## **APPENDIX F**

#### **JACKSON MUNICIPAL AIRPORT AUTHORITY** AIRPORT CONCESSION DISADVANTAGED BUSINESS ENTERPRISE LETTER OF INTENT

Address:		
City:	State:	Zip:
lame of ACDBE firm:		
\ddress:		
Dity:	State:	Zip:
elephone:		
Description of work to be performed by ACDBE firm:		

## Affirmation

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

By \_\_\_\_\_(Signature)

(Title)

If the Respondent does not receive award of the prime contract, any and all representations in this Letter of Intent and Affirmation will be null and void.

(Submit this page for each ACDBE subcontractor.)

#### APPENDIX G JACKSON MUNICIPAL AIRPORT AUTHORITY AIRPORT CONCESSION DISADVANTAGED BUSINESS ENTERPRISE UTILIZATION PLAN

SOLICITATION NAME: \_\_\_\_\_

NAME OF RESPONDENT: \_\_\_\_\_

FIRM NAME ADDRESS PHONE NUMBER CONTACT PERSON FEDERAL ID NO.	CERTIFYING AGENCY CERT. DATA CATEGORY	WORK TO BE PERFORMED/ MATERIALS SUPPLIED	PROJECTED PERCENTAGE OF CONCESSION'S ANNUAL GROSS SALES
(A)	(B)	(C)	(D)

TOTAL PERCENTAGE ANNUAL ACDBE: \_\_\_\_\_

RESPONDENT'S AUTHORIZED SIGNATURE

DATE

## <u>APPENDIX G</u> JACKSON MUNICIPAL AIRPORT AUTHORITY <u>AIRPORT CONCESSION DISADVANTAGED BUSINESS ENTERPRISE UTILIZATION PLAN</u>

SOLICITATION NAME: \_\_\_\_\_

NAME OF RESPONDENT: \_\_\_\_\_

FIRM NAME ADDRESS PHONE NUMBER CONTACT PERSON FEDERAL ID NO.	CERTIFYING AGENCY CERT. DATA CATEGORY	WORK TO BE PERFORMED/ MATERIALS SUPPLIED	PROJECTED PERCENTAGE OF CONCESSION'S ANNUAL GROSS SALES
(A)	(B)	(C)	(D)

TOTAL PERCENTAGE ANNUAL ACDBE: \_\_\_\_\_

RESPONDENT'S AUTHORIZED SIGNATURE

DATE

#### JACKSON MUNICIPAL AIRPORT AUTHORITY

#### AIRPORT CONCESSION DISADVANTAGED BUSINESS ENTERPRISE UTILIZATION COMMITMENT FORM

The undersigned Respondent has satisfied the requirements of the RFP in the following manner (please complete the appropriate space):

The Respondent is committed to a minimum of \_\_\_\_\_% ACDBE utilization on this contract.

The Respondent (if unable to meet the ACDBE goal of 25%) is committed to a minimum of \_\_\_\_\_% ACDBE utilization on this contract and has submitted documentation demonstrating a good faith effort to obtain the ACDBE goal.

Name of Respondent's firm:

State Registration No. \_\_\_\_\_

Ву\_\_\_\_\_

(Signature)

(Title)

#### JACKSON MUNICIPAL AIRPORT AUTHORITY

## AIRPORT CONCESSION DISADVANTAGED BUSINESS ENTERPRISE UTILIZATION COMMITMENT FORM

The undersigned Respondent has satisfied the requirements of the RFP in the following manner (please complete the appropriate space):

The Respondent is committed to a minimum of \_\_\_\_\_% ACDBE utilization on this contract.

The Respondent (if unable to meet the ACDBE goal of 25%) is committed to a minimum of \_\_\_\_\_\_% ACDBE utilization on this contract and has submitted documentation demonstrating a good faith effort to obtain the ACDBE goal.

------

Name of Respondent's firm: \_\_\_\_\_

\_\_\_\_\_

State Registration No. \_\_\_\_\_

Ву\_\_\_\_\_

(Signature)

(Title)

## APPENDIX H GOOD FAITH EFFORTS PROCEDURE

Each Respondent must submit documentation, using Documentation of Good Faith Efforts Forms attached, of its effort to achieve Airport Concession Disadvantaged Business Enterprise (ACDBE) participation in the Agreement. Listed below are the criteria that will be applied to determine whether the Respondent has actively and aggressively sought to meet the contract goal. The list is for the purpose of guidance and is neither exclusive nor exhaustive. Other factors and types of efforts may be relevant and will be considered in appropriate cases as well as the variety, nature and number of efforts made by the Respondent in seeking to meet JMAA's goals.

