



**JACKSON MUNICIPAL AIRPORT AUTHORITY  
DISADVANTAGED BUSINESS ENTERPRISE (DBE) UTILIZATION PLAN  
FOR RESPONDENTS TO REQUEST FOR QUALIFICATIONS**

**JMAA PROJECT NAME:**

**JMAA PROJECT NO:**

**PROJECT DBE GOAL: %**

**Prime Respondent Information**

Company Name:			
Company Mailing Address:			
Point of Contact:			
	Name	Phone	Email Address

The prime respondent shall make assertive good faith efforts to utilize the maximum number of Disadvantaged Business Enterprises (DBE) certified by the Mississippi Department of Transportation (MDOT) as possible, and to this end the prime respondent will inform each sub-consultant, or sub-contractor of this requirement. Please provide the following information on the certified DBEs that you intend to utilize in the performance of the work related to this project.

FIRM NAME CONTACT PERSON PHONE EMAIL	CERTIFYING AGENCY/ APPROVED NAICS CODE(S)	DESCRIPTION OF WORK TO BE PERFORMED ON THIS PROJECT	PERCENTAGE OF OVERALL PROJECT


Prime Respondent Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Prime Respondent Printed Name: \_\_\_\_\_