

## PALM BEACH COUNTY DEPARTMENT OF AIRPORTS



**Airports Business Affairs Division  
846 Palm Beach International Airport  
West Palm Beach, FL 33406-1470  
Phone: (561) 471-7403/Fax (561) 471-7427**

### **INSTRUCTIONS FOR COMPLETING AIRPORT CONCESSION DISADVANTAGED BUSINESS ENTERPRISE (ACDBE) QUARTERLY REPORTING FORMS**

- A.** The Airport Disadvantaged Business Enterprise Quarterly Participation Report (Quarterly Report), should be completed as follows:
1. Quarterly Reports must be completed by the **Prime Concessionaire/Contractor** and are required to be submitted by the 20th day of the month following the end of each quarter. The information received will be compiled and reported to Federal Aviation Administration in accordance with 49 CFR Part 23. Attachment "1" should be utilized by airport concessionaires. Attachment "2" should be utilized by contractors providing non-aeronautical management services. A supplemental reporting page is attached as Attachment "5".
  2. Quarterly reports must be completed in their entirety. In order to count toward goal achievement, the listed firms must be certified as Airport Concession Disadvantaged Business Enterprises (ACDBE) by the State of Florida's Unified Certification Program pursuant to 49 CFR Part 23. Information regarding ACDBE certification status may be found through the State of Florida's Florida Department of Transportation Equal Opportunity Office BizNet website at: [www.dot.state.fl.us/equalopportunityoffice](http://www.dot.state.fl.us/equalopportunityoffice) and then selecting "DBE Directory"; or by contacting the Palm Beach County Department of Airports' Airport's Business Affairs Office at (561) 471-7403. Certification as a SBE/MWBE by any other program **SHALL NOT** count toward achievement of the ACDBE goal. Firms identified in BizNet as a "DBE" without an ACDBE designation or as an "OBE" **SHALL NOT** count toward achievement of the ACDBE goal. An example BizNet ACDBE profile is attached as Attachment "4".
  3. In the event the Prime Concessionaire/Contractor has not achieved the ACDBE participation contract goal, the Quarterly Report must be accompanied by a corrective action plan and written documentation evidencing the Prime Concessionaire/Contractor's good faith efforts to achieve the ACDBE participation contract goal.

**INSTRUCTIONS FOR COMPLETING  
ACDBE QUARTERLY REPORTING FORMS**

4. Quarterly Reports should be submitted to the following address:

**ATTN: Deputy Director, Airports Business Affairs  
Airports Business Affairs Division  
846 Palm Beach International Airport  
West Palm Beach, FL 33406-1470**

**B.** The Airport Concession Disadvantaged Business Enterprise (ACDBE) Quarterly Certification Report (Certification Report), Attachment "3" should be completed as follows:

1. A Certification Report must be submitted by the **Prime Concessionaire/Contractor** with each Quarterly Report to certify payments for goods and services were received by and/or the accuracy of gross receipts reported for each ACDBE firm listed on the Quarterly Report.
2. Part II of the Certification Report should be completed for ACDBE firms participating in a concession as a sub-lessee, sub-concessionaire or as part of a joint venture.
3. Part III of the Certification Report should be completed for ACDBE firms providing goods and/or services to the Prime Concessionaire/Contractor.
4. The Certification Report must be signed and notarized as required by the **ACDBE firm**.
5. It is the obligation of the **Prime Concessionaire/Contractor** to ensure completion of Certification Reports for each ACDBE firm. Certification Reports are required to be submitted by the 20th day of the month following the end of each quarter by the **Prime Concessionaire/Contractor** with the Quarterly Report.

