USE
	Address line 1:	8110 Kaw Drive	ONLY
	Address line 2-including County:	Kansus City, KS 66111	Certifying Agency:
	Telephone Number:	913-334-2330	KCMO
	President/Owner:	Mary Sullivan	State of MO
	Email Address:	mary@ aminopros. com	
	Certifying Agency:	KCMO	Approved: Y N
	Expiration Date of Certification:	2025	
	Scopes of Work Utilized:	Aspha H Paving	Contract Value:
	Percentage of Contract Awarded:	12.61 %	\$
B.	WBE Firm:	Little Joe's Asphalt Inc.	INTERNAL USE
	Address line 1;	134 N. 130Th Street	ONLY
	Address line 2-including County:	Bonner Springs KS 66012	Certifying Agency:
	Telephone Number:	913-721-3261	KCMO
	President/Owner:	Theresa Buehler	State of MO
	Email Address:	theresa@ little joes as that com	
	Certifying Agency:	KCMO	Approved: Y N
	Expiration Date of Certification:	2025	
	Scopes of Work Utilized:	Asphalt Paving	Contract Value:
	Percentage of Contract Awarded:	6.6% NON RBO IF ALLOWE	.
		WILL PAY PREVAIL	NG WAGE
C.	WBE Firm:		INTERNAL USE
	Address line 1:		ONLY
	Address line 2-including County:		Certifying Agency:
	Telephone Number:		KCMO
	President/Owner:		State of MO
	Email Address:		
	Certifying Agency:		Approved: Y N
	Expiration Date of Certification:		
	Scopes of Work Utilized:		Contract Value:
	Percentage of Contract Awarded:		\$

TOTAL WBE VALUE: \$

*** Add Additional Pages as Necessary ***

VBE SUBCONTRACTORS

A.	VBE Firm:	INTERNAL USE
	Address line 1:	ONLY
	Address line 2-including County:	Certifying Agency:
	Telephone Number:	KCMO
	President/Owner:	State of MO
	Email Address:	
	Certifying Agency:	Approved: Y N
	Expiration Date of Certification:	
	Scopes of Work Utilized:	Contract Value:
	Percentage of Contract Awarded:	\$
В.	VBE Firm:	
ъ.	Address line 1:	INTERNAL USE ONLY
25	Address line 2-including County:	
,	Telephone Number:	Certifying Agency:
	President/Owner:	State of MO
	Email Address:	otate of ino
	Certifying Agency:	Approved: Y N
	Expiration Date of Certification:	
	Scopes of Work Utilized:	Contract Value:
	Percentage of Contract Awarded:	\$
C.	VBE Firm:	
<u>U.</u>	Address line 1:	INTERNAL USE ONLY
4	Address line 2-including County:	
	Telephone Number:	Certifying Agency:
	President/Owner:	KCMO
	Email Address:	State of MO
		Approved: Y N
	Certifying Agency:	Approved.
	Expiration Date of Certification:	Contract Value:
- /=	Scopes of Work Utilized:	\$
	Percentage of Contract Awarded:	•

TOTAL VBE 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 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: Cody Philips
Title: Vice President Email: Cody Oideker. net
Date: 06/25/24 Phone: 816-364-3970
Subscribed and sworn to before me this Z577 day of June 20 24
Notary Public Notary Public Notary Public Notary Public Notary SEAL #22010373
My Commission Expires: 03 04 2020 MSSonan Country OF MISSONAL COMMISSION COMM
(Attach corporate seal if applicable)

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For questions on this form please contact:

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