

INDIANAPOLIS AIRPORT AUTHORITY BUSINESS DIVERSITY PLANS

The contract goal for IAA solicitations is 14% Disadvantaged participation, 9% Minority participation and 5% Women participation, unless otherwise set out in a solicitation. It is the intent of the Indianapolis Airport Authority (IAA) to meet or exceed the above mentioned D/M/WBE goals. **A responding vendor must submit, with its quote/bid/response, an Affidavit of Business Diversity Utilization Plan (Schedule A, A.1 and C) or a Diversity Program Waiver (Schedule B).** The Schedule A must show that there are, participating in the proposed contract, Disadvantaged Business Enterprises (DBE), Minority Business Enterprises (MBE) and/or Women Business Enterprises (WBE) certified by the City of Indianapolis, or State of Indiana. If participation is met through the use of vendors who supply products and/or services directly to the Vendor (Subcontractor), the Vendor must provide a description of the products and/or services along with the cost to provided, that are directly related to this quote/bid/proposal.

The IAA reserves the right to verify all information included on the D/M/WBE Subcontractor Commitment Form.

Vendors must ensure that the proposed subcontractors meet the following criteria:

- Must be listed on the State of Indiana or City of Indianapolis Directory of Certified Firms.
- Each firm may only serve as one classification – DBE, MBE or WBE
- A Vendor who is a DBE, MBE or WBE must meet subcontractor goals by using other certified firms. A Vendor who is a DBE, MBE or WBE is required to meet subcontractor goals by using other State of Indiana or City of Indianapolis certified firms.
- Must serve a commercially useful function. The firm must serve a value-added purpose on the engagement.
- Must provide goods or service only in the industry area for which it is certified as listed in the directory of the State of Indiana or the City of Indianapolis
- Must be used to provide the goods or services specific to the contract.
- If used as a supplier, only 60% of the value can be counted toward achieving the D/M/WBE goal.

Schedule B: Application for Business Diversity Program Waiver submitted when vendor unable to meet the established goals. In such case, the vendor must submit with the Application for Waiver all documentation showing their good faith efforts to include DBE, MBE and WBE firms.

Vendors are encouraged to contact and work with the IAA Diversity Department, (317) 487-5249, to develop subcontractor involvement to meet established goals.

SCHEDULE C: DBE/MBE/WBE Statement of Intent to Perform Work

A signed Schedule C, from the DBE, MBE and/or WBE must be submitted prior to award of the contract. Each Schedule C shall state and will serve as acknowledgement from the DBE, MBE and/or WBE of its subcontract amount and a description of products and/or services to be provided on the project.

By submission of the quote/bid/proposal, the Vendor acknowledges and agrees to be bound by the regulatory processes involving the IAA's D/M/WBE Program. Questions involving the regulations governing the D/M/WBE Subcontractor Schedules should be directed to:

IAA Diversity Department
(317) 487-5249
jduke@indianapolisairport.com

**Indianapolis Airport Authority
Schedule A: Affidavit of Business Diversity Utilization Plan**

Prime Contractor/Bidder Name, Address, Telephone:		
Project Name:		
Project Number:	Total Bid Dollar Amount:	First Submission: <input type="checkbox"/>
		Revised Submission: <input type="checkbox"/>

Affidavit of _____ I do hereby certify that on the _____ (Project Name), Project Number _____, Amount of Bid \$ _____, I will expend a minimum of _____% of the total dollar amount of the contract with certified disadvantaged business enterprises (DBEs), expend a minimum of _____% of the total dollar amount of the contract with certified minority owned business enterprises (MBEs), and a minimum of _____% of the total dollar amount of the contract with certified woman owned business enterprises (WBEs). Project work will be contracted to the firms listed below.

Name and Phone Number	DBE/MBE/WBE?	*Category	Work Description	Dollar Value

*DBE/MBE/WBE Categories: Female (F), African American (B), Hispanic (H), Asian American (A), American Indian (I), Socially and Economically Disadvantaged (D).

Pursuant to the requirements of the Indianapolis Airport Authority Business Diversity Program, the undersigned will enter into a formal agreement with DBEs, MBEs and WBEs for work listed in this schedule conditional upon execution of a contract with the Owner. Failure to fulfill this commitment may constitute a breach of contract. The Undersigned hereby certifies that he or she has read the terms of this commitment and is authorized to bind the bidder to the commitment herein set forth.

Signature of Authorized Officer:	
Printed Name of Authorized Officer:	
Title:	Date:

NOTE: The penalty for making false statements in offers is prescribed in 18 U.S.C. 1001.

Indianapolis Airport Authority Schedule A.1: Required Diversity Assurance Information

The information below, as well as a Statement of Intent to Perform Work (Schedule C), is required for **each** DBE / MBE / WBE sub-contractor that will do work on the project (see Special Provisions, section SP-#). Failure to provide the required information within 24 hours after bids are opened may result in the bidder being declared unresponsive. Provide additional sheets as required.

Bidder's Name:
Project Number:

This firm *estimates* that the following dollar amounts will be paid to DBE / MBE / WBE participants at the indicated intervals:

DBE / MBE / WBE Sub Name:	
Certification (circle all that apply): DBE / MBE / WBE	
\$	Estimated payments to this sub at 40% project completion.
\$	Estimated payments to this sub at 70% project completion.
\$	Total estimated payments to this sub at 100% project completion.

