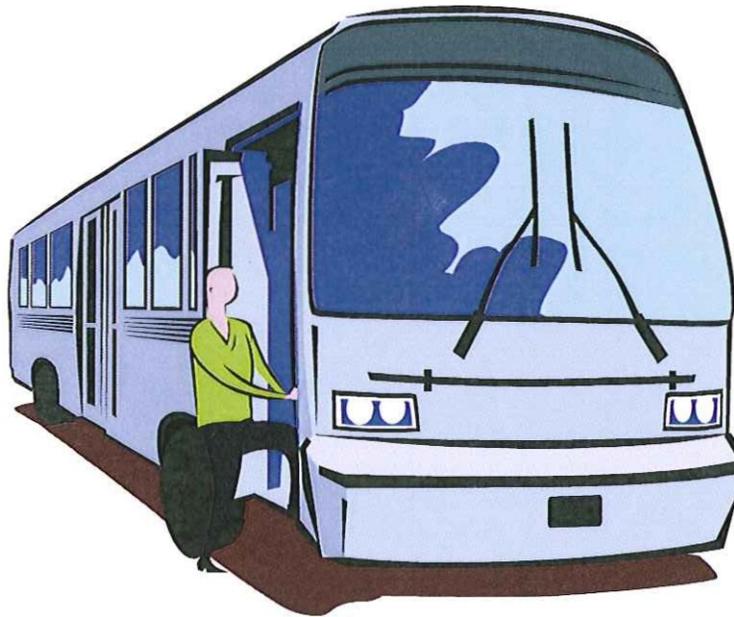


**The City of Jackson, MS/JATRAM
Grantee ID- 1109
Disadvantaged Business Enterprise (DBE) Program**



**DBE Program
Federal Fiscal Years
2015
2016
2017**

**City of Jackson, Mississippi
December 2014**

THE CITY OF JACKSON/JATRAN DBE PROGRAM 2015, 2016, 2017

Objectives/Policy

The City of Jackson/JATRAN has established a Disadvantaged Business Enterprise (DBE) Program in accordance with regulations of the U.S. Department of Transportation (DOT), 49 CFR Part 26. The City of Jackson/JATRAN has received Federal financial assistance from the Department of Transportation, and as a condition of receiving this assistance, the City of Jackson/JATRAN has signed an assurance that it will comply with 49 CFR Part 26.

It is the policy of the City of Jackson/JATRAN to ensure that DBEs, as defined in Part 26, have an equal opportunity to receive and participate in DOT-assisted contracts. It is also our policy:

- To ensure non-discrimination in the award and administration of DOT assisted contracts;
- To ensure a level playing field on which DBEs can compete fairly for DOT assisted contracts;
- To ensure that the DBE Program is narrowly tailored in accordance with applicable law;
- To ensure that only firms that fully meet 49 CFR Part 26 eligibility standards are permitted to participate as DBEs;
- To help remove barriers to the participation of DBEs in DOT assisted contracts;
- To assist the development of firms that can compete successfully in the market place outside the DBE Program.

The Manager of the Transportation Planning Division or his/her designee has been delegated as the DBE Liaison Officer (DBELO). In that capacity, the DBELO is responsible for overseeing the DBE contracts and implementing all aspects of the DBE Program. Implementation of the DBE Program is accorded the same priority as compliance with all other legal obligations incurred by the City of Jackson in its financial assistance agreements with the Department of Transportation.

The City of Jackson/JATRAN has disseminated this policy statement to the Mayor and his applicable staff and officials. We have also distributed this statement to DBE and non-DBE business communalities that perform work for us on DOT-assisted contracts. This policy will be distributed via inclusion in the approved DBE Program, on the city's web page, distributed at applicable small business gatherings and advertised in local media outlet.

Tony T. Yarber, Mayor

Date

Applicability

The City of Jackson is the recipient of Federal Transit funds authorized by Federal Transit laws in Title 49 U.S. Code Chapter 53, as amended by HR 4383 the “Moving Ahead for Progress in the 21st Century Act” or “MAP-21.”

Definitions

The City of Jackson will adopt the definitions contained in Section 26.5 of Part 26 for this program. The City of Jackson will add and include any new or amended definitions as they are provided by USDOT. The City of Jackson/JATRAM will not include any definitions for terms not included in the definitions found in Section 26.5 of Part 26 (**See Attachment 1**).

Non-discrimination Requirements

The City of Jackson/JATRAM will never exclude any person from participation in, deny any person the benefits of, or otherwise discriminate against anyone in connection with the award and performance of any contract covered by 49 CFR Part 26 on the basis of race, color, sex, or national origin.

In administering its DBE Program, the City of Jackson/JATRAM will not, directly or through contractual or other arrangements, use criteria methods of administration that have the effect of defeating or substantially impairing accomplishment of the objects of the DBE Program with respect to individuals of a particular race, color, sex or national origin.

Record Keeping Requirements

Uniform Report of DBE Awards or Commitments and Payments

The City of Jackson/JATRAM will report DBE participation to the Federal Transit Administration using the Uniform Report of DBE Award of Commitments and Payments, found in Appendix B to the DBE regulations.

Bidders List

The City of Jackson/JATRAM will create a bidders list, consisting of information about all DBE and non-DBE firms that bid or quote on DOT- assisted contracts. The purpose of this list is to allow the use of the bidders list to calculate the overall goals. The bidders list will include the name, address, DBE & non-DBE status, age, and annual gross receipts of firms. A form will be included in each bid solicitation and each prime contractor will be required to also report subject information on each subcontractor (**See Attachment 2**).

Assurances

The City of Jackson/JATRAN has signed the following assurance, applicable to all DOT-assisted contracts and their administration:

The City of Jackson shall not discriminate on the basis of race, color, national origin, or sex in the award and performance of any DOT assisted contract or in the administration of its DBE Program or the requirements of 49 CFR Part 26. The recipient shall take all necessary and reasonable steps under 49 CFR Part 26 to ensure nondiscrimination in the award and administration of DOT assisted contracts. The recipient's DBE Program, as required by 49 CFR Part 26 and as approved by DOT, is incorporated by reference in this agreement. Implementation of this program is a legal obligation and failure to carry out its terms shall be treated as a violation of this agreement. Upon notification to the City of Jackson of its failure to carry out its approved program, the Department may impose sanctions as provided for under Part 26 and may, in appropriate cases, refer the matter for enforcement under 18 U.S.C. 1001 and/or the Program Fraud Civil Remedies Act of 1986 (31 U.S.C. 3801 et seq.).

This language will appear in financial assistance agreements with sub-recipients.

Contract Assurance

The City of Jackson/JATRAN will ensure that the following clause is placed in every DOT-assisted contract and subcontract:

The contractor or subcontractor shall not discriminate on the basis of race, color, national origin, or sex in the performance of this contract. The contractor shall carry out applicable requirements of 49 CFR Part 26 in the award and administration of DOT assisted contracts. Failure by the contractor to carry out these requirements is a material breach of this contract, which may result in the termination of this contract or such other remedy as the recipient deems appropriate.

SUBPART B ADMINISTRATIVE REQUIREMENTS

DBE Program Updates

The City of Jackson/JATRAN will continue to carry out this program until all funds from DOT financial assistance has been expended. We will provide to DOT updates representing significant changes in the program.

DBE Liaison Officer (DBELO)

The City of Jackson has designated the following individual as our DBE Liaison Officer (DBELO): O.J. Craft, 200 South President Street, P. O. Box 17, Jackson, MS 39205-0017, 601-960-1100. In that capacity, the DBELO is responsible for overseeing and implementing various aspects of the DBE Program and ensuring that the City of Jackson/JATRAN complies with all

provisions of 49 CFR Part 26. The DBELO has independent access to the Mayor of the City of Jackson concerning DBE Program matters. A Planner within the Transit Services Division, O.J. Craft at 601-960-1100, will work in conjunction with the Transit Manager in administering the DBE Program. An organizational chart displaying the DBELO's position in the organization is found in **Attachment 3** to this program.

The DBELO is responsible for developing, overseeing the implementation and monitoring the DBE Program, in coordination with other appropriate officials. Duties and responsibilities include the following:

1. Gathers and reports statistical data and other information as required by DOT.
2. Reviews third party contracts and purchase requisitions for compliance with this program.
3. Works with the City of Jackson Transportation Planning Division, JATRAN (the City's public development Division, Equal Business Opportunity Division, the City Attorney and all other City departments/divisions.
4. Ensures that bid notices and requests for proposals are available to DBEs in a timely manner.
5. Identifies contracts and procurements so that DBE goals are included in solicitations (both race-neutral methods and contract specific goals) and monitors results.
6. Analyzes the City of Jackson/JATRAN, its contractors, and its sub-contractors progress toward goal attainment and identifies ways to improve progress.
7. Participates in pre-bid meetings and ensures that DBE requirements at the time of bid submission.
8. Advises the Mayor and City Council and all appropriate officials on DBE matters and achievements.
9. Participates in pre-bid conferences.
10. Provides DBEs with information, contracts and assistance in preparing.
11. Participates and plans DBE training opportunities and events.
12. Assist in the certification of DBEs according to the criteria set by DOT and acts as a liaison to the Uniform Certification Process in Mississippi.
13. Provides outreach to DBEs and community organizations to advise them of opportunities.
14. Maintains and updates the City of Jackson's DBE Directory according to MDOT Unified Certified DBE Directory on certified DBEs and shares said directory with the Business Development and Equal Business Opportunity Division.
15. Coordinates with State DBE Unified Certification Committee.

DBE Financial Institutions

It is the policy of the City of Jackson/JATRAN to investigate the full extent of services offered by financial institutions owned and controlled by socially and economically disadvantaged individuals in the community, to make reasonable efforts to use these institutions, and to encourage prime contractors on DOT-assisted contracts to make use of these institutions. To date, we have identified the following such institutions: Liberty Bank and Trust Company, 2325 Livingston Road, Jackson, MS 39213, 601-987-6730.

Information on the availability of such institutions can be obtained from the DBE Liaison Officer (See Attachment 4).

Prompt Payment Mechanisms

The City of Jackson will include the following clauses in each DOT assisted prime contract.

The Prime Contractor agrees to pay each subcontractor under this contract for satisfactory performance of its contract no later than 30 days from the receipt of each payment the prime contractor receives from the City of Jackson. Any delay or postponement of payment from the above references time frame may occur only for good cause following written approval of the City of Jackson. The clause applies to both DBE and non-DBE subcontracts.

Retainage

The prime contractor agrees to return retainage payments to each subcontractor within 30 days after the subcontractor work is satisfactorily completed. Any delay or postponement of payment from the above referenced time frame may occur only for good cause following written approval of the City of Jackson/JATRAN. This clause applies to both DBE and Non-DBE subcontracts.

Monitoring and Enforcement

The City of Jackson/JATRAN has established mechanisms to monitor and enforce that prompt payment and the returning of retainage is occurring.

Each DOT assisted contract by the City for the performance of work shall contain a provision requiring the prime contractor to certify in writing that all subcontractors and suppliers have been paid for work and materials from previous progress payments received (less any retainage) by the prime contractor prior to receipt of any further progress payments. In the event a contractor is unable to pay subcontractors or suppliers until it has received a progress payment from the City, the prime contractor shall pay all subcontractors or suppliers funds due from said progress payments within forty-eight hours of receipt of payment from the City. During the contract and upon completion of the contract, the City will request documentation to certify payment to subcontractors or suppliers. The City reserves the right to issue joint checks payable to both the contractor and the subcontractor to insure proper payments. This provision in no way creates any contractual relationship between any subcontractor and the City or any liability on the City for the contractors' failure to make timely payment to the subcontractor.

Directory

The City of Jackson/JATRAN, will maintain and update a DBE directory identifying all firms eligible to participate as DBEs. We will participate in the Mississippi Unified DBE Program and keep the City's listing updated based on the Mississippi Unified DBE Program. The official directory, which lists the firm's name, address, phone number, date of the most recent

certification, and the type of work the firm has been certified to perform as a DBE is available on the GOMDOT.GOV web site. The current directory can be found in **Attachment 5**.

Overconcentration

If the DBELO determines that DBE participation is so over concentrated in certain types of work or contracting opportunities that it unduly burdens the participation of non-DBEs in that type of work, the DBELO will develop appropriate measures to address the overconcentration. The DBELO will seek approval from the Unified Certification Program (UCP- “one stop shopping” for all firms seeking certification as a DBE) and FTA, and at the time, the measures will become part of this Program. Currently, we are unaware of any types of work that have over concentrations of DBEs in any particular field.

Business Development Programs

The City of Jackson has a business development/mentor- protégé program. This program is via the City of Jackson’s Equal Business Opportunity Division, established by City ordinance. The Purpose of the program is to address the effects of past and present discrimination against female and minority-owned businesses by ensuring that these historically underutilized firms are given an opportunity to participate in the performance of contracts financed in whole, or in part, with City funds. Additionally, management and technical assistance is also provided to female and minority-owned businesses through the City of Jackson’s Business Development Division.

For more information about business development in the City of Jackson, contact Michael Davis, Business Development Manager, at 601-960-1055. For more information about the Equal Business Opportunity Program, contact Stephanie Coleman, Equal Business Opportunity Manager, at 601-960-1856.

