



**City of Phoenix**

**Airport Concession Disadvantaged Business Enterprise (ACDBE) Program**

**FORM EO1 - 200 - STATEMENT OF OUTREACH COMMITMENT**

<b>Solicitation Number:</b>	<b>Solicitation Title:</b>
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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**

<b>Name of Company (Respondent):</b>	<b>Solicitation #:</b>	<b>Solicitation Name:</b>
<b>Contact Person:</b>	<b>Phone #:</b>	<b>Email:</b>

Respondents 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 Lease Clauses. **Respondents 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 ACDBEs and small businesses. 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	<b>NAICS Codes and Scope(s) of Work:</b>	<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	<b>NAICS Codes and Scope(s) of Work:</b>	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**

<b>Solicitation Number:</b>	<b>Solicitation Title:</b>
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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: \_\_\_\_\_