#### Criteria for Determining Good Faith Efforts

The following criteria will be used:

- 1. Whether the Respondent attended any pre-solicitation meetings scheduled by the Airport;
- 2. Whether the Respondent advertised in general circulation, trade association, and minorityfocused media concerning ACDBE opportunities in the Agreement;
- 3. Whether the Respondent provided written notices to a reasonable number of specific ACDBE's indicating that their interests in the Agreement were being solicited in sufficient time to participate effectively;
- 4. Whether the Respondent followed up initial solicitations of interest by contacting ACDBE's to determine with certainty whether the DBE's were interested;
- 5. Whether the Respondent selected portions of the work to be performed by ACDBE's in order to increase the likelihood of meeting the ACDBE goals, including where appropriate, breaking down the operation into economically feasible units to facilitate ACDBE participation;
- 6. Whether the Respondent provided interested ACDBE's with adequate information about the specifications and requirements of the Agreement;
- 7. Whether the Respondent negotiated in good faith with interested ACDBE's, i.e. not rejecting ACDBE's without sound reasons based on a thorough examination of their capabilities;
- 8. Whether the Respondent made efforts to assist interested ACDBE's in obtaining bonding, lines of credit or insurance required by the Airport Authority;
- 9. Whether the Respondent effectively used the services of available community organizations, i.e. local, state and federal minority business assistance offices and other organizations that provide assistance in ACDBE recruitment and placement.

## Documentation to Accompany Good Faith Efforts Form

- 1. Copies of all advertisements which appeared in any publications, including minority publications, the names of the publication, the date on which the advertisement appeared and the audience to which the publications were directed, i.e. general audience publication, ACDBE supplier publication;
- 2. Copies of notification of available opportunities to all minority associations known to the Respondent. As a minimum, notification will include minority associations in the Jackson area. Such notifications will be in writing and mailed in a timely manner consistent with Proposal due date and certification requirements. The date and time for submitting Bids will be specified in the advertisement and notices and opportunities will be described as accurately as possible in reasonable detail;
- 3. Copies of all letters and other communications, including enclosures and attachments, which were sent to minority associations. Include the name, address, and date of mailing of each letter sent. The Respondent should have available copies of all correspondence and a record of all telephone replies in response to solicitations;
- 4. The record of telephone responses should include date and time of the incoming calls and the date and time it was returned or responded to. Respondents are requested to respond promptly to both telephone and mail responses from ACDBE associates since delays may be erroneously interpreted as an attempt to discourage ACDBE participation;
- Documentation which objectively shows the capabilities of available ACDBE companies should be provided. The Respondents should make a concerted effort to segment the work to be performed under the Agreement in ways that accommodate the size and capabilities of known available ACDBE's;
- 6. Solicitation letters inviting proposals from ACDBE's should accurately describe segmented portions of work to be subcontracted and encourage inquiries for further details. <u>The solicitation letters should be sent in a timely manner so as to allow ACDBE's sufficient opportunity to develop bids or proposals for the work described.</u> All solicitation letters must specify the <u>due date</u> for the information of the addressee. Respondents are also strongly urged to follow up such letters with telephone calls to determine the ACDBE's level of expertise.

#### Determination of Good Faith Efforts

The JMAA DBE Program Office will assess the good faith efforts form and any other documentation submitted by the Respondents for good faith effort. Determination of a Respondent's good faith effort will be made on a case by case basis.

The Respondent shall document and describe the good faith efforts taken to meet the ACDBE goal by completing this form:

Yes	No	Solicited ACDBE's by written notification at least (21) calendar days prior to Proposal opening of opportunities
		for participation.

- Yes\_\_\_\_No\_\_\_\_ Eliminated any agreements between the Respondent and the ACDBE in which ACDBE promises not to provide participation in the Proposals of other Respondents.
- Yes\_\_\_\_ No\_\_\_\_ Assisted ACDBE's that need assistance in obtaining bonding, insurance, or lines of credit.
- Yes\_\_\_\_ No\_\_\_\_ Attended the Pre-Proposal meeting scheduled by the Authority.
- Yes\_\_\_\_No\_\_\_\_ Notified disadvantaged economic development assistance agencies and organizations which provide assistance in recruitment and placement of ACDBE's.
- Yes No Advertised in general circulation media, trade association publications, disadvantage-focused media of interest in utilizing ACDBE's and area of interest.