The DBE Program participants will work in conjunction with these programs via referrals from the DBELO. All DBEs will be encouraged to participate in all related activities from the program. DBE and non DBE’s will be eligible to participate in the protégé program and all activities that will provide avenues for growth and strengthening of the small minority businesses. The City of Jackson has not determined a need for additional business development programs but will continue to evaluate annually if the needs of small businesses are being addressed.

Fostering Small Business Participation Strategies

Transit Services shall actively implement its strategies to foster small business participation and recognizes this as a requirement of good faith implementation of its DBE program. All recipients, prime and sub are required to adhere to the DBE program requirements.

Transit Services has identified the following strategies to ensure compliance with FTA guidelines that states that all recipients must include “an element to structure contracting requirements to facilitate competition by small business concerns” in their DBE program plans.

For the purpose of this section, a small business is defined as a firm that meets the definition as contained in 49 CFR §26.5 and Section 3 of the Small Business Act, 15 U.S.C. 631 et seq, which do not exceed the cap on average gross receipts specified in 49 CFR § 26.5(B).

A Small Business Concern is one that:

1. Is organized for profit, with a place of business located in the United States which operates primarily within the United States or which makes a significant contribution to the United States economy through payment of taxes or use of American products, materials or labor;
2. Has the legal form of an individual proprietorship, partnership, limited liability company, corporation, joint venture, association, trust or cooperative.
3. Is at least 51 percent owned and controlled by one or more individuals who are citizens of, or permanent resident aliens in, the United States, except in the case of a joint venture, where each entity to the venture must be 51 percent owned and controlled by one or more individuals who are citizens of, or permanent resident aliens in, the United States; and
4. Has, including its affiliates, not more than 500 employees.

Transit Services strategies focus on reviewing construction and professional services procurements, making set-aside recommendations, and requiring small business participation on projects not having DBE contract goals.

In support of Transit Services Small Business Enterprise Program, Transit Services will:

- Implement a small business verification requirement to ensure that a firm is in fact a small business to minimize fraud and abuse (see “Small Business Verification Requirement” below)
- Take all reasonable steps to eliminate obstacles to small business participation, including unnecessary and unjustified bundling of contract requirements that may preclude small business participation in procurements as prime contractors or subcontractors. Personnel Management and Transit Services Title VI Liaison will work with affected program areas to ensure that technical staff members are aware of and have given consideration to eliminating obstacles for small business participation.
- Modify its selection criteria where appropriate, and will expand its DBE business development program to include small business concerns exclusive to subcontracting participation in the bid process.
- Establish a Transit Services Small Business Enterprise Program in order to meet the maximum feasible portion of its Disadvantaged Business Enterprise (DBE) goal through a race-neutral means in accordance with U.S. Department of Transportation, 49 CFR 26.51 and 26.39.

- Maintain a list of state certified small business firms eligible for Transit Services Small Business Program. Firms eligible for this program must meet the DBE personal net worth cap and size standard caps.
- Participate in meetings with construction and consultant division administrators regarding contracting and consulting activities to share information on initiatives, solicit input and promote increased small business competition in Transit Services contracting.
- Identify construction and professional services projects for small business set-aside contracts within specified contract thresholds that will allow for greater participation from small businesses to include DBE firms.
- Encourage joint ventures consisting of small businesses, including DBEs, to compete for and perform prime contracts.
- Encourage unbundling of contracts so that small businesses have more incentive to participate in the Small Business Program.
- Encourage mentor-protégé participation as an avenue for small businesses to become more successful and grow as a small business.
- Develop brochures and other written material and marketing tools that promote Transit Services Small Business Program utilization in contracts.
- Review and monitor procurements to ensure that acquisition strategies provide maximum opportunities for small business competition.
- Host local outreach sessions and quarterly workshops on how to do business with the City of Jackson's Transit Services Small Business participation initiative.
- Ensure that small business contract data is accurately reported.
- Provide formal and informal training and presentations to DBEs and other small businesses.

The City of Jackson's Transit Services Small Business Enterprise Program, as a new initiative, will be monitored closely to determine, what program attributes are effective and what components of the program need to be modified to ensure program success.

Small Business Verification Requirements

To ensure that a firm is in fact a small business and to minimize fraud and abuse, Transit Services shall take steps to verify eligibility of a firm to participate in its program. Certification/Verification from other verified known entities may be accepted to expedite the

verification process. Transit Services shall not allow firms to self-certify/verify as small businesses.

Transit Services will use the certification standards of Subpart D of Part 26 to determine the eligibility of firms to participate as small businesses in MDOT assisted contracts, exclusive of gender, ethnicity, personal net worth, and criteria specific to a “qualifying owner”. Additionally, certified firms must be owned by individuals and no other legal entities.

Monitoring and Enforcement Mechanisms

The City of Jackson/JATRAN will take the following monitoring and enforcement mechanisms to ensure compliance with 49 CFR Part 26.

1. We will bring to the attention of the Department of Transportation any false, fraudulent, or dishonest conduct in conjunction with the program.
2. We will consider similar action under our own legal authorities, including responsibilities determinations in future contracts. **Attachment 1** lists the regulation, provisions and contract remedies available to us in the event of non-compliance with the DBE regulation by a participant in our procurement activities.
3. We will also provide a monitoring and enforcement mechanism to verify that work committed to DBE’s at contract awards is actually performed by the DBEs. This will be accomplished via the completion of a monthly review of contracting records inclusive of payroll records and frequent site visits by the project manager and DBE officer.
4. We will keep a running tally of actual payments to DBE firms for work committed to them at the time of contract award.

Monitoring Compliance

The City of Jackson/JATRAN will take the following steps to monitor and verify contractors’ compliance with the requirements of this DBE Program:

1. After Bid Opening – Following a bid opening, the DBE Liaison Officer will investigate and verify that the apparent low bidder either meets the contract goal or made good faith efforts to achieve the goal. As part of this verification, the DBE Liaison Officer will contact all DBEs whose quotes the apparent low bidder has indicated in the bid documents as having accepted for purposes of preparing the bid. The DBE Liaison Officer will verify that the DBE(s) so indicated will be performing as subcontractor(s) on the project and the amount(s) indicated in the bid accurately reflect(s) the anticipated subcontract amount(s). As part of this verification, the DBE Liaison Officer will obtain copies of the subcontract agreements between the apparent low bidder and its DBE subcontractor(s).
2. After Contract Award-Execution- The City of Jackson/JATRAN will only credit DBE participation toward overall and contract goals after payments have been made to the DBE subcontractors. The DBE Liaison Officer will verify that payment has been

made. Completed forms confirming the type of work to be performed and the amount of the subcontract will be required from both the prime contractor and its subcontractors as a compliance mechanism. Copies of cancelled checks and invoices can be requested by prime contractor to verify payments and contract amount, if necessary.

Bonding Requirements

Per state statutory requirements, performance and payment bonds shall be provided by the successful bidder. Said bidder shall, within 10 days of contract award, furnish a surety bond in a penal sum not less than the amount of the contract as awarded as security for the faithful performance of the contract. Additionally, said bidder shall within the period specified above furnish a surety bond in a penal sum not less than the amount of the contract as awarded, as security of the payment of all persons, firms or corporations to whom the bidder may become indebted for labor, materials, tools, equipment, or services of any nature including utility and transportation services, employed or used by him in performing the work. Such bonds shall be in the same form as those in the contract documents and shall have the same date as or a date subsequent to that of the agreement.

Small Business Participation

The City of Jackson has incorporated the following non-discriminatory element to its DBE Program in order to facilitate competition on DOT assisted public works projects by small business concerns for DBE and Non-DBE small businesses. The City of Jackson will create a bidders list, consisting of information about all DBE and non-DBE firms that bid or quote on DOT- assisted contracts. The purpose of this requirement is to allow use of the bidder's list approach to calculating overall goals and to maintain a listing of available small business available to provide services. The bidders list will include the name, address, DBE/non-DBE status, age and annual gross receipts of firms.

We will collect this information in the following ways: The City of Jackson will survey all firms in our current vendor database. We will add new firms to the vendor's database as soon as we are aware of the potential supplier of transit products or services.

In the alternative, this information will be obtained utilizing different methods depending upon the type of contract or service involved. These methods may include but are not limited to the following:

1. Including a contract clause/form in prime contracts requiring prime bidders to report the name, address, and other information, for all firms who quote to them on subcontracts;
2. A directive survey of all firms bidding on contracts; and,
3. A notice in all solicitations, and otherwise widely disseminated, request to firms quoting on subcontracts to report information directly to the recipient.

SUBPART C- GOALS, GOOD FAITH EFFORTS, AND COUNTING

Quotas

The City of Jackson will not use quotas in any way in the administration of this DBE Program.

Overall Goals

In accordance with Section 26.45 the City of Jackson will submit its triennial overall DBE goal to FTA on August 1, of each year. The City of Jackson will also use project specific goals as appropriate, and/or will establish project specific DBE goals as directed by FTA.

PROJECT	NAICS	CONTRACT AMOUNT	DBE'S WILLING AND ABLE	ALL FIRMS	RELATIVE AVAILABILITY
Scheduling Dispatch	811219; 517919; 541511; 541512; 541519	\$186,020.00	29	119	0.2436
New JATLAN Facility	238110; 541320; 238210; 238990; 484110; 238310; 238320; 562910; 561730; 423610; 238910; 812930; 922160; 238350; 325510; 541350	\$6,800,000.00	201	533	0.3771
Mill St. Viaduct Improvements Project	237310; 238140; 237990; 238120; 541330; 541611; 541618; 484220; 423320; 562119; 423840; 332312; 541370	\$45,791.00	229	309	0.7411
Bus Wash Equipment	236220; 541620; 238220; 335932; 238160; 332322; 237130; 423690; 332996; 424610; 32412	\$243,587.00	80	291	0.2749
Bus Stop Improvements Project	541310; 238190; 423390; 327390; 541611; 423510	\$167,000.00	58	167	0.3473
					OVERALL AVAILABILITY OF DBE's
COMBINED TOTALS		\$7,442,398.00	597	1,586	3.76%

Amount of Goal

The City of Jackson overall goal for FY2015-2017 is the following: 3.76% of the Federal financial assistance we estimate that will be expended in DOT- assisted contracts exclusive of FTA funds to be used for transit related projects listed above.

Methodology

The following is a summary of the method we used to calculate this goal:

Step 1: Using the information from the 2012 U.S. Economic Census (County Business Patterns) we determined that approximately 1,586 firms were within the Hinds County Metropolitan Statistical Area (MSA) that offered services for projects listed above. The next step was to

review the list certified by the Mississippi Department of Transportation (MDOT) to help determine the number of ready, willing and able minority firms. After thorough review of the list of certified firms, it was determined that 597 firms provide transportation related procurement opportunities. Therefore, the base figure for the relative availability firms is 3.76%.

Step 2: After calculating a base figure of relative availability of DBEs, The City of Jackson/JATRAN chose not to adjust the base figure based on the program being in noncompliance in the past year. The City of Jackson will monitor calculations and make adjustments as needed. There were no disparity studies to utilize. Therefore, the DBE overall goal for the City of Jackson/JATRAN will be 3.76%.

Process

The City of Jackson/JATRAN will submit its overall goal to FTA by August 1st every three years beginning in 2014. Before establishing the overall goal each year, the City of Jackson/JATRAN will consult with the contracting community, both DBEs and non-DBEs, to obtain information concerning the availability of disadvantaged and non-disadvantaged businesses, the effects of discrimination on opportunities for DBEs, to establish a level playing field for participation by DBEs. The consultation will include, but will not necessarily be limited to, minority, women, general contractor groups, and community organizations.

Following this consultation, we will publish a notice of the proposed overall goal, informing the public that the proposed goal and its rationale are available for inspection during normal business hours at your principal office for 30 days following the date of the notice, and informing the public that the City of Jackson/JATRAN and FTA will accept comments on the goals for 45 days from the date of the notice. The DBE proposed goal will be published in the Clarion-Ledger and other newspapers. Normally, we will issue this notice by June 1st of each year. The notice will include addresses to the City of Jackson/JATRAN which comments may be sent and where the proposal may be reviewed.

Our overall goal submission to FTA will include a summary of information and comments received during this public participation process and our responses.

We will begin using our overall goal on October 1 of each year, unless we have received other instructions from FTA.

Goal Setting and Accountability

If the awards and commitments shown on the City of Jackson/JATRAN uniform Report of Awards or Commitments and Payments at the end of any fiscal year are less than the overall goal applicable to the fiscal year, we will:

1. Analyze in detail the reasons for the difference between the overall goal and the actual awards/commitments;

2. Establish specific steps and milestones to correct the problems identified in the analysis;
and
3. Maintain records of actions taken regarding the analysis.

Transit Vehicle Manufacturers Goals

The City of Jackson/JATRAN will meet the maximum feasible portion of its overall goal by using race-neutral means of facilitating DBE participation. The City of Jackson/JATRAN may at its discretion and with FTA approval, establish project specific goals for DBE participation in the procurement of transit vehicles in lieu of the TVM complying with this element of the program.

Meeting Overall Goals/Contract Goals

The City of Jackson/JATRAN will meet the maximum feasible portion of its overall goal by using race-neutral means of facilitating DBE participation. The City of Jackson/JATRAN uses the following race-neutral means to increase DBE participation:

1. Providing information and communications programs on contracting procedures and specific contract opportunities;
2. Arranging solicitations, time for the presentation of bids, quantities, specifications, and delivery schedules in ways that facilitate DBE, and other small businesses, participation;
3. Providing technical assistance and other services.

