

# CONTRACTOR UTILIZATION PLAN/REQUEST FOR WAIVER



Project Number 6223080095

Project Title Full-service advertising and marketing assistance

KCAD / Trozzolo Master Service Agreement

Aviation

(Department Project)

Department

Trozzolo Creative Resources, Inc

(Bidder/Proposer)

STATE OF Missouri )

COUNTY OF Jackson ) ss

I, Rachel Lupardus, 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 submittal requirements on the above project and the MBE/WBE Program and is given on behalf of the Bidder/Proposer listed below. It sets out the Bidder/Proposer's plan to utilize MBE and/or WBE contractors on the project.

2. The project target goals are 10 % MBE and 10 % WBE.

3. Bidder/Proposer assures that it will utilize a minimum of the following percentages of MBE/WBE participation in the above project:

1. **BIDDER/PROPOSER PARTICIPATION:** 10 % MBE 10 % WBE

1. **POST-BID/POST-RFP ESTIMATED BUDGET:** \$ 1,000,000.00

4. The following are the M/WBE subcontractors whose utilization Bidder/Proposer warrants will meet or exceed the above-listed Bidder/Proposer Participation. Bidder/Proposer warrants that it will utilize the M/WBE subcontractors to provide the goods/services described in the applicable Letter(s) of Intent to Subcontract, copies of which shall collectively be deemed incorporated herein). (*All firms **must currently** be certified by Kansas City, Missouri*)

1. Name of M/WBE Firm Time-Wise, Inc (MBE/WBE)  
Address 3900 W 120th Terrace, Leawood, KS 66209  
Telephone No. 913-244-6357  
I.R.S. No. 75-3101955



Name of M/WBE Firm O'Neill Marketing & Event Management, Inc (WBE)  
 Address 1607 Oak St, Kansas City, MO 64108  
 Telephone No. 816-561-7555  
 I.R.S. No. 27-4291975

Name of M/WBE Firm \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone No. \_\_\_\_\_  
 I.R.S. No. \_\_\_\_\_

Name of M/WBE Firm \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone No. \_\_\_\_\_  
 I.R.S. No. \_\_\_\_\_

Name of M/WBE Firm \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone No. \_\_\_\_\_  
 I.R.S. No. \_\_\_\_\_

Name of M/WBE Firm \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone No. \_\_\_\_\_  
 I.R.S. No. \_\_\_\_\_

*(List additional M/WBEs, if any, on additional page and attach to this form)*

4. The following is a breakdown of the percentage of the total contract amount that Bidder/Proposer agrees to pay to each listed M/WBE:

**MBE/WBE BREAKDOWN SHEET**

**MBE FIRMS:**

<u>Name of MBE Firm</u>	<u>Supplier/Broker/Contractor</u>	<u>Subcontract Amount*</u>	<u>Weighted Value**</u>	<u>% of Total Contract</u>
<u>Time-Wise, Inc</u>	<u>Sub-contractor</u>	<u>\$ 100,000.00</u>	<u>\$ 100,000.00</u>	<u>10.00</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____





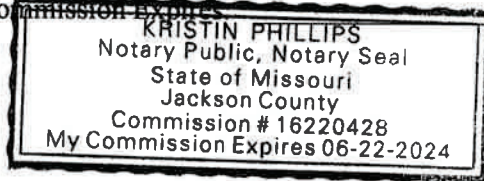
6. Bidder/Proposer acknowledges that it is responsible for considering the effect that any change orders and/or amendments changing the total contract amount may have on its ability to meet or exceed the Bidder/Proposer participation. Bidder/Proposer further acknowledges that it is responsible for submitting 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: Jenny Stasi  
 Address: 811 Wyandotte St  
Kansas City, MO 64105  
 Phone Number: 816-842-8111  
 Facsimile number: 816-842-8188  
 E-mail Address: jstasi@trozzolo.com

By: *[Signature]*  
 Title: EVP, COO/CFO  
 Date: May 2, 2024  
 (Attach corporate seal if applicable)

Subscribed and sworn to before me this 2 day of May, 2024.

My Commission Expires



*[Signature]*  
 Notary Public