List publications:

Describe any other efforts made to secure ACDBE participation and the results of those efforts.

In addition to the ACDBE's proposed for this Proposal, list below all ACDBE's that were contacted and not included in this Proposal.

Firm Name: \_\_\_\_\_\_

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

Contact person and Phone Number: \_\_\_\_

Method of Solicitation: \_\_\_

Reason not included in Proposal:\_\_\_\_

-irm Name:	_
Address:	_
Contact person and Phone Number:	
Nethod of Solicitation:	
Reason not included in Proposal:	
Firm Name:	_
Address:	_
Contact person and Phone Number:	
Nethod of Solicitation:	
Reason not included in Proposal:	-
Firm Name:	_
Address:	-
Contact person and Phone Number:	
Nethod of Solicitation:	
Reason not included in Proposal:	-
Firm Name:	_
Address:	-
Contact person and Phone Number:	
Method of Solicitation:	
Reason not included in Proposal:	-

# APPENDIX I ACDBE Joint Venture Information Documentation Forms To be submitted with Joint Venture agreement for review.

1.	Name of Joint Venture:
2.	Names, address and phone number of joint venture contact person:
3.	Firms participating in joint venture (use additional pages if necessary):
	Name of firm:
	Address:
	Phone Number:
	Contact Name/phone number:
	% Ownership:
	ACDBE: Yes No (circle) Certifying agency:
	Date of Certification:
	Type of work for which certification was granted:

Address:
Phone Number:
Contact Name/phone number:
% Ownership:
ACDBE: Yes No (circle) Certifying agency:
Date of Certification:
Type of work for which certification was granted:
Name of firm:
Address:
Address:
Address: Phone Number:
Address: Phone Number: Contact Name/phone number:
Address:

4.	ACDBE initial capital contribution: \$
5.	Future capital contributions (explain requirements):
6.	Source of funds for the ACDBE capital contribution:
7.	Describe the portion of the work or elements of the business controlled by the ACDBE:
8.	Describe the portion of the work or elements of the business controlled by the non-
0.	
	ACDBE:

9. Describe the ACDBE's involvement in the overall management of the joint venture (e.g., participation on a management committee or managing board, voting rights, etc.):

- 10. Describe the ACDBE's share in the profits of the joint venture: \_\_\_\_\_\_
- 11. Describe the ACDBE's share in the risks of the joint venture: \_\_\_\_\_\_
- 12. Describe the roles and responsibilities of each joint venture participant with respect to managing the joint venture (use additional sheets if necessary):
  - a. ACDBE joint venture participant: \_\_\_\_\_
  - b. Non-ACDBE joint venture participant: \_\_\_\_\_
- 13. Describe the roles and responsibilities of each joint venture participant with respect to operation of the joint venture (use additional sheets if necessary):
  - a. ACDBE joint venture participant: \_\_\_\_\_
  - b. Non-ACDBE joint venture participant: \_\_\_\_\_

- 14. Which firm will be responsible for accounting functions relative to the joint venture's business?
- 15. Explain what authority each party will have to commit or obligate the other to insurance and bonding companies, financing institutions, suppliers, subcontractors and/or other parties:

16. Please provide information relating to the approximate <u>number</u> of management, administrative, support and non-management employees that will be required to operate the business and indicate whether they will be employees of the ACDBE, non-ACDBE or joint venture.

	Non-ACDBE Firm	ACDBE Firm	Joint Venture
Management			
Administrative			
Support			
Hourly Employees			

- 17. Please provide the name of the person who will be responsible for hiring employees for the joint venture.
  - a. Who will they be employed by? \_\_\_\_\_
- Are any of the proposed joint venture employees currently employees of any of the joint venture partners? Yes No (circle)
  - a. If yes, please list the number and position and indicate which firm currently employs the individual(s).
- 19. Attach a copy of the proposed joint venture agreement, promissory note or loan agreement (if applicable), and any and all written agreements between the joint venture partners.
- 20. List all other business relationships between the joint venture participants, including other joint venture agreements in which the parties are jointly involved.