



City of Phoenix

Airport Concession Disadvantaged Business Enterprise (ACDBE) Program

FORM EO1 - 200 - STATEMENT OF OUTREACH COMMITMENT

Solicitation Number:	Solicitation Title:
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On behalf of the Respondent, I certify under penalty of perjury that the following information is true and correct.

If selected as the Successful Respondent, the Successful Respondent will:

- 1) Fulfill all required small business outreach requirements and shall submit all required outreach efforts documentation for contracting opportunities within 30 days or a date determined by the City following contract award recommendation;
- 2) Conduct all required small business outreach and will submit all supporting documentation; and
- 3) Comply with the Race- and Gender-Neutral post-award requirements stated in the ACDBE Contract Clause.

Company Name: _____

Company Mailing Address: _____

Representative Name: _____

Title: _____

Email Address: _____

Phone Number: _____

Signature: _____

Date: _____

**Airport Concessions Disadvantaged Business Enterprise (ACDBE) Program
Form EO2 - 200 - SMALL BUSINESS OUTREACH EFFORTS AND PARTICIPANTS LIST**

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

Successful Respondent must conduct outreach efforts and submit supporting documentation of those efforts, as described in the 49 CFR Part 23, in accordance with the detailed instructions in the Contract Clauses. Successful Respondent should make copies of this form as needed. Sections A, B, and C must be completed for all businesses which includes ALL PARTICIPANTS.

Sections D, E, and F are required to be completed for all ACDBE, DBE and SBE firms. Supporting documentation is required for columns D and F.

(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												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="2">Name:</td></tr> <tr><td colspan="2">Address:</td></tr> <tr> <td style="width:70%;">City, State, Zip:</td> <td style="width:30%;">Number of Employees:</td> </tr> <tr> <td>Phone Number:</td> <td>Email or Fax:</td> </tr> <tr> <td>Number of Years in Business:</td> <td>Range of Annual Gross Receipts:</td> </tr> <tr> <td>Gender of majority owner:</td> <td>Race of majority owner:</td> </tr> </table>	Name:		Address:		City, State, Zip:	Number of Employees:	Phone Number:	Email or Fax:	Number of Years in Business:	Range of Annual Gross Receipts:	Gender of majority owner:	Race of majority owner:	<input type="checkbox"/> ACDBE <input type="checkbox"/> SBC - Small Business Concern <input type="checkbox"/> SBE - City of Phoenix Certified	NAICS Codes and Scope(s) of Work:	<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	Date Firm was Notified: <hr/> Method used to Communicate Selection: <input type="checkbox"/> Email Phone Fax Letter In Person
Name:																	
Address:																	
City, State, Zip:	Number of Employees:																
Phone Number:	Email or Fax:																
Number of Years in Business:	Range of Annual Gross Receipts:																
Gender of majority owner:	Race of majority owner:																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="2">Name:</td></tr> <tr><td colspan="2">Address:</td></tr> <tr> <td style="width:70%;">City, State, Zip:</td> <td style="width:30%;">Number of Employees:</td> </tr> <tr> <td>Phone Number:</td> <td>Email or Fax:</td> </tr> <tr> <td>Number of Years in Business:</td> <td>Range of Annual Gross Receipts:</td> </tr> <tr> <td>Gender of majority owner:</td> <td>Race of majority owner:</td> </tr> </table>	Name:		Address:		City, State, Zip:	Number of Employees:	Phone Number:	Email or Fax:	Number of Years in Business:	Range of Annual Gross Receipts:	Gender of majority owner:	Race of majority owner:	<input type="checkbox"/> ACDBE <input type="checkbox"/> SBC - Small Business Concern <input type="checkbox"/> SBE - City of Phoenix Certified	NAICS Codes and Scope(s) of Work:	E-mail Blast Phone Call In-Person Newspaper Website Trade Listing Outreach Event Other	Firm was selected Firm was not selected Provide explanation of why firm NOT selected	Date Firm was Notified: <hr/> Method used to Communicate Selection: Email Phone Fax Letter In person
Name:																	
Address:																	
City, State, Zip:	Number of Employees:																
Phone Number:	Email or Fax:																
Number of Years in Business:	Range of Annual Gross Receipts:																
Gender of majority owner:	Race of majority owner:																

***Firms must be notified of final selection outcome prior to submittal of columns E&F of this form.**



City of Phoenix

Airport Concession Disadvantaged Business Enterprise (ACDBE) Program

FORM EO3 - 200 - SMALL BUSINESS UTILIZATION COMMITMENT

Solicitation Number:	Solicitation Title:
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On behalf of the Successful Respondent, I certify under the penalty of perjury that the information submitted herein is true and correct:

1. The firms indicated as "Selected" in **Form EO2 - 200 - Small Business Outreach Efforts**, will participate in this contract;
2. The Successful Respondent will comply with the Race- and Gender-Neutral post-award compliance requirements as stated in the DBE contract clause;
3. Successful Respondent understands and agrees that any and all changes or substitutions to subcontracts with DBE's and Small Businesses **must** be authorized by the Phoenix ACDBE Compliance Specialist prior to implementation; and
4. The following statement is true and correct:

The proposed total participation on this lease will be:

a. Participation as Partners as a percentage of this leases value:

ACDBE: _____ %, Small Business _____ %

b. Participation as suppliers of goods and services as a percentage of the operating expenses or cost of goods sold associated with this lease:

ACDBE: _____ %, Small Business _____ %

Company Name: _____

Company Mailing Address: _____

Representative Name: _____

Title: _____

Email Address: _____

Phone Number: _____

Signature: _____ Date: _____