DBE / MBE / WBE Sub Name:	
Certification (circle all that apply): DBE / MBE / WBE	
\$	Estimated payments to this sub at 40% project completion.
\$	Estimated payments to this sub at 70% project completion.
\$	Total estimated payments to this sub at 100% project completion.

DBE / MBE / WBE Sub Name:	
Certification (circle all that apply): DBE / MBE / WBE	
\$	Estimated payments to this sub at 40% project completion.
\$	Estimated payments to this sub at 70% project completion.
\$	Total estimated payments to this sub at 100% project completion.

SIGNATURE _____ DATE _____

NOTE: The making of false statements on this form shall be subject to the penalties provided by the appropriate law.

Indianapolis Airport Authority Schedule B: Application for Business Diversity Program Waiver

Bidder/Prime Contractor Name, Address, Telephone:	
Project Name:	
Project Number:	Total Bid Dollar Amount:

DBE Goal for this contract: _____%DBE
 MBE/WBE Targets for this contract: _____%MBE _____%WBE

Percentages achieved to date: _____%DBE _____%MBE _____%WBE

Requesting a waiver of: _____%DBE _____%MBE _____%WBE

I have contacted the IAA BDP Manager for assistance _____yes _____no

Number of DBE firms contacted: _____ (Attach list of names)

Number of MBE firms contacted: _____ (Attach list of names)

Number of WBE firms contacted: _____ (Attach list of names)

Attach documentation of your good faith efforts to secure, contact, and negotiate with DBEs, MBEs and WBEs, including:

1. The reasons your company is unable to secure sufficient DBE/MBE/WBE participation to meet the stated goals or targets.
2. The efforts made by your company to select portions of the contract to be performed by DBEs, MBEs and WBEs.
3. For each DBE, MBE or WBE that placed a bid that you consider to be unacceptable, a statement that explains the basis for that conclusion.

I hereby certify that _____, as bidder/prime contractor bidding on the above named project; we have made good faith efforts as described in the attached documents to include DBE/MBE/WBE companies in this project. Despite these efforts, we are unable to meet the stated goals or targets and are therefore requesting a waiver as described above.

Signature of Authorized Officer:	
Printed Name of Authorized Officer:	
Title:	Date:

NOTE: The penalty for making false statements in offers is prescribed in 18 U.S.C. 1001.

Indianapolis Airport Authority
Schedule C: DBE/MBE/WBE Statement of Intent to Perform Work

DBE/MBE/WBE Name, Address, Telephone:		
Prime Contractor Name, Address, Telephone:		
Project Name:	Project Number:	Total Bid Dollar Amount:
DBE/MBE/WBE Dollar Amount:		DBE/MBE/WBE % of Total Bid Amount:

The above named DBE/MBE/WBE will perform as a subcontractor, subconsultant, or material supplier for the above described project. The undersigned intends to perform work in connection with the above referenced project as (check one):

- | | |
|----------------------|--------------------------------|
| Sole Proprietor_____ | Partnership_____ |
| Corporation_____ | Limited Liability Company_____ |
| Joint Venture_____ | Other_____ |

The above named certified DBE/MBE/WBE is (check all that apply):

- | | |
|----------------------|--------------------------------------------|
| Woman owned_____ | African American_____ |
| Hispanic_____ | Asian American_____ |
| American Indian_____ | Socially & Economically Disadvantaged_____ |

The DBE/MBE/WBE status of the undersigned is confirmed by the attached letter of certification. The undersigned is prepared to provide the following described services or supply the following described goods in connection with the above-named project:

Sub-contracting levels (if not applicable, enter zero):

_____ % of the dollar value of this DBE/MBE/WBE subcontract will be sublet to non-DBE/MBE/WBE contractors.

_____ % of the dollar value of this DBE/MBE/WBE subcontract will be sublet to DBE/MBE/WBE contractors.

The undersigned subcontractor will enter into a contract with _____ for the work/services described above upon the prime contractor's execution of a contract with the Owner.

Signature of Authorized DBE/MBE/WBE Officer:	
Printed Name of Authorized DBE/MBE/WBE Officer:	
Title:	Date:

I, the above bidder/prime contractor, agree to the terms and conditions stated above.

Signature of Authorized Bidder/Prime Contractor Officer:	
Printed Name of Authorized Bidder/Prime Contractor Officer:	
Title:	Date:

Indianapolis Airport Authority
Schedule D: Request for Business Diversity Program Substitution

Prime Contractor Name, Address, Telephone:	
Project Name:	
Project Number:	Total Project Amount:

For each existing DBE/MBE/WBE subcontractor whose contract will be reduced, terminated, or eliminated, provide the following:

DBE/MBE/WBE Name, Address, Telephone:	
Description of Work/Services:	Reason for Reduction/Termination/Elimination:
Original DBE/MBE/WBE Dollar Amount:	Original DBE/MBE/WBE % Amount

For each new DBE/MBE/WBE subcontractor that will be substituted, provide the following:

DBE/MBE/WBE Name, Address, Telephone:	
Description of Work/Services:	
DBE/MBE/WBE Dollar Amount:	DBE/MBE/WBE % Amount

In addition to the above, attach the following:

1. Revised Schedule A: Affidavit of Business Diversity Utilization Plan
2. Agency Certification Letter for each new DBE/MBE/WBE
3. Schedule C: Statement of Intent to Perform Work for each new DBE/MBE/WBE