We estimate that, in meeting our overall goal of 3.76%, we will obtain 3.76% from race-neutral participation and 0% through race-conscious measures; however, race-conscious measures may be added for the remainder of the fiscal year.

The following is a summary of the basis of our estimated breakout of race-neutral and race-conscious DBE participation: 3.76% race-neutral and 0% race-conscious, race-conscious will be revisited later in the fiscal year.

Pass Participation

After the review of our participation, the City of Jackson – JATRAN we will strive to meet a 3.76% race neutral project goal. The overall goal is equivalent to the annual DBE goal of 3.76%.

We will adjust the estimated breakout of race-neutral and race-conscious participation as needed to reflect actual DBE participation and we will track and report race-neutral and race-conscious participation separately. For reporting purposes, race-neutral DBE participation includes, but is not necessarily limited to, the following: DBE participation through a prime contract a DBE obtains through customary competitive procurement procedures; DBE participation through a subcontract on a prime contract that does not carry a DBE goal; DBE participation on a prime contract exceeding a contract goal; and DBE participation through a subcontract from a prime contractor that did not consider a firm's DBE status in making the award.

Contract Goals

The City of Jackson/JATRAN will use contract goals, when possible, to meet any portion of the overall goal that the City of Jackson/JATRAN does not project being able to meet using race-neutral means. Contract goals are established so that, over the period to which the overall goal applies, they will cumulatively result in meeting any portion of our overall goal that is not projected to be met through the use of race-neutral means.

We will establish contract goals only on those DOT-assisted contracts that have subcontracting possibilities. We need not establish a contract goal on every such contract, and the size of contract goals will be adapted to the circumstances of each such contract (e.g., type and location of work, availability of DBEs to perform the particular type of work).

We will express our contract goals as a percentage of the Federal share of a DOT-assisted contract.

Good Faith Efforts Procedures

Award of Contracts with DBE Contract Goals

In those instances where a contract specific DBE Goal is included in a procurement/solicitation, the City of Jackson/JATRAN will not award the contract to a bidder who does not either: (1) meet the contract goal with verified, countable DBE participation; or (2) documents it has made adequate good faith efforts to meet the DBE contract goal, even though it was unable to do so. It is the obligation of the bidder to demonstrate it has made sufficient good faith efforts prior to submission of its bid. The DBE Liaison Officer is responsible for determining whether a bidder/proposer who has not met the contract goal has documented sufficient good faith efforts to be regarded as responsive. The City of Jackson/JATRAN will ensure that the information is complete and that it commits to the performance of the contract by the bidder/proposer.

Evaluation of Good Faith Efforts

The DBE Liaison Officer is responsible for determining whether a bidder/proposer who has not met the contract goal has documented sufficient good faith efforts to be regarded as responsive. The City of Jackson/JATRAN will ensure that the information is complete and that it commits to the performance of the contract by the bidder/proposer (**See Attachment 6**).

Information to be submitted

The City of Jackson/JATRAN treats bidder/offersors' compliance with good faith efforts requirements as a matter of responsiveness.

Each solicitation for which a contract goal has been established will require the bidders/offersors to submit the following information under sealed bid procedures as a matter of responsiveness, or with initial proposals under contract negotiations procedure at the time of bid:

1. The names and addresses of DBE firms that will participate in the contract;
2. A description of the work that each DBE will perform;
3. The dollar amount of the participation of each DBE firm participation;
4. Written and signed documentation of commitment to use a DBE subcontractor whose participation it submits to meet a contract goal;
5. Written and signed confirmation from the DBE that it is participating in the contract as provided in the prime contractor's commitment;
6. If the contract goal is not met, evidence of good faith efforts.

Demonstration of good faith efforts

The obligation of the bidder/offeror is to make good faith efforts, evidenced by the submitted DBE Plan. The bidder/offeror can demonstrate that it has done so either by meeting the contract goal or documenting good faith efforts. Examples of good faith efforts are as follows:

1. Copies of certified-mailed written notification to DBEs that their interest in the subcontract is solicited;
2. Evidence of the efforts made to divide the work into economically feasible units in order to increase the likelihood of achieving the stated goals;
3. Evidence of the efforts made to negotiate with DBEs, including at a minimum: (a) the names, address, and telephone numbers of the DBEs who were contacted; (b) a description of the information provided to DBEs regarding the plans and specifications for portions of the work to be performed; and, (c) a statement of the reasons why additional agreements DBEs, if needed to meet the stated goals, were not reached;
4. Evidence of efforts made to assist DBEs contacted in obtaining bonding, lines of credit, and insurances required by the bidder or offeror. Making efforts to assist DBEs in obtaining necessary equipment, supplies, materials, or related assistance or services;
5. Evidence of DBE negotiations, including the name, addresses, and telephone numbers of DBE's that were considered, and description of the information provided regarding the plans and specs, and evidences as to why additional agreements could not be reached with the DBEs;
6. A written statement of the reasons for the bidder or offeror's conclusion regarding each DBE contacted which the bidder or offeror considered not be qualified;
7. Written quotes solicited from all DBEs seeking subcontract work with bidder or offeror at the time of the bidding;
8. Providing interested DBE's with information about plans and specifications in a timely manner to aid in their response;
9. A statement with supporting documents and affidavits evidencing whether the offeror has used DBE contractors as joint venture partners or subcontractors in past or present sector contracts in Jackson; and
10. Negotiating in good faith with interested DBEs, and not rejecting DBEs as unqualified without sound reasons, based on a thorough investigation of their capabilities.

Administrative Reconsideration

Within 10 days of being informed by the City of Jackson/JATLAN that it is not responsive because it has not documented sufficient good faith efforts, a bidder/offeror may request administrative reconsideration. Bidder/offerors should make this request in writing to the following reconsideration official: Biqi Zhao or her designee, 200 South President Street, Jackson, MS 39205-0017, 610-960-2006, bzhao@city.jackson.ms.us . The reconsideration official will not have played any role in the original determination that the bidder/offeror did not make documented sufficient good faith efforts.

As part of this reconsideration, the bidder/offeror will have the opportunity to provide written documentation or argument concerning the issue of whether it met the goal or made adequate good faith efforts to do so. The bidder/offeror will have the opportunity to meet in person with our reconsideration official to discuss the issue of whether it met the goal or made adequate good faith efforts to do. We will send the bidder/offeror a written decision on reconsideration, explaining the basis for finding that the bidder did or did not meet the goal or make adequate good faith efforts to do so. The result of the reconsideration process is not administratively appealable to the Department of Transportation.

Good Faith Efforts when DBE is Terminated/Replaced on a Contract with a Contract Goal

The City of Jackson/JATLAN will require a prime contractor to make good faith efforts to replace a DBE that is terminated or has otherwise failed to complete its work on a contract with another certified DBE, to the extent needed to meet the contract goal. We will require the prime contractor to notify the DBELO immediately of the DBE's inability or unwillingness to perform and provide reasonable written documentation.

In this situation, we will require the prime contractor to obtain our prior approval of the substitution DBE and to provide copies of new or amended subcontracts, or documentation of good faith efforts. If the contractor fails or refuses to comply in the time specified, our contracting office will issue an order stopping all or part of payment/work until satisfactory action has been taken.

If the contractor still fails to comply, the contracting officer may issue a termination for default proceeding.

Bid Specification:

When a contract goal is established for a project pursuant to the City of Jackson/JATLAN's DBE Program, a bid specification will be used to notify bidders/offerors of the requirements to make good faith efforts. The forms found at **Attachments 6 & 7** will be used to collect information necessary to determine whether the bidder/offeror has satisfied these requirements. The specification will be used in both non-construction and construction contracts for which contract goals are set. It will be included in invitation for bids for construction, in requests for proposals for architectural/engineering and other professional services, and other covered solicitation documents. The following statement will serve in this use:

The requirements of 49 CFR Part 26, Regulations of the U.S. Department of Transportation, apply to this contract. It is the policy of the City of Jackson/JATLAN to

practice nondiscrimination based on race, color, sex, or national origin in the award or performance of this contract. All firms qualifying under this solicitation are encouraged to submit bids/proposals. Award of this contract will be conditioned upon satisfying the requirements of this bid specification. These requirements apply to all bidders including those who qualify as DBE. A DBE contract goal of percent has been established for this contract. The bidders/offerors shall make good faith efforts, as defined in Appendix A, 49 CFR Part 26 (**Attachment 8**), to meet the contract goal for DBE participation in the performance of this contract.

The bidder/offeror will be required to submit the following information:

- ✓ Names and addresses of DBE firms that will participate in the contract
- ✓ A description of work to be performed
- ✓ The dollar amount of the participation of each DBE
- ✓ Written documentation of the bidders/offeror's commitment to use a DBE subcontractor whose participation will be submitted to meet the contract goal
- ✓ Written confirmation from the DBE that it is participating in the contract as provided in the commitment and
- ✓ If contract goal is not met, evidence of good faith efforts

Counting DBE Participation

We will count DBE participation toward overall and contract goals as provided in 49 CFR 26.55.

SUBPARTS D & E – CERTIFICATION

Certified Process

The City of Jackson/JATRAN will assist interested firms is gaining certification with the Mississippi Unified DBE Program. Information, referral and assistance can be obtained by contacting the Transit Services Division at 200 South President Street, P.O. Box 17, Jackson, MS 39205-0017, 601-960-1887.

Unified Certification Program

The City of Jackson/JATRAN is a member of a Unified Certification Program (UCP) administered by the Mississippi Department of Transportation. The UCP will meet all the requirements of this section. The City of Jackson/JATRAN will use and count for DBE credits only those DBE firms certified by the state of Mississippi's UCP.

As mandated by the United States Department of Transportation (U.S. DOT) in the DBE Program, Final Rule 49 Code of Federal Regulations (CFR), Part 26, all U.S. DOT recipients of

federal financial assistance must participate in a statewide UCP by March 2001. The UCP is a “One-Stop Shopping” certification procedure that will eliminate the need for DBE firms to obtain certifications from multiple agencies within the State. The UCP of Mississippi is charged with the responsibility of certifying firms and compiling and maintaining the Database of certified DBEs for U.S. DOT grantees in Mississippi, pursuant to 49 CFR Part 26. The Database is intended to expand the use of DBE firms by maintaining complete and current information on those business and the products and services they can provide to all grantees in Mississippi.

Procedures for UCP Certification Decisions

Certification Steps

- MDOT UCP receives application with supporting documentation from prospective DBE firm.
- MDOT UCP reviews application for completeness and all supporting documentation.
- If application is not complete, DBE firm is notified in writing to provide missing documents.
- If application is complete, Personal Net Worth (PNW) Statement and supporting documentation is reviewed for compliance.
- If owner is above Personal Net Worth (PNW) cap, owner receives written notification of his/her ineligibility to participate in the program.
- If the owner is below the PNW cap, UCP performs an onsite review of in-state firms or requests a copy of an onsite review from the home state of out-of-state firms.
- Following the onsite review, in-state firms are scheduled for a DBE Certification Hearing.
- Firm receives written notification of the committee decision to certify or not to certify the firm within 15 days following the hearing. If more time is needed, the potential DBE is notified and that time is extended.
- Upon receiving onsite review for out-of-state firm, the committee reviews the information and if they have additional questions, a phone call with the firm is requested to follow up on any additional information needed. After that phone call, the firm receives written notification of the committee decision to certify or not to certify the firm within 15 days. If more time is needed, the potential DBE is notified and that time is extended.

Certification application forms and documentation requirements can be found at GOMDOT.com. The application can be completed and submitted online. For additional information on the Mississippi UCP, contact: Stacy Slay, DBE Coordinator, Phone: 601-359-7934 or Stan Adams, DBE Certification Officer, Phone: 601-359-7838. Any firm or complaint may appeal a state UCP’s decision in a certification matter to DOT. Such appeals may be sent to:

Department of Transportation
Office of Civil Rights Certification Appeals Branch
1200 New Jersey Avenue, SE
West Building, 7th Floor
Washington, DC 20590

We will promptly implement any DOT certification appeal decisions affecting the eligibility of DBEs for our DOT-assisted contracting (e.g., certify a firm if DOT has determined that our denial of its application was erroneous).

Attachment 9 & 10 MDOT UCP information

SUBPART F – COMPLIANCE AND ENFORCEMENT

Information, Confidentiality, Cooperation

We will safeguard from disclosure to third parties information that may reasonably be regarded as confidential business information, consistent with Federal, State and local law. Participation in the program is subject to the Mississippi Freedom of Information Act (FOIA). Participation is subject to the Mississippi Public Records Act. The Mississippi Public Records Act is a series of laws provided under MS. Code Ann. 25-61. Section 25-61-1 Et. seq. The law is designed to guarantee that the public has access to the public records of government bodies at all levels in Mississippi. Pursuant to the Act, “it is the policy of this State that public records shall be available for inspection by any person unless otherwise provided by the chapter; furthermore, providing access to public records is a duty of each public body and automation of public records must not erode the right of access to those records.” The Mississippi Public Records Act guides the City of Jackson/JATLAN in its decision to release or not to release public records. Notwithstanding any contrary provisions of state or local law, we will not release personal financial information submitted in response to the personal net worth requirement to a third party (other than DOT) without the written consent of the submitter.

Monitoring Payments to DBEs

We will require prime contractors to maintain records and documents of payments to DBEs for three years following the performance of the contract. These records will be made available for inspection upon request by any authorized representative of the City of Jackson, JATLAN or DOT. This reporting requirement also extends to any certified DBE subcontractor.

We will keep a running tally of actual payments to DBE firms for work committed to them at the time of contract award.

We will perform interim audits of contract payments to DBEs. The audit will review payments to DBE subcontractors to ensure that the actual amount paid to DBE subcontractors equals or exceeds the dollar amounts stated in the schedule of DBE participation.

Reporting to DOT

We will report DBE participation on a semi-annual basis, using approved DOT Form. These reports will reflect payments actually made to DBEs on DOT assisted contracts.

Other Important Documents

See **Attachments 12-16**

ATTACHMENTS

- Attachment 1: DBE Regulation, 49 CFR Part 26
- Attachment 2: Bidder's List Information Form
- Attachment 3: Organizational Chart
- Attachment 4: DBE Financial Institution Statement
- Attachment 5: DBE Directory
- Attachment 6: Good Faith Efforts Forms (1 &2)
- Attachment 7: DBE Participation Efforts Reporting Form
- Attachment 8: DBE Good Faith Efforts Reporting Form
- Attachment 9: MDOT Unified Certification Program - DBE Letter
- Attachment 10: MDOT DBE Unified Certification Application
- Attachment 11: Monitoring and Enforcement Mechanisms/Legal Remedies
- Attachment 12: Eligibility Certification Form for Debarment & Suspension
- Attachment 13: Disadvantaged Business Enterprise (DBE) Reporting Form
- Attachment 14: Section 26.45: Overall Goal Calculation/Methodology
- Attachment 15: DBE Assurance I
- Attachment 16: DBE Assurance II

ATTACHMENT 1
DBE REGULATION, 49 CFR PART 26

For a list of regulations, please visit www.ecfr.gpoaccess.gov -49 CFR Part 26.

Please also see attachment 11

ATTACHMENT 2

BIDDER'S LIST INFORMATION FORM

As a recipient of USDOT funding, the City of Jackson is required to maintain a bidders list for all projects. All firms who wish to bid on USDOT funded projects should complete this form. Prime contractors must also use this form when soliciting bids for subcontractors.

Firm Name: _____

Firm Address: _____

Name of Contact: _____

Telephone Number: _____

Type of Service: _____

Age of Firm: _____

Status: Certified DBE with MDOT? _____ yes _____ no
If yes, attach the MDOT certificate.

None-DBE _____ yes _____ no

NOTE: A current list of certified DBEs can be found on MDOT's website

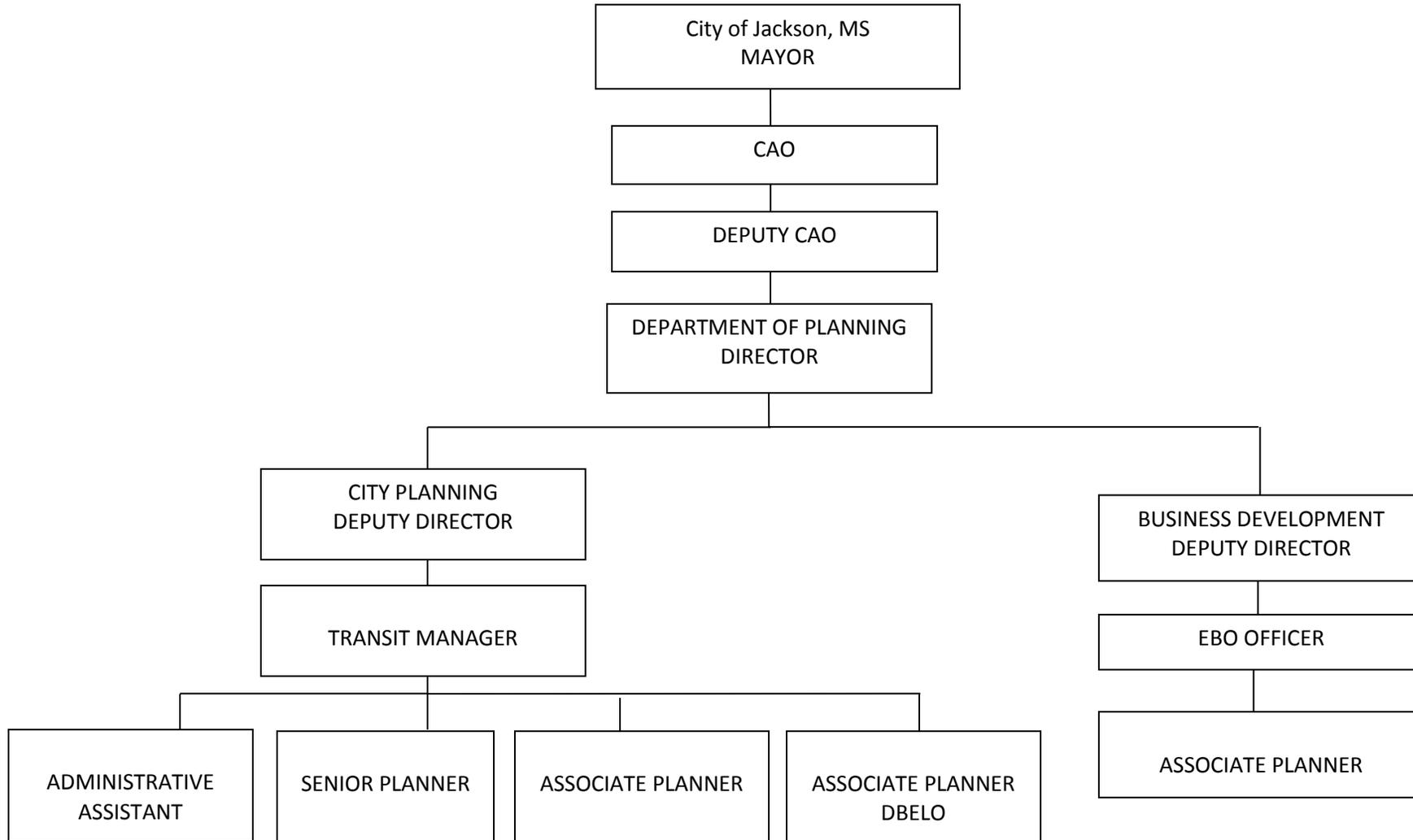
Annual Gross Receipts (Check One):

Less than - \$500,000 _____ \$500,000 - \$1 million _____

\$1 million - \$2 million _____ \$2 million - \$5 million _____

\$5 million - \$10 million _____ \$10 million above _____

ATTACHMENT 3
ORGANIZATIONAL CHART



ATTACHMENT 4

DBE FINANCIAL INSTITUTION STATEMENT

In accordance with 49 CFR Part 26.27, Recipients of USDOT funds must thoroughly investigate the full extent of services offered by financial institutions owned and controlled by socially and economically disadvantaged individuals in your community and make reasonable efforts to use institutions. Recipients are also required to encourage prime contracts to use such institutions.

Liberty Bank and Trust Company of Jackson is a minority owned financial institution and the utilization of this institution by contractors participating in USDOT funded projects is encouraged.

Liberty Bank and Trust Company
2325 Livingston Road
Jackson, MS 39213
601-987-6730

Please acknowledge receipt of this information by signing below:

Signature

Title

Company

Date

ATTACHMENT 5

DBE Directory

http://www.gomdot.com/bidsystem_data/bidderspdf/DBE%20Listing.pdf

ATTACHMENT 6

GOOD FAITH EFFORTS FORMS

Forms 1 & 2 for Demonstration of Good Faith Efforts

[Forms 1 & 2 should be provided as part of the solicitation documents.]

FORM 1: DISADVANTAGED BUSINESS ENTERPRISE (DBE) UTILIZATION

The undersigned bidder/offeror has satisfied the requirements of the bid specification in the following manner (please check the appropriate space):

_____ The bidder/offeror is committed to a minimum of ____% DBE utilization on this contract.

_____ The bidder/offeror (if unable to meet the DBE goal of ____%) is committed to a minimum of _____% DBE utilization on this contract a submits documentation demonstrating good faith efforts.

Name of bidder/offeror's firm: _____

State Registration No. _____

By _____ (Signature) _____ (Title)

ATTACHMENT 6 (CONTINUED)

FORM 2: LETTER OF INTENT

Name of bidder/offeror's firm: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of DBE firm: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Description of work to be performed by DBE firm:

The bidder/offeror is committed to utilization the above-named DBE firm for the work described above. The estimated dollar value of this work is \$ _____.

Affirmation

The above-named DBE firm affirms that it will perform the portion of the contract for the estimated dollar value as stated above.

By _____ (Signature) _____ (Title)

If the bidder/offeror does not receive award of the prime contract, any and all representations in this Letter of Intent and Affirmation shall be null and void.

ATTACHMENT 7

DBE PARTICIPATION EFFORTS REPORTING FORM

All bidders/offerors are required to submit the following information:

Please list all DBE Firms that have been selected to participate in this project:
Make copies if needed for additional listing.

Firm	Method of Notification	Date Notified
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		

All Contractors are required to address the DBE Requirements as mandated by the Federal Transportation Administration and adopted by the City of Jackson. This form documents your attempts to provide opportunity for DBE Firms to participate in this project.

Amounts of each DBE anticipated subcontract:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

ATTACHMENT 8

DBE Good Faith Efforts Reporting Form

All bidders/offerors are required to submit the following information:

Please list all DBE firms that have been contacted concerning this project:
Make copies if needed for additional listings.

A listing of certified DBEs can be found on MDOT's website.

You may also contact MDOT DBE staff to request a listing or inquire about other information regarding the certification process at
601.359.7934 or 601.359.7838.

Name & Address of Firm	Type of Service	Name of Contact	Date of Contact	Method of Contact (List Phone #, Fax #, email address, etc.)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

ATTACHMENT 9

MDOT Unified Certification Program-DBE Letter



Unified Certification Program – Disadvantaged Business Enterprise

Dear Business Owner:

Thank you for your interest in participating in the Unified Certification Program (UCP) of Mississippi for Disadvantaged Business Enterprises (DBEs). As mandated by the United States Department of Transportation (U.S. DOT) in the DBE Program, Final Rule 49 Code of Federal Regulations (CFR), Part 26, all U.S. DOT recipients of federal financial assistance must participate in a statewide UCP by March 2002. The UCP is a “One-Stop Shopping” certification procedure that will eliminate the need for DBE firms to obtain certifications from multiple agencies within the State.

The UCP of Mississippi is charged with the responsibility of certifying firms and compiling and maintaining the Database of certified DBEs for U.S. DOT grantees in Mississippi, pursuant to 49 CFR Part 26. The Database is intended to expand the use of DBE firms by maintaining complete and current information on those business and the products and services they can provide to all grantees of Mississippi.

Please complete the attached application and supplemental questionnaire if you wish to be considered for DBE certification and your business meets the following general guidelines:

- a) The firm must be at least 51% owned by one or more socially and economically disadvantaged individuals.
- b) The firm must be an independent business, and one or more of the socially and economically disadvantaged owners must control its management and daily operations.
- c) The owner must hold the highest office.
- d) Must own necessary equipment and have necessary personnel to do the work.
- e) Only existing for-profit “Small Business Concerns,” as defined by the Small Business Act and Small Business Administration (SBA) regulations may be certified. DBE applicants are first subject to the applicable small business size standards of the SBA. Second, the average annual gross receipts for the firm (including its affiliates) over the previous three fiscal years must not exceed U.S. DOT’s cap of \$22,410,000 Million.

For firm applying for airport concession DBE certification: The average annual gross receipts for the firm (including its affiliates) over the previous three fiscal years must not exceed \$52,470,000 million.

f) The Personal Net worth (PNW) of each socially and economically disadvantaged owner must not exceed \$1.32million. The PNW **excludes** the individual's ownership interest in the applicant firm and the equity in his/her primary residence.

Socially and economically disadvantaged individual means any individual who is a citizen of the United States (or lawfully admitted permanent resident) and who is a member of the following groups: Black American, Hispanic American, Native American, Asian-Pacific American, and Subcontinent Asian American, or Women, or any individual found to be socially and economically disadvantaged on a case-by-case basis by a certifying agency pursuant to the standards of the U.S. DOT 49 CFR Part 26.

In order to avoid unnecessary delays, please complete all portions of the application and supplemental questionnaire, placing "N/A" next to items that are not applicable. Include all copies of documents requested on the application, and have the *Affidavit of Certification*, *Affidavit of Social and Economic Disadvantage* and *Personal Net worth Statement* notarized. Additional documentation may be requested if it is considered necessary to make a certification determination. Incomplete applications/supplemental questionnaires or applications/supplemental questionnaires without all the required documents will not be evaluated until such documents are submitted. We recommend keeping a copy of all submitted documents for your records.

REMEMBER: It is no longer necessary to apply at more than one agency. If your firm meets the criteria for certification, it will be entered into the Database of DBEs for all U.S. DOT grantees in Mississippi. Only firms currently certified as eligible DBEs may participate in the DBE programs of U.S. DOT grantees of Mississippi.

The Mississippi UCP has established three DBE Certification Committees throughout the State to effectively facilitate statewide DBE certification activities. Please forward your completed certification packet to MS UCP DBE Liaison to begin processing.

For Out-of-State Firms: The Mississippi UCP will not process a new application for DBE certification from a firm having its principal place of business in another state unless the firm has already been certified in that state. If your firm is located outside of Mississippi and is currently certified as a DBE at its home state, please forward your completed certification packet, along with copies of your certification letter and DBE certificate, to the Mississippi UCP DBE Liaison, DBE Coordinator.

Sincerely,

**Mississippi Unified
Certification Program**

ATTACHMENT 10

MDOT DBE Unified Certification Application

MISSISSIPPI UNIFIED CERTIFICATION PROGRAM

Definitions of Terms Used in Uniform Certification Application

Alaska Native Corporation (ANC) - Any Regional Corporation, Village Corporation, Urban Corporation, or Group Corporation organized under the laws of the State of Alaska in accordance with the Alaska Native Claims Settlement Act, as amended.

Concession - A grant of property made by a government or other controlling authority in return for stipulated services or a promise that the property will be used for a specific purpose.

Corporate Tax Returns - Federal Tax Return Form 1120 or 1120S, including Schedules E or C.

Indian Tribe - Any Indian tribe, band, nation, or other organized group or community of Indians, including any ANC, which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians, or is recognized as such by the State in which the tribe, band, nation, group, or community resides. See definition of Tribally-Owned Concern.

Key Person Insurance - Life insurance and long-term disability income insurance on major employees, with benefits payable to the business.

Native Hawaiian - Any individual whose ancestors were natives, prior to 1778, of the area which now comprises the State of Hawaii.

Native Hawaiian Organization - Any community service organization serving Native Hawaiians in the State of Hawaii which is a not-for-profit organization chartered by the State of Hawaii, is controlled by Native Hawaiians and whose business activities will principally benefit such Native Hawaiians.

Partnership Tax Returns - Federal Tax Return Form 1065, including Schedules K and K-1.

Personal Net Worth - The net value of the assets of an individual remaining after total liabilities are deducted. An individual's personal net worth does not include: The individual's ownership interest in an applicant or participating DBE firm; or

the individual's equity in his or her primary place of residence. An individual's personal net worth includes only his or her own share of assets held jointly or as community property with the individual's spouse.

Personal Tax Returns - Federal Tax Return Form 1040, including Schedules B and C.

Regular Dealer - A firm that owns, operates, or maintains a store, warehouse, or other establishment in which the materials, supplies, articles or equipment are bought, kept in stock, and regularly sold or leased to the public in the usual course of business. Packagers, brokers, manufacturers, representatives, or other persons who arrange or expedite transactions are not regular dealers.

Socially and Economically Disadvantaged Individual - Any individual who is a citizen (or lawfully admitted permanent resident) of the United States and who is.

1. Any individual who a recipient finds to be a socially and economically disadvantaged individual on a case-by-case basis.
2. Any individual in the following groups, members of which are rebuttably presumed to be socially and economically disadvantaged:
 - African Americans or Black Americans, which includes persons having origins in any of the Black racial groups of Africa.
 - "Hispanic Americans" which includes persons of Mexican, Puerto Rican, Cuban, Dominican, Central or South American, or other Spanish or Portuguese culture or origin, regardless of race.
 - "Native Americans," which includes persons who are American Indians, Eskimos, Aleuts, or Native Hawaiians.
 - "Asian-Pacific Americans," which includes persons whose origins are from Japan, China, Taiwan, Korea, Burma (Myanmar), Vietnam, Laos, Cambodia (Kampuchea), Thailand, Malaysia, Indonesia, the Philippines, Brunei, Samoa, Guam, the U.S. Trust Territories of the Pacific Islands (Republic of Palau), the Commonwealth of the Northern Marianas Islands, Macao, Fiji, Tonga, Kiribati, Juvalu, Nauru, Federated States of Micronesia, or Hong Kong.
 - "Asian Indian Americans" or "Subcontinent Asian Americans," which includes persons whose origins are from India, Pakistan, Bangladesh, Bhutan, the Maldives Islands, Nepal or Sri Lanka.
 - Women.
 - Any additional groups whose members are designated as socially and economically disadvantaged by the SBA, at such time as the SBA designation becomes effective.

Tribally-Owned Concerns - Any concern at least 51 percent owned by an Indian tribe.

**INSTRUCTIONS FOR COMPLETING THE DISADVANTAGED
BUSINESS ENTERPRISE (DBE) PROGRAM UNIFORM
CERTIFICATION APPLICATION**

NOTE: If you require additional space for any question in this application, please attach additional sheets or copies as needed, taking care to indicate on each attached sheet/copy the section and number of this application to which it refers.

**Section 1:
CERTIFICATION
INFORMATION**

**A. Prior/Other
Certifications**

Check the appropriate box indicating for which program your firm is currently certified. If you are already certified as a DBE, indicate in the appropriate box the name of the certifying agency that has previously certified your firm, and also indicate whether your firm has undergone an onsite visit. If your firm has already undergone an onsite visit/review, indicate the most recent date of that review and the state UCP that

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NOTE: If your firm is currently certified under the SBA's 8(a) and/or SDB programs, you may not have to complete this application. You should contact your state UCP to find out about a streamlined application process for firms that are already certified under the 8(a) and SDB programs.

B. Prior/Other Applications and Privileges

Indicate whether your firm or any of the persons listed has ever withdrawn an application for a DBE program or an SBA 8(a) or SDB program, or whether any have ever been denied certification, decertified, debarred, suspended, or had bidding privileges denied or restricted by any state or local agency or Federal entity. If your answer is yes, indicate the date of such action, identify the name of the agency, and explain fully the

nature of
the action
in the space
provided.

**Section 2:
GENERAL
INFORMATION A.**

**Contact
Information**

- (1) State the name and title of the person who will serve as your firm's primary contact under this application.
- (2) State the legal name of your firm, as indicated in your firm's Articles of Incorporation.
- (3) Indicate the primary phone number of your firm.
- (4) Indicate a secondary phone number, if any.
- (5) Indicate your firm's fax number, if any.
- (6) Indicate your firm's or your contact person's email address.

- (7) Indicate your firm's website address, if any.
- (8) State the street address of your firm (i.e. the physical location of its offices -- not a post office box address).
- (9) State the mailing address of your firm, if it is different from your firm's street address.

B. Business Profile

- (1) In the box provided, briefly describe the primary business and professional activities in which your firm engages.
- (2) Give the Federal Tax ID number of your firm as provided on your firm's filed tax returns, if you have one. This could also be the Social Security number of the owner of your firm.
- (3) Give the date on which your firm was officially established, as stated in your firm's Articles of Incorporation. (4) Give the date on which you and/or each other owner took ownership of the firm.
- (5) Check the appropriate box that describes the manner in which you and each other owner acquired ownership of your firm. If you checked "Other," explain in the space provided.
- (6) Check the appropriate box that indicates whether your firm is "for profit."
NOTE: If you checked "No," then you do NOT qualify for the DBE program and therefore do not need to complete the rest of this application. The DBE program requires all participating firms be for-profit enterprises.
- (7) Check the appropriate box that describes the legal form of ownership of your firm, as indicated in your firm's Articles of Incorporation. If you checked "Other," briefly explain in the space provided.
- (8) Check the appropriate box that indicates whether your firm has ever existed under different ownership, a different type of ownership, or a different name. If you checked "Yes," specify which and briefly explain the circumstances in the space provided.
- (9) Indicate in the spaces provided how many employees your firm has, specifying the number of employees who work on a full-time and part-time basis.
- (10) Specify the total gross receipts of your firm for each of the past three years, as declared in your firm's filed tax returns.

C. Relationships with Other Businesses

- (1) Check the appropriate box that indicates whether your firm is co-located at any of its business locations, or whether your firm shares a telephone number(s), a post office box, any office space, a yard, warehouse, other facilities, any equipment, or any office staff with any other business, organization, or entity of any kind. If you answered "Yes," then specify the name of the other firm(s) and briefly explain the nature of the shared facilities or other items in the space provided.
- (2) Check the appropriate box that indicates whether at present, or at any time in the past: (a) your firm has been a subsidiary of any other firm; (b) your firm consisted of a partnership in which one or more of the partners are other firms; (c) your firm has owned any percentage of any other firm; and (d) your firm has had any subsidiaries of its own.

- (3) Check the appropriate box that indicates whether any other firm has ever had an ownership interest in your firm.
- (4) If you answered "Yes" to any of the questions in (2)(a)-(d) or (3), identify the name, address and type of business for each.

D. Immediate Family Member Businesses

Check the appropriate box that indicates whether any of your immediate family members own or manage another company. An "immediate family member" is any person who is your father, mother, husband, wife, son, daughter, brother, sister, grandmother, grandfather, grandson, granddaughter, mother-in-law, or father-in-law. If you answered "Yes," provide the name of each relative, your relationship to them, the name of the company they own or manage, the type of business, and whether they own or manage the company.

Section 3: OWNERSHIP

Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below (if your firm has more than one owner, provide completed copies of this section for each additional owner):

A. Background Information

- (1) Give the name of the owner.
- (2) State his/her title or position within your firm. (3) Give his/her home phone number.
- (4) State his/her home (street) address.
- (5) Check the appropriate box that indicates this owner's gender.
- (6) Check the appropriate box that indicates this owner's ethnicity (check all that apply). If you checked "Other," specify this owner's ethnic group/identity not otherwise listed.
- (7) Check the appropriate box to indicate whether this owner is a U.S. citizen.
- (8) If this owner is not a U.S. citizen, check the appropriate box that indicates whether this owner is a lawfully admitted permanent resident. If this owner is neither a U.S. citizen nor a lawfully admitted permanent resident of the U.S., then this owner is NOT eligible for certification as a DBE owner. This, however, does not necessarily disqualify your firm altogether from the DBE program if another owner is a U.S. citizen or lawfully admitted permanent resident and meets the program's other qualifying requirements.

B. Ownership Interest

- (1) State the number of years during which this owner has been an owner of your firm.
- (2) Indicate the dollar value of this owner's initial investment to acquire an ownership interest in your firm, broken down by cash, real estate, equipment, and/or other investment.
- (3) State the percentage of total ownership control of your firm that this owner possesses. (4) State the familial relationship of this owner to each other owner of your firm.
- (5) Indicate the number, percentage of the total, class, date acquired, and method by which this owner acquired his/her shares of stock in your firm.
- (6) Check the appropriate box that indicates whether this owner performs a management or supervisory function for any other business. If you checked "Yes," state the name of the other business and this owner's title or function held in that business.
- (7) Check the appropriate box that indicates whether this owner owns or works for any other firm(s) that has any relationship with your firm. If you checked "Yes," identify the name of the other business and this owner's title or function held in that business. Briefly describe the nature of the business relationship in the space provided.

C. Disadvantaged Status

NOTE: You only need to complete this section for each owner that is applying for DBE qualification (i.e. for each owner who is claiming to be "socially and economically disadvantaged" and whose ownership interest is to be counted toward the control and 51% ownership requirements of the DBE program)

- (1) Indicate in the space provided the total Personal Net Worth (PNW) of each owner who is applying for DBE qualification. Use the PNW calculator form at the end of this application to compute each owner's PNW.
- (2) Check the appropriate box that indicates whether any trust has ever been created for the benefit of this disadvantaged owner. If you answered "Yes," briefly explain the nature, history, purpose, and current value of the trust(s).

Section 4: CONTROL

A. Identify your firm's Officers and Board of Directors:

- (1) In the space provided, state the name, title, date of appointment, ethnicity, and gender of each officer of your firm.
- (2) In the space provided, state the name, title, date of appointment, ethnicity, and gender of each individual serving on your firm's Board of

- Directors.
- (3) Check the appropriate box that indicates whether any of your firm's officers and/or directors listed above perform a management or supervisory function for any other business. If you answered "Yes," identify each person by name, his/her title, the name of the other business in which s/he is involved, and his/her function performed in that other business.
 - (4) Check the appropriate box that indicates whether any of your firm's officers and/or directors listed above own or work for any other firm(s) that has a relationship with your firm. If you answered "Yes," identify the name of the firm, the officer or director, and the nature of his/her business relationship with that other firm.

B. Identify your firm's management personnel (by name, title, ethnicity, and gender) who control your firm in the following areas:

- (1) Making of financial decisions on your firm's behalf, including the acquisition of lines of credit, surety bonds, supplies, etc.;
- (2) Estimating and bidding, including calculation of cost estimates, bid preparation and submission;
- (3) Negotiating and contract execution, including participation in any of your firm's negotiations and executing contracts on your firm's behalf;
- (4) Hiring and/or firing of management personnel, including interviewing and conducting performance evaluations;
- (5) Field/Production operations supervision, including site supervision, scheduling, project management services, etc.;

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- (8) Purchasing of major equipment;
- (9) Signing company checks (for any purpose); and

- (10) Conducting any other financial transactions on your firm's behalf not otherwise listed.
- (11) Check the appropriate box that indicates whether any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business. If you answered "Yes," identify each person by name, his/her title, the name of the other business in which s/he is involved, and his/her function performed in that other business.
- (12) Check the appropriate box that indicates whether any of the persons listed in (1) through (10) above own or work for any other firm(s) that has a relationship with your firm. If you answered "Yes," identify the name of the firm, the name of the person, and the nature of his/her business relationship with that other firm.

C. Indicate your firm's inventory in the following categories: (1) Equipment

State the type, make and model, and current dollar value of each piece of equipment held and/or used by your firm. Indicate whether each piece is either owned or leased by your firm.

(2) Vehicles

State the type, make and model, and current dollar value of each motor vehicle held and/or used by your firm. Indicate whether each vehicle is either owned or leased by your firm.

(3) Office Space

State the street address of each office space held and/or used by your firm. Indicate whether your firm owns or leases the office space and the current dollar value of that property or its lease.

(4) Storage Space

State the street address of each storage space held and/or used by your firm. Indicate whether your firm owns or leases the storage space and the current dollar value of that property or its lease.

D. Does your firm rely on any other firm for management functions or employee payroll?

Check the appropriate box that indicates whether your firm relies on any other firm for management functions or for employee payroll. If you answered "Yes," briefly explain the nature of that reliance and the extent to which the other firm carries out such functions.

E. Financial Information

(1) Banking Information

- (a) State the name of your firm's bank.
 (b) Give the main phone number of your firm's bank branch.
 (c) Give the address of your firm's bank branch.

(2) Bonding Information

- (a) State your firm's Binder Number.
 (b) State the name of your firm's bond agent and/or broker.
 (c) Give your agent's/broker's phone number.
 (d) Give your agent's/broker's address.
 (e) State your firm's bonding limits (in dollars), specifying both the Aggregate and Project Limits.

F. Identify all sources, amounts, and purposes of money loaned to your firm, including the names of persons or firms securing the loan, if other than the listed owner:

State the name and address of each source, the original dollar amount and the current balance of each loan, and the purpose for which each loan was made to your firm.

G. List all contributions or transfers of assets to/from your firm and to/from any of its owners over the past two years:

Indicate in the spaces provided, the type of contribution or asset that was transferred, its current dollar value, the person or firm from whom it was transferred, the person or firm to whom it was transferred, the relationship between the two persons and/or firms, and the date of the transfer.

H. List current licenses/permits held by any owner or employee of your firm.

List the name of each person in your firm who holds a professional license or permit, the type of permit or license, the expiration date of the permit or license, and the license/permit number and issuing State of the license or permit.

I. List the three largest contracts completed by your firm in the past three years, if any.

List the name of each owner or contractor for each contract, the name and location of the projects under each contract, the type of work performed on each contract, and the dollar value of each contract.

J. List the three largest active jobs on which your firm is currently working.

For each active job listed, state the name of the prime contractor and the project number, the location, the type of work performed, the project start date, the anticipated completion date, and the dollar value of the contract.

AFFIDAVIT & SIGNATURE

Carefully read the attached affidavit in its entirety. Fill in the required information for each blank space, and sign and date the affidavit in the presence of a Notary Public, who must then notarize the form.

HELP WITH FILLING OUT THE Personal Financial Statement

This form must be completed by the following individuals:

Each socially and economically disadvantaged owner who individually owns or contributes to an ownership interest of 51 or more percent in the firm; and whose ownership and control is relied upon for DBE certification.

If an individual is married, please note the following:

If you reside in a community property state, all assets and liabilities, **except** the ownership interest in the firm, should be halved accordingly on the form, unless there is a separate property agreement that stipulates sole ownership by one individual.

FOR EXAMPLE: John and Mary Smith jointly own their primary residence valued at \$100,000. They each claim 50% ownership on the property. John Smith would only report his 50% interest, \$50,000, on his Personal Net Worth Statement.

If you do not reside in a community property state, assets and liabilities may be halved if jointly owned. If assets and liabilities are separately owned, these items should only be reported on the respective owner's form.

The preceding does not address each item on the form; however, we have identified certain items on the form that you should pay special attention to since these items are commonly reported inaccurately or misrepresented.

Note: Please be advised that federal recipients, such as MDOT, must exclude an individual's ownership interest in his or her firm and the individual's equity in his or her primary residence. However, you must provide MDOT with the dollar amount being excluded as your ownership interest in the firm and documentation sufficient to support that exclusion. MDOT will assume, unless advised otherwise, that the equity in your primary residence is the difference between its present market value and current mortgage balance as reported by you in **Section 4, Property A (Primary Residence)** on the form.

ASSETS

Cash on-hand & in banks:

Enter the total amount of cash on-hand and in your checking accounts.

Savings Account:

Enter the total amount of cash in all savings accounts.

IRA or other Retirement Accounts:

Enter the total value of all IRAs and other retirement accounts, including any Deferred Compensation and Pension Plans. You may be requested by MDOT to provide copies of the most recent statements to substantiate the amount listed.

Accounts & Notes Receivable:

Enter the total value of all monies owed to you personally, if any. This should include shareholder loans to the applicant firm.

Life Insurance:

Enter only the cash surrender value of any life insurance policies. **A complete description is required in Section 3.

Real Estate:

Enter the current fair market value of all real estate owned. **A complete listing and description of all real estate owned is required in Section 4.

Automobile:

Enter the current fair market value of all automobiles owned.

Other Personal Property:

Enter the current fair market value of all other personal property owned but not included in any of the previous sections (i.e. furniture, jewelry, etc.). **A complete description of these assets is required in Section 5.

Ownership Interest in Firm:

Enter the current fair market value of your portion of the ownership interest/equity in the business on this line (e.g., if your sole proprietorship is worth \$40,000, this entire amount should be indicated).

Other Assets:

Enter the current fair market value of all other assets owned, but not included in the previous sections. **A complete description of these assets is required in Section 5.

Total:

Calculate the total value of all listed assets.

LIABILITIES

Accounts Payable:

Enter the total value of all unpaid accounts payable that is your responsibility (i.e. gas, electric, telephone bills, etc.).

Notes Payable to Bank & Others:

Enter the total amount due on all Notes Payable to Banks and others paid on an installment basis. Please be sure to include the total monthly payment amount in the space provided. This should include the amount of any loans from the applicant firm. This should not, however, include any mortgage balances. **A complete description of all installment accounts is required in Section 2.

Loans on Life Insurance:

Enter the total value of all loans due on Life Insurance Policies. **A complete description is required in Section 8.

Mortgages on Real Estate:

Enter the total value due on all mortgage(s) payable on Real Estate. **A complete breakdown of all mortgage(s) on Real Estate is required in Section 4.

Unpaid Taxes:

Enter the total amount of all taxes which are currently due but are unpaid. Contingent tax liabilities or anticipated taxes for the current year should not be included. **A complete description is required in Section 6.

Other Liabilities:

Enter the total value due on all other liabilities not classified in the previous sections. **A complete description is required in Section 7.

Ownership Interest in Firm:

Enter the current fair market value of your portion of the ownership interest/equity in the business on this line (e.g., if your sole proprietorship is worth \$40,000, this entire amount should be indicated).

Equity in Primary Residence:

Enter the difference between the present market value of your primary residence and your current mortgage balance.

Total Liabilities:

Calculate the total of all listed liabilities.

Net Worth:

Calculate your net worth and enter the amount on the "Affidavit of Personal Net Worth." This is calculated by subtracting your "Total Liabilities" from your "Total Assets."

$$\begin{array}{r} + \text{Total Assets} \\ - \text{Total Liabilities} \\ \hline = \text{Net Worth}^* \end{array}$$

*Indicate negative net worth with parenthesis ().

Total:

Add the values entered for "Total Liabilities" and "Net Worth." This amount must equal the total value of all assets.

$$\begin{array}{r} + \text{Total Liabilities} \\ + \text{Net Worth} \\ \hline = \text{Total Assets} \end{array}$$

SECTION 1. SOURCE OF INCOME

Salary:

Enter the amount of your total annual salary. This should include any salary from the applicant firm and if applicable, any salary from outside employment.

Net Investment Income:

Enter the total amount of all investment income (i.e. dividends, interest, etc.).

Real Estate Income:

Enter the total amount of all real estate income received from the sale, rental, lease, etc. of real estate held.

Other Income:

Enter the total amount of all other income received (i.e. alimony, Social Security, Pension, etc.) Please be sure to describe the source of the other income in the space provided below this section.

CONTINGENT LIABILITIES

As Endorser or Co-Maker:

Enter the total potential liabilities due as a result of being a co-signer for a loan or other commitments.

Legal Claims & Judgements:

Enter the total potential liabilities due as a result of legal claims from judgements, lawsuits, etc.

Provisions for Federal Income Tax:

Enter the total amount of all Federal taxes for which you are potentially liable due to an anticipated gain on the pending sale of an asset or other circumstances, such as pending disputes or litigation which could possibly result in a personal tax liability.

Other Special Debt:

Enter the total amount due on all remaining potential debts not accounted for.

SECTION 2. NOTES PAYABLE TO BANKS AND OTHERS

Enter the name and address of noteholder(s), original balance, current balance, payment amount, frequency, and how secured for each note payable as entered in the "**LIABILITIES**" column.

SECTION 3. STOCKS AND BONDS

Enter the number of public shares, name of securities, cost, fair market value, and the date of fair market value for all public shares of stock and bonds held.

NOTE: Do not include your membership interest in the firm/business in this section.

SECTION 4. REAL ESTATE OWNED

Starting with your primary residence, enter the type of property, address, date purchased, original cost, present fair market value, name and address of mortgage holder, mortgage account number, mortgage balance, amount of payment, and status of mortgage for all real estate held. Second mortgages also should be included in this section. Please ensure that this section contains all real estate owned, including rental properties, commercial properties, etc.

These values should correspond with the "Real Estate" amount listed in the "ASSETS" column

SECTION 5. OTHER PERSONAL PROPERTY

Describe the "Other Personal Property" and "Other Assets" owned as listed in the "ASSETS" column.

SECTION 6. UNPAID TAXES

Describe in detail, as to the type, to whom payable, when due, amount, and to what property, if any, the tax lien attaches. Please refer to the unpaid taxes listed in the "LIABILITIES" column. If none, state NONE. This section should not include contingent tax liabilities or anticipated taxes owed for the current year.

SECTION 7. OTHER LIABILITIES

Describe in detail all other liabilities as referenced by the value listed in the "LIABILITIES" column. If none, state NONE.

SECTION 8. LIFE INSURANCE HELD

Describe all life insurance policies held. Please be sure to include the face amount of the policies, name of insurance company, beneficiaries and the cash surrender values of the policies.

FINALLY, PLEASE BE SURE TO SIGN AND DATE THE PERSONAL FINANCIAL STATEMENT, AND INDICATE YOUR SOCIAL SECURITY NUMBER IN THE SPACE PROVIDED.

MISSISSIPPI

Disadvantaged Business Enterprise Program

UNIFIED CERTIFICATION APPLICATION



MAIL TO:

Mississippi Department of Transportation
Office of Civil Rights – DBE Liaison
P.O. Box 1850
Jackson, MS 39215-1850
Phone: (601) 359-7466 Fax: (601) 576-4504
www.goMDOT.com

MAIL TO:

Jackson Municipal Airport Authority
DBE Liaison Officer
P.O. Box 98109
Jackson, MS 39298-8109
Phone: (601) 664-3518 Fax: (601) 664-3597
www.JMAA.com

_____ Airports
_____ Department of Transportation
_____ Transit/Transit Authority and/or City of Jackson (or other cities)
_____ Other

DISADVANTAGED BUSINESS ENTERPRISE PROGRAM
49 C.F.R. PART 26

UNIFORM CERTIFICATION APPLICATION

ROADMAP FOR APPLICANTS

- ◆ **Should I apply?**
 - Is your firm at least 51%-owned by a socially and economically disadvantaged individual(s) who also controls the firm?
 - Is the disadvantaged owner a U.S. citizen or lawfully admitted permanent resident of the U.S.?
 - Is your firm a small business that meets the Small Business Administration's (SBA's) size standard and does not exceed \$17.42 million in gross annual receipts?
 - Is your firm organized as a for-profit business?

⇒ If you answered "Yes" to all of the questions above, you may be eligible to participate in the U.S. DOT DBE program.
- ◆ **Is there an easier way to apply?**

If you are currently certified by the SBA as an 8(a) and/or SDB firm, you may be eligible for a streamlined certification application process. Under this process, the certifying agency to which you are applying will accept your current SBA application package in lieu of requiring you to fill out and submit this form. **NOTE: You must still meet the requirements for the DBE program, including undergoing an on-site review.**
- ◆ **Be sure to attach all of the required documents listed in the Documents Check List at the end of this form with your completed application.**
- ◆ **Where can I find more information?**
 - U.S. DOT – <http://osdbuweb.dot.gov/business/dbe/index.html> (this site provides useful links to the rules and regulations governing the DBE program, questions and answers, and other pertinent information)
 - SBA – <http://www.ntis.gov/naics> (provides a listing of NAICS codes) and <http://www.sba.gov/size/indextableofsize.html> (provides a listing of SIC codes)
 - 49 CFR Part 26 (the rules and regulations governing the DBE program)

Under Sec. 26.107 of 49 CFR Part 26, dated February 2, 1999, if at any time, the Department or a recipient has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, the Department may initiate suspension or debarment proceedings against the person or firm under 49 CFR Part 29, take enforcement action under 49 CFR Part 31, Program Fraud and Civil Remedies, and/or refer the matter to the Department of Justice for criminal prosecution under 18 U.S.C. 1001, which prohibits false statements in Federal programs.

DBE UNIFORM CERTIFICATION APPLICATION SUPPORTING DOCUMENTS CHECKLIST

In order to complete your application for DBE certification, you must attach copies of all of the following documents as they apply to you and your firm.

All Applicants

- Work experience resumes (that include places of ownership/employment with corresponding dates), for all owners and officers of your firm
- Personal Financial Statement (form available with this application)
- Personal tax returns for the past three years, if applicable, for each owner claiming disadvantaged status
- Your firm's tax returns (gross receipts) and all related schedules for the past three years
- Documented proof of contributions used to acquire ownership for each owner (e.g. both sides of cancelled checks)
- Your firm's signed loan agreements, security agreements, and bonding forms
- Descriptions of all real estate (including office/storage space, etc.) owned/leased by your firm and documented proof of ownership/signed leases
- List of equipment leased and signed lease agreements
- List of construction equipment and/or vehicles owned and titles/proof of ownership
- Documented proof of any transfers of assets to/from your firm and/or to/from any of its owners over the past two years
- Year-end balance sheets and income statements for the past three years (or life of firm, if less than three years); a new business must provide a current balance sheet
- All relevant licenses, license renewal forms, permits, and haul authority forms
- DBE and SBA 8(a) or SDB certifications, denials, and/or decertifications, if applicable
- Bank authorization and signatory cards
- Schedule of salaries (or other compensation or remuneration) paid to all officers, managers, owners, and/or directors of the firm
- Trust agreements held by any owner claiming disadvantaged status, if any

Partnership or Joint Venture

- Original and any amended Partnership or Joint Venture Agreements

Corporation or LLC

- Official Articles of Incorporation (signed by the state official)
- Both sides of all corporate stock certificates and your firm's stock transfer ledger
- Shareholders' Agreement
- Minutes of all stockholders and board of directors meetings
- Corporate by-laws and any amendments
- Corporate bank resolution and bank signature cards
- Official Certificate of Formation and Operating Agreement with any amendments (for LLCs)

Trucking Company

- Documented proof of ownership of the company
- Insurance agreements for each truck owned or operated by your firm
- Title(s) and registration certificate(s) for each truck owned or operated by your firm
- List of U.S. DOT numbers for each truck owned or operated by your firm

Regular Dealer

- Proof of warehouse ownership or lease
- List of product lines carried
- List of distribution equipment owned and/or leased

Mississippi UCP Specific Information

- Copy of valid driver's license or other picture identification card
- Proof of ethnicity (Birth Certificate required, additional information can be sent as well or may be requested by the certifying entity)

Section 1: CERTIFICATION INFORMATION

A. Prior/Other Certifications

Is your firm currently certified for any of the following programs? <i>(If Yes, check appropriate box(es))</i>	
<input type="checkbox"/> DBE	Name of certifying agency: Has your firm's state UCP conducted an on-site visit? <input type="checkbox"/> Yes, on _____ State: _____ <input type="checkbox"/> No
<input type="checkbox"/> 8(a)	⊗ STOP! If you checked either the 8(a) or SDB box, you may not have to complete this application. Ask your state UCP about the streamlined application process under the SBA-DOT MOU.
<input type="checkbox"/> SDB	

B. Prior/Other Applications and Privileges

Has your firm (under any name) or any of its owners, Board of Directors, officers or management personnel, ever withdrawn an application for any of the programs listed above, or ever been denied certification, decertified, or debarred or suspended or otherwise had bidding privileges denied or restricted by any state or local agency, or Federal entity? <input type="checkbox"/> Yes, on _____ <input type="checkbox"/> No If Yes, identify State and name of state, local, or Federal agency and explain the nature of the action:

Section 2: GENERAL INFORMATION

A. Contact Information

(1) Contact person and Title:		(2) Legal name of firm:			
(3) Phone #:	(4) Other Phone #:	(5) Fax #:			
(6) E-mail:		(7) Website <i>(if have one)</i> :			
(8) Street address of firm <i>(No P.O. Box)</i> :	City:	County/Parish:	State:	Zip:	
(9) Mailing address of firm <i>(if different)</i> :	City:	County/Parish:	State:	Zip:	

B. Business Profile

(1) Describe the primary activities of your firm:		(2) Federal Tax ID (if any):
(3) This firm was established on _____	(4) I/We have owned this firm since: _____	
(5) Method of acquisition <i>(check all that apply)</i> : <input type="checkbox"/> Started new business <input type="checkbox"/> Bought existing business <input type="checkbox"/> Inherited business <input type="checkbox"/> Secured concession <input type="checkbox"/> Merger or consolidation <input type="checkbox"/> Other <i>(explain)</i> _____		
(6) Is your firm "for profit"? <input type="checkbox"/> Yes <input type="checkbox"/> No		⊗ STOP! If your firm is NOT for-profit, then you do NOT qualify for this program and do NOT need to fill out this application.

(7) Type of firm (check all that apply):

Sole Proprietorship Partnership Corporation
 Limited Liability Partnership Limited Liability Corporation Joint Venture
 Other, Describe: _____

(8) Has your firm ever existed under different ownership, a different type of ownership, or a different name?
 Yes No
If Yes, explain: _____

(9) Number of employees: Full-time _____ Part-time _____ Total _____ 0 _____

(10) Specify the gross receipts of the firm for the last 3 years: Year _____ Total receipts \$ _____
Year _____ Total receipts \$ _____
Year _____ Total receipts \$ _____

C. Relationships with Other Businesses

(1) Is your firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office space, yard, warehouse, facilities, equipment, or office staff, with any other business, organization, or entity?
 Yes No

If Yes, identify: Other Firm's name: _____
Explain nature of shared facilities: _____

(2) At present, or at any time in the past, has your firm:	(a) been a subsidiary of any other firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(b) consisted of a partnership in which one or more of the partners are other firms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(c) owned any percentage of any other firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(d) had any subsidiaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No

(3) Has any other firm had an ownership interest in your firm at present or at any time in the past? Yes No

(4) If you answered "Yes" to any of the questions in (2)(a)-(d) and/or (3), identify the following for each (attach extra sheets, if needed):

	Name	Address	Type of Business
(1)			
(2)			
(3)			

D. Immediate Family Member Businesses

Do any of your immediate family members own or manage another company? Yes No
If Yes, then list (attach extra sheets, if needed):

	Name	Relationship	Company	Type of Business	Own or Manage?
(1)					
(2)					

Section 3: OWNERSHIP

Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below *(If more than one owner, attach separate sheets for each additional owner):*

A. Background Information

(1) Name:	(2) Title:	(3) Home Phone #:
(4) Home Address <i>(street and number)</i> : _____ City: _____ State: _____ Zip: _____		
(5) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	(6) Ethnic group membership <i>(Check all that apply)</i> : <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Subcontinent Asian <input type="checkbox"/> Other <i>(specify)</i> _____	
(7) U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		
(8) Lawfully Admitted Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No		

B. Ownership Interest

(1) Number of years as owner:	(2) Initial investment to acquire ownership interest in firm:	<u>Type</u>	<u>Dollar Value</u>					
(3) Percentage owned: 0%		Cash	\$ _____					
(4) Familial relationship to other owners:		Real Estate	\$ _____					
		Equipment	\$ _____					
		Other	\$ _____					
(5) Shares of Stock: <table style="display: inline-table; border: none;"><tr><td style="border: none;"><u>Number</u></td><td style="border: none;"><u>Percentage</u></td><td style="border: none;"><u>Class</u></td><td style="border: none;"><u>Date acquired</u></td><td style="border: none;"><u>Method Acquired</u></td></tr></table>				<u>Number</u>	<u>Percentage</u>	<u>Class</u>	<u>Date acquired</u>	<u>Method Acquired</u>
<u>Number</u>	<u>Percentage</u>	<u>Class</u>	<u>Date acquired</u>	<u>Method Acquired</u>				
(6) Does this owner perform a management or supervisory function for any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify: Name of Business: _____ Function/Title: _____								
(7) Does this owner own or work for any other firm(s) that has a relationship with this firm <i>(e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify: Name of Business: _____ Function/Title: _____ Nature of Business Relationship: _____								

C. Disadvantaged Status – NOTE: Complete this section only for each owner applying for DBE qualification (i.e. for each owner claiming to be socially and economically disadvantaged)

(1) What is the Personal Net Worth (PNW) of the owner(s) applying for DBE qualification? <i>(Use and attach the Personal Financial Statement form at the end of this application; attach additional sheets if more than one owner is applying)</i>
(2) Has any trust been created for the benefit of this disadvantaged owner(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain <i>(attach additional sheets if needed)</i> :

Section 4: CONTROL

A. Identify your firm's Officers & Board of Directors (If additional space is required, attach a separate sheet):

	Name	Title	Date Appointed	Ethnicity	Gender
(1) Officers of the Company	(a)				
	(b)				
	(c)				
	(d)				
	(e)				
(2) Board of Directors	(a)				
	(b)				
	(c)				
	(d)				
	(e)				

(3) Do any of the persons listed in (1) and/or (2) above perform a management or supervisory function for any other business? Yes No

If Yes, identify for each: Person: _____ Title: _____
 Business: _____ Function: _____

(4) Do any of the persons listed (1) and/or (2) above own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)? Yes No

If Yes, identify for each: Firm Name: _____ Person: _____
 Nature of Business Relationship: _____

B. Identify your firm's management personnel who control your firm in the following areas (If more than two persons, attach a separate sheet):

	Name	Title	Ethnicity	Gender
(1) Financial Decisions <i>(responsibility for acquisition of lines of credit, surety bonding, supplies, etc.)</i>	a.			
	b.			
(2) Estimating and bidding	a.			
	b.			
(3) Negotiating and Contract Execution	a.			
	b.			
(4) Hiring/firing of management personnel	a.			
	b.			
(5) Field/Production Operations Supervisor	a.			
	b.			
(6) Office management	a.			
	b.			
(7) Marketing/Sales	a.			
	b.			
(8) Purchasing of major equipment	a.			
	b.			
(9) Authorized to Sign Company Checks (for any purpose)	a.			
	b.			
(10) Authorized to make Financial Transactions	a.			
	b.			

(11) Do any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business? Yes No
 If Yes, identify for each: Person: _____ Title: _____
 Business: _____ Function: _____

(12) Do any of the persons listed in (1) through (10) above own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)?
 Yes No
 If Yes, identify for each: Firm Name: _____ Person: _____
 Nature of Business Relationship: _____

C. Indicate your firm's inventory in the following categories (attach additional sheets if needed):

(1) Equipment

Type of Equipment	Make/Model	Current Value	Owned or Leased?
(a)			
(b)			
(c)			

(2) Vehicles

Type of Vehicle	Make/Model	Current Value	Owned or Leased?
(a)			
(b)			
(c)			

(3) Office Space

Street Address	Owned or Leased?	Current Value of Property or Lease
(a)		
(b)		

(4) Storage Space

Street Address	Owned or Leased?	Current Value of Property or Lease
(a)		
(b)		

D. Does your firm rely on any other firm for management functions or employee payroll? Yes No

If Yes, explain:

E. Financial Information

(1) Banking Information:
 (a) Name of bank: _____ (b) Phone No: _____
 (c) Address of bank: _____ City: _____ State: _____ Zip: _____

(2) **Bonding Information:** If you have bonding capacity, identify: (a) Binder No: _____
 (b) Name of agent/broker _____ (c) Phone No: _____
 (d) Address of agent/broker: _____ City: _____ State: _____ Zip: _____
 (e) Bonding limit: Aggregate limit \$ _____ Project limit \$ _____

F. Identify all sources, amounts, and purposes of money loaned to your firm, including the names of any persons or firms securing the loan, if other than the listed owner:

Name of Source	Address of Source	Name of Person Securing the Loan	Original Amount	Current Balance	Purpose of Loan
1.					
2.					
3.					

G. List all contributions or transfers of assets to/from your firm and to/from any of its owners over the past two years (attach additional sheets if needed):

Contribution/Asset	Dollar Value	From Whom Transferred	To Whom Transferred	Relationship	Date of Transfer
1.					
2.					
3.					

H. List current licenses/permits held by any owner and/or employee of your firm (e.g. contractor, engineer, architect, etc.)(attach additional sheets if needed):

Name of License/Permit Holder	Type of License/Permit	Expiration Date	License Number and State
1.			
2.			
3.			

I. List the three largest contracts completed by your firm in the past three years, if any:

Name of Owner/Contractor	Name/Location of Project	Type of Work Performed	Dollar Value of Contract
1.			
2.			
3.			

J. List the three largest active jobs on which your firm is currently working:

Name of Prime Contractor and Project Number	Location of Project	Type of Work	Project Start Date	Anticipated Completion Date	Dollar Value of Contract
1.					
2.					
3.					

AFFIDAVIT OF CERTIFICATION

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

I _____ (full name), swear or affirm under penalty of law that I am _____ (title) of applicant firm _____ (firm name) and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control and affiliations thereof.

I recognize that the information submitted in this application is for the purpose of inducing certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any entity named in the application, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to a government audit, examination and review of books, records, documents and files; in whatever form they exist, of the named firm and its affiliates; inspection of its place(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

I agree to provide written notice to the recipient agency or Unified Certification Program (UCP) of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership, address, telephone number, etc.).

I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

I declare under penalty of perjury that the foregoing is true and correct.

Signature of owner, officer or partner _____ Date (mm/dd/yy) _____

I declare under penalty of perjury that the information provided in this application and supporting documents relating to my disadvantaged status and me is true and correct.

