

EXHIBIT 4

Airport Concessions Disadvantaged Business Enterprise (ACDBE) Program

ACDBE-Race & Gender Neutral

Form EO2 SMALL BUSINESS OUTREACH EFFORTS

Name of Company (Respondent):	Solicitation Name:	Contract Name:
Email:	Phone #:	Point of Contact:

Successful Respondent must conduct outreach efforts and submit supporting documentation of those outreach efforts as described in the Airport Concessions Disadvantaged Business Enterprise (ACDBE) Program Race- and Gender-Neutral Contract Clause (Contract Clause). Detailed instructions for this form are included in the Contract Clause. Supporting documentation is required for columns D and F. Successful Respondent should make additional copies of this form as needed.

(A) Small Business Name and Contact Information		(B) Business Status	(C) Scope(s) of Work Solicited	(D) Solicitation Method	(E) Selection Decision	(F) Communication Final Selection Outcome*
Name: <hr/> Address: <hr/> City, State, Zip: _____ Number of Employees: _____ <hr/> Phone Number: _____ Email or Fax: _____ <hr/> Number of Years in Business: _____ Range of Annual Gross Receipts: _____ <hr/>		<input type="checkbox"/> ACDBE/DBE <input type="checkbox"/> SBC - Small Business Concern <input type="checkbox"/> SBE - City of Phoenix Certified <input type="checkbox"/> Unknown	List Scope(s) of Work <hr/>	<input type="checkbox"/> E-mail Blast <input type="checkbox"/> Phone Call <input type="checkbox"/> In-Person <input type="checkbox"/> Newspaper <input type="checkbox"/> Website <input type="checkbox"/> Trade Listing <input type="checkbox"/> Outreach Event <input type="checkbox"/> Other	<input type="checkbox"/> Firm was selected <input type="checkbox"/> Firm was not selected Provide explanation of why firm NOT selected <hr/> <hr/> <hr/>	Date Firm was Notified: <hr/> Method used to Communicate Selection: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Letter <input type="checkbox"/> In person
Name: <hr/> Address: <hr/> City, State, Zip: _____ Number of Employees: _____ <hr/> Phone Number: _____ Email or Fax: _____ <hr/> Number of Years in Business: _____ Range of Annual Gross Receipts: _____ <hr/>		<input type="checkbox"/> ACDBE/DBE <input type="checkbox"/> SBC - Small Business Concern <input type="checkbox"/> SBE - City of Phoenix Certified <input type="checkbox"/> Unknown		List Scope(s) of Work <hr/>	<input type="checkbox"/> E-mail Blast <input type="checkbox"/> Phone Call <input type="checkbox"/> In-Person <input type="checkbox"/> Newspaper <input type="checkbox"/> Website <input type="checkbox"/> Trade Listing <input type="checkbox"/> Outreach Event <input type="checkbox"/> Other	<input type="checkbox"/> Firm was selected <input type="checkbox"/> Firm was not selected Provide explanation of why firm NOT selected <hr/> <hr/> <hr/>

*Firms must be notified of final selection outcome prior to submittal of this form.