

Contractor Utilization Plan Approval Form

Prepared

by:

Date:

e-Builder users: Approval Form must be completed and attached in PDF format where indicated. CUP/LOIs must be attached where indicated, or as supporting documents.

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|--------------------------|---------------|
| Contract/Project Number: | Project Name: |
| Developer/Prime: | Contact Name: |
| Address: | Email: |

Full Contract Value:

Funding: City State Federal CO-OP Grant: Other:
 Project Requirements: M/WBE DBE Section 3 N/A
 Tax Incentive: LCRA TIF PIEA N/A Other:
 Prevailing Wage: Yes No
 Davis-Bacon: Yes No

Construction Employment Program: Yes: Workforce goals are 10% Minority & 2% Women. There are over 800 Workforce hours and project cost is \$300,000 or more.
 NO: Workforce hours are less than 800 and project cost is less than \$300,000.

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|----------------------------|--|
| Contract Goals: | Contractor Utilization Plan Achievement: |
| Self-Perform: ____% | Self-Perform: ____% |
| MBE: ____% | MBE: ____% |
| WBE: ____% | WBE: ____% |
| Non-certified firms: ____% | Non-certified firms: ____% |

Contract Type (select one): Construction Design-Build Design Professional Professional Services
 General Services Facilities Maintenance/Repair/Renovation Concessions Co-operative
 Revenue Sharing Non-Municipal Agency Other Goods & Services Other_____

| | |
|-------------------------|--------|
| Project Manager: | Email: |
| Additional Information: | |

This document is submitted with all available facts. Intentionally falsifying this document or omitting pertinent facts is grounds for disciplinary action pursuant to KCMO Human Resources Rules & Policy Manual (eff. August 4, 2014).

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|--|-------------|--------------------------------------|---|
| FOR CIVIL RIGHTS & EQUAL OPPORTUNITY DEPARTMENT (CREO) USE ONLY: | | | |
| The Contractor Utilization Plan is: | | | |
| <input type="checkbox"/> Approved | | <input type="checkbox"/> Disapproved | |
| _____ % MBE | _____ % WBE | _____ % DBE | |
| The Request for Good Faith Efforts Waiver is: | | | |
| <input type="checkbox"/> Approved | | <input type="checkbox"/> Disapproved | <input type="checkbox"/> Not Applicable |
| Appeal Sent to FICB or Incentive Agency? <input type="checkbox"/> Yes _____ FICB _____ Incentive Agency <input type="checkbox"/> No | | | |

CREO Signature: _____ Date: _____

Comments:

