

CITY OF JACKSON, MISSISSIPPI  
EQUAL BUSINESS OPPORTUNITY PLAN  
APPLICATION

I. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_  
E-mail: \_\_\_\_\_

II. Bid Name and Number: \_\_\_\_\_

III. PROPOSED MINORITY AND/OR FEMALE SUBCONTRACTORS: *(SEE ATTACHMENTS)*  
*If a prime contractor utilizes one or more suppliers to satisfy its EBO commitment, all MBE or FBE supplier participation will be credited in accordance to Section VI(C)(1) of the EBO Executive Order No.2014-3*



IV. WAIVER REQUESTED *(If you fail to meet either or all of the EBO Participation Goals check this box and follow the directions below to provide the required WAIVER STATEMENT The "Waiver Statement" should be submitted on company letterhead to the EBO Officer.)*

\* *The bidder/offeror shall provide the following as evidence of its good faith efforts and will*

*be evaluated on the same:*

- (a) Copies of written notification to MBEs and FBEs soliciting their participation as a subcontractor.
- (b) Evidence of efforts made to divide the work into economically feasible units in order to increase the likelihood of meeting the EBO participation goals.
- (c) Evidence of efforts made to negotiate with MBEs and/or FBEs, including, at a minimum:
  - 1. The names, addresses, and telephone numbers of the MBE and FBEs who were contacted.
  - 2. A description of the information provided to MBEs and FBEs regarding the plans and specifications for portions of the work to be performed.

3. A statement of reasons why additional agreements with MBEs and FBEs, if needed to meet the stated goals, were not reached.
4. Evidence of efforts made to assist the MBEs and FBEs contacted who need assistance in obtaining bonding and insurance which the bidder or offeror requires.
5. For each MBE and FBE contacted which the bidder or offeror considered to be not qualified, include a written statement of the reasons for the bidder's or offeror's conclusion.
6. Written quotes solicited from all MBEs and FBEs seeking subcontract work with Prime Contractors at the time of the bidding.
7. A statement with supporting documentation and affidavits indicating whether the offeror has used MBEs and/or FBEs as joint venture partners or subcontractors in past or present private sector contracts in Jackson.

*\*If you are unable to locate an MBF/FBE, please contact the Business Development Division at (601) 960-1055.*

**VI. Minority and Female Business Enterprise Actual Participation for this Bid/Offer/Proposal:**

*(\*Please list your MBE and FBE Project Participation percentages (%) in the Table below.)*

PROCUREMENT CATEGORY	Asian (ABE)	African-American (AABE)	Hispanic (HBE)	Native American (NABE)	Female (FBE)
A/E & Professional Services					
Construction					
Goods & Non-Professional Services					

**VII. REPLACEMENT OF MBE/FBE**

If an MBE or FBE is not performing satisfactorily, it is the responsibility of the Prime Contractor to notify the EBO Office immediately both in writing and by phone. All MBF/FBE replacements must be approved by the Equal Business Opportunity Review Committee (EBORC). If these steps are not taken this will result in penalties as outlined in Section XI of the EBO Executive Order No. 2014-3

VIII. CERTIFICATION

I certify, under penalties of perjury, that the information contained in this Equal Business Opportunity Plan Application is true and accurate to the best of my knowledge, and that my company fully intends to utilize all MBEs and FBEs listed if awarded the proposed project and/or service and abide by all EBO guidelines.

\_\_\_\_\_  
*Authorized Signature and Title*

\_\_\_\_\_  
*Date*

PRINT "AUTHORIZED" NAME HERE: \_\_\_\_\_

**EQUAL BUSINESS OPPORTUNITY PLAN APPLICATION -- ATTACHMENT**  
**Proposed Minority/Female Business Enterprise Firms**  
**(This Sheet is to be duplicated and used for each firm)**

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Company Name: \_\_\_\_\_

Type Trade/Business: \_\_\_\_\_

Address: \_\_\_\_\_

Type Minority Business (MBE/FBE).

City, State, ZIP: \_\_\_\_\_

\_\_\_\_\_ Female (FBE)

\_\_\_\_\_ African-American (AABE)

\_\_\_\_\_ Asian (ABE)

Contact Person: \_\_\_\_\_

\_\_\_\_\_ Hispanic (HBE)

\_\_\_\_\_ Native American (NABE)

Telephone Number: \_\_\_\_\_

Type Minority Business (MBE/FBE) Involvement:

\_\_\_\_ Subcontractor    \_\_\_\_ Supplier

\_\_\_\_ Joint Venture    \_\_\_\_ Mentor-Protégé

Type Work or Service to be Performed: \_\_\_\_\_

Scope of Work to be Performed: \_\_\_\_\_

Percentage of MBE and/or FBE Participation: \_\_\_\_\_ %