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

NOTARY CERTIFICATE	
STATE OF _____	} SS: _____
COUNTY OF _____	_____
Subscribed and sworn to before me this _____ day of _____, 20____.	
Printed/typed name of Notary Public _____	
Signature of Notary Public _____	
County of residence _____	Date commission expires _____

AFFIDAVIT OF SOCIAL AND ECONOMIC DISADVANTAGE

This form must be signed and notarized for each owner upon which disadvantaged status is relied.

SOCIAL DISADVANTAGE

I hereby certify under penalty of perjury that I am a member of one of the following groups:

- African American Hispanic Native American
 Asian Pacific Asian Indian Female
 Other Ethnic Group (*explain*) _____

And that I have held myself out as a member of that group and have acted as a member of that group.

I further certify that I am an owner of the company seeking **DBE** certification and that I have experienced social disadvantage due to the effects of discrimination based upon my (check all that apply).

- Race Ethnicity Gender Other (*explain*)

Print Name: _____ Signature: _____ Date: _____

PERSONAL FINANCIAL STATEMENT

I hereby certify under penalty of perjury that my personal net worth does not exceed \$1.32 million.

Print Name: _____ Signature: _____ Date: _____

This statement is supported by

- A signed, notarized statement of personal net worth, with appropriate supporting documentation.

NOTARY CERTIFICATE	
STATE OF _____	} SS: _____
COUNTY OF _____	
Subscribed and sworn to before me this _____ day of _____, 20____.	
Printed/typed name of Notary Public _____	
Signature of Notary Public _____	
County of residence _____	Date commission expires _____

Please make sure that the date and information on this statement is current within 30 days or it will be returned to you and the application process will be delayed. Also remember that each statement must be accompanied by the individual's personal tax returns for the past three years.

As of _____, _____					
PERSONAL FINANCIAL STATEMENT					
<p>Each individual owner of a DBE firm whose ownership and control is relied upon for DBE certification is required to provide a Personal Net Worth (PNW) Statement and include it in the notarized DBE certification application package. For a firm with more than one owner relied upon for DBE certification, please make additional copies of this statement. The Unified Certification Program of Mississippi reserves the right to request additional information as necessary and may conduct an on-site visit to verify the information contained in this statement.</p> <p>I understand that all personal financial information that I submit will remain confidential unless I give my written consent to release this information to a third party. I also understand that the only exception to this confidentiality provision is if I decide to appeal a decision by the UCP of Mississippi.</p>					
Name			Business Phone		
Residential Address			Residential Phone		
City, State, & Zip Code					
Business Name of Applicant/Borrower					
ASSETS			LIABILITIES		
<i>(Omit Cents)</i>			<i>(Omit Cents)</i>		
Cash on Hand & in Banks	\$	_____	Accounts Payable	\$	_____
Savings Accounts	\$	_____	Notes Payable to Banks and Others	\$	_____
IRA or Other Retirement Account	\$	_____	(Describe in Section 2)		
Accounts & Notes Receivable	\$	_____	Installment Account (Auto)	\$	_____
Life Insurance-Cash Surrender Value Only ..	\$	_____	Mon. Payments \$	_____	
(Complete Section 8)			Installment Account (Other)	\$	_____
Stocks and Bonds	\$	_____	Mon. Payments \$	_____	
(Describe in Section 3)			Loan on Life Insurance	\$	_____
Real Estate	\$	_____	Mortgages on Real Estate	\$	_____
(Describe in Section 4)			(Describe in Section 4)		
Automobile-Present Value	\$	_____	Unpaid Taxes	\$	_____
Other Personal Property	\$	_____	(Describe in Section 6)		
(Describe in Section 5)			Other Liabilities	\$	_____
Other Assets	\$	_____	(Describe in Section 7)		
(Describe in Section 5)			Total Liabilities	\$	_____
Total	\$	_____	Net Worth	\$	_____
			Total	\$	_____
Section 1: Source of Income			Contingent Liabilities		
Salary	\$	_____	As Endorser or Co-Maker	\$	_____
Net Investment Income	\$	_____	Legal Claims & Judgments	\$	_____
Real Estate Income	\$	_____	Provisions for Federal Income Tax	\$	_____
Other Income (Describe below)*	\$	_____	Other Special Debt	\$	_____
Description of Other Income in Section 1:					
*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.					
Section 2: Notes Payable to Banks and Others			(Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)		
Name and Address of Note Holder(s).	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	Type of Collateral

Section 3: Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
Section 4: Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)					
	Property A	Property B	Property C		
Type of Property					
Address					
Date Purchased					
Original Cost					
Present Market Value					
Name & Address of Mortgage Holder					
Mortgage Account Number					
Mortgage Balance					
Amount of Payment per Month/Year					
Status of Mortgage					
Section 5: Other Personal Property and Other Assets.		(Describe and, if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and, if delinquent, describe delinquency.)			
Section 6: Unpaid Taxes. (Describe in detail as to type, to whom payable, due date, amount and what property, if any.)					
Section 7: Other Liabilities. (Describe in detail.)					
Section 8: Life Insurance Held. (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries.)					
Signature:		Date:	Social Security Number:		
Signature:		Date:	Social Security Number:		

ATTACHMENT 11

MONITORING AND ENFORCEMENT MECHANISM/LEGAL REMEDIES

The City of Jackson/JATLAN has available several remedies to enforce the DBE requirements contained in its contracts, including, but not limited to, the following:

1. Breach of contract action, pursuant to the terms of the contract;
2. Breach of contract action, pursuant to **Mississippi Code Section 97-7-10**;

In addition, the federal government has available several enforcement mechanisms that it may apply to firms participating in the DBE problem, including, but not limited to, the following:

1. Suspension or debarment proceedings pursuant to 49 CFR part 26
2. Enforcement action pursuant to 49 CFR part 31
3. Prosecution pursuant to 18 USC 1001.

ATTACHMENT 12

ELIGIBILITY CERTIFICATION FORM FOR DEBARMENT & SUSPENSION

Project Name: _____

_____ Hereby certifies that neither it or its principals are included on the “U.S. Comptroller General’s Consolidated List of Persons or Firms Currently Debarred for Violations of Various Public Contracts” or the “Nonprocurement List” issued by the U.S. General Services Administration and has not been suspended or debarred from receiving federally-assisted contracts or sub-contracts.

(Authorized Signature)

(Title)

(Firm)

(Date)

All contractors who wish to bid on USDOT funded projects should complete this form. Contractors must also use this form when soliciting bids for any subcontracts.

NOTE: 2 CFR Part 180 defines principal as an officer, director, owner, partner, principal investigator, or other person with management or supervisory responsibilities related to a covered transaction.

Contractors should review the EPLS before entering into any DBE or non-DBE contract. Go to the link below and click on the Search Records button and enter the subcontractor’s company name. Print each screen with the results of the search and include it in the bid proposal. Do the same for the principal(s).

<http://www.sam.gov/portal/public/SAM/>

ATTACHMENT 13

DISADVANTAGED BUSINESS ENTERPRISE (DBE) REPORTING FORM

Project Name:

Project Location:

This form must be submitted with each pay application for your payment application to be processed.

List all MDOT certified DBE subcontractors employed on the project.

Your subcontractors must keep these same records.

For Period Ending Date:

Contractor Name:

Contractor Address:

I, _____ hereby certify that this information is true and accurate.

Title:

Authorized Signature: _____ **Date:** _____

MDOT Certified DBE Subcontractor	Amt of Contract	Job Title	*Ethnicity & Gender	Amt Paid this Period	Amt Paid to Date
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
TOTALS:				\$ -	\$ -

***Ethnicity & Gender (Choose One):** A - Black American; B – Hispanic American; C – Native American, D – Subcont. Asian American; E – Asian Pacific American; F – Non-Minority Woman; G – Other

ATTACHMENT 14

GOAL SETTING METHODOLOGY

Section 26.45: Overall Goal Calculation

Amount of Goal

1. City of Jackson's Transit Services overall goal for FY 2015-2017 is the following: 3.76% of the Federal Financial assistance we will expend in DOT-assisted contracts Exclusive of FTA funds to be used for the purchase of transit vehicles.
- 2.

Methodology used to Calculate Overall Goal

Step 1: 26.45(c)

Determine the base figure for the relative availability of DBEs.

The base figure for the relative availability of DBE's was calculated as follows:

$$\begin{array}{rcccl} & \text{Ready, willing, and able DBEs} & 597 & & \\ \text{Base figure} & = & \frac{\quad}{\quad} & = & 3.76\% \\ & \text{All firms ready, willing and able} & 1,586 & & \end{array}$$

The data source or demonstrable evidence used to derive the numerator was: **MDOT**

The data source or demonstrable evidence used to derive the denominator was: **U.S. Census Bureau**

When we divided the numerator by the denominator we arrived at the base figure for our overall goal and that number was **3.76%**

Step 2: 26.45(d)

After calculation a base figure of the relative availability of DBEs, evidence was examined to determine what adjustment was needed to the base figure in order to arrive at the overall goal.

In order to reflect as accurately as possible the DBE participation we would expect in the absence of discrimination we have adjusted our base figure by **0%**

The data used to determine the adjustment to the base figure was: **N/A**

The reason we chose to adjust our figure using this data was because: **N/A**

From this data, we have adjusted our base figure to: **N/A**

ATTACHMENT 14 (CONTINUED)

Public Participation

We published our goal information in these publications: **The Clarion Ledger/The Jackson Advocate**

We received comments from these individuals or organizations: **Awaiting responses**

Summaries of these comments are as follows: **N/A**

Our responses to these comments are: **N/A**

Section 26.51: Breakout of Estimated

Race-Neutral & Race Conscious Participation

The City of Jackson's Transit Services will meet the maximum feasible portion of its overall goal by using race-neutral means of facilitating DBE participation. The City of Jackson's Transit Services uses the following race-neutral means to increase DBE participation: **Providing services to help DBEs, and other small businesses, improve long-term development, increase opportunities to participate in a variety of kinds of work, handle increasingly significant projects, and achieve eventual self-sufficiency; ensuring distribution of DBE directory, through print and electronic means, to the widest feasible universe of potential prime contractors.**

We estimate that, in meeting our overall goal of **3.76%**, we will obtain **3.76%** from race-neutral participation and **0%** through race-conscious measures. Race-conscious measures may be added for the remainder of the fiscal year.

The following is a summary of the basis of our estimated breakout of race-neutral and race-conscious DBE participation:

In order to ensure that our DBE program will be narrowly tailored to overcome the effects of discrimination, if we use contract goals we will adjust the estimated breakout of race-neutral and race-conscious participation as needed to reflect actual DBE participation (see 26.51(f)) and we will track and report race-neutral and race-conscious participation separately as needed. For reporting purposes, race-neutral DBE participation includes, but is not necessarily limited to, the following: DBE participation through a prime contract a DBE obtains through customary competitive procurement procedures; DBE participation through a subcontract on a prime contract that does not carry DBE goal; DBE participation on a prime contract exceeding a contract goal; and DBE participation through a subcontract from a prime contractor that did not consider a firm's DBE status in making the award.

We will maintain data separately on DBE achievements in those contracts with and without contract goals, respectively.

ATTACHMENT 15

DBE ASSURANCE I

The USDOT requires that all financial agreements (primary recipients) must include the following assurance. All bidders/proposers must be aware of this clause and its inclusion in any future contract. The chief administrative officer of the organization entering the bid should acknowledge this statement.

The recipient shall not discriminate on the basis of race, color, national origin, or sex in the award and performance of any USDOT assisted contract or in the administration of its DBE Program or the requirements of 49 CFR Part 26. The recipient shall take all necessary and reasonable steps under 49 CFR Part 26 to ensure non-discrimination in the award and administration of DOT assisted contracts. The recipient’s DBE Program, as required by 49 CFR Part 26 and as approved by DOT, is incorporated by reference in this agreement. Implementation of this program (DBE) is a legal obligation and failure to carry out its terms shall be treated as a violation of this agreement. Upon notification to the recipient of its failure to carry out its approved program, the Department may impose sanctions as provided for under Part 26 and may, in appropriate cases, refer the matter for enforcement under 18 U.S.C. 1001 and/or the Program Fraud Civil Remedies Act of 1986 (31 U.S.C3801 et esq.)

A copy of the City of Jackson’s DBE Program is available upon request to:

Department of Planning and Development
Transit Services Division
Attn: Jill Brewer
200 South President Street
Post Office Box 17
Jackson, Mississippi 39205-0017
601-960-1909

Please acknowledge receipt of this information by signing below:

Signature

Title

Company

Date

ATTACHMENT 16

DBE ASSURANCE II

The USDOT requires that each contract signed with a contractor and each subcontract that the prime contractor signs with a subcontractor includes the following assurance statement. All Bidders/Proposers must be aware of and agree to adhere to this requirement prior to the awarding of any contract. The chief administrative office of the organization entering the bid should acknowledge this statement.

The contractor, sub recipient or subcontractor shall not discriminate on the basis of race, color, national origin, or sex in the performance of tis contract. The contractor shall carry out applicable requirements of 49 CFR Part 26 in the award and administration of DOT-assisted contracts. Failure by the contractor to carry out these requirements is a material breach of this contract, which may result in the termination of this contract or such other remedy as the recipient deems appropriate.

Signature

Title

Company

Date