**ATTACHMENT "1"**

**ACDBE QUARTERLY PARTICIPATION REPORT  
FOR AIRPORT CONCESSION**

**PALM BEACH COUNTY DEPARTMENT OF AIRPORTS**



Airports Business Affairs Division  
 846 Palm Beach International Airport  
 West Palm Beach, FL 33406-1470  
 Phone: (561) 471-7403/Fax (561) 471-7427

**AIRPORT CONCESSION DISADVANTAGED BUSINESS ENTERPRISE (ACDBE)  
 QUARTERLY PARTICIPATION REPORT  
 FOR AIRPORT CONCESSION  
 (Page 1 of 2)**

**Fiscal Year:**            October 1, 20\_\_ - September 30, 20\_\_

**Reporting Period:**     1<sup>st</sup> Quarter (10/1\_\_ - 12/31/\_\_)                       2<sup>nd</sup> Quarter (1/01/\_\_ - 03/31/\_\_)  
                                   3<sup>rd</sup> Quarter (4/1/\_\_ - 06/31/\_\_)                                       4<sup>th</sup> Quarter (07/01/\_\_ - 09/30/\_\_)

**ACDBE Participation Contract Goal:** \_\_\_\_\_%

*Reports are required to be submitted by the 20th day of the month following the end of each quarter. The information received will be compiled and reported to FAA in accordance with 49 CFR Part 23.*

**PART I: CONTACT INFORMATION**

<b>Concessionaire:</b>	
<b>Address:</b>	
<b>Contact Person/E-Mail:</b>	
<b>Phone No./Fax No.:</b>	

**PART II: PRIME CONCESSIONAIRE**

<b>Gross Receipts for Reporting Period:</b> (listed above)	\$ _____
<b>Total Gross Receipts to Date :</b> (for Fiscal Year October 1 – September 30)	\$ _____

**ACDBE QUARTERLY PARTICIPATION REPORT  
FOR AIRPORT CONCESSION**

(Page 2 of 2)

**Part III: ACDBE PARTICIPATION**

*In order to count toward goal achievement, the listed firms must be certified as Airport Concession Disadvantaged Business Enterprises (ACDBE) by the State of Florida's Unified Certification Program.*

ACDBE Firm Name Address & Phone No.	ACDBE Participation for this Reporting Period in Dollars (listed above)	Total ACDBE Participation to Date in Dollars (for Fiscal Year – Oct. 1 – Sept. 30)	Nature of Relationship with ACDBE Firm	Race/Gender of Disadvantaged Owner with Largest Ownership Interest
Name: _____  Address: _____ _____ _____  Phone No: _____	\$ _____	\$ _____	<input type="checkbox"/> Joint Venture <input type="checkbox"/> Subcontractor <input type="checkbox"/> Service Provider <input type="checkbox"/> Sub-Lessee <input type="checkbox"/> Sub-concessionaire <input type="checkbox"/> Manufacturer <input type="checkbox"/> Supplier	<input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian-Pacific <input type="checkbox"/> Asian Indian <input type="checkbox"/> Non-Minority Women <input type="checkbox"/> Other
Name: _____  Address: _____ _____ _____  Phone No: _____	\$ _____	\$ _____	<input type="checkbox"/> Joint Venture <input type="checkbox"/> Subcontractor <input type="checkbox"/> Service Provider <input type="checkbox"/> Sub-Lessee <input type="checkbox"/> Sub-concessionaire <input type="checkbox"/> Manufacturer <input type="checkbox"/> Supplier	<input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian-Pacific <input type="checkbox"/> Asian Indian <input type="checkbox"/> Non-Minority Women <input type="checkbox"/> Other

**I hereby certify that the information contained in this report is true and correct:**

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Print Name/Title

\_\_\_\_\_  
Date

***In the event the Prime Concessionaire has not achieved the ACDBE participation contract goal, this report must be accompanied by a corrective action plan and written documentation evidencing the Prime Concessionaire's good faith efforts to achieve the ACDBE participation contract goal.***

**ATTACHMENT "2"**

**ACDBE QUARTERLY PARTICIPATION REPORT  
FOR MANAGEMENT CONTRACT**

**PALM BEACH COUNTY DEPARTMENT OF AIRPORTS**



**Airports Business Affairs Division  
846 Palm Beach International Airport  
West Palm Beach, FL 33406-1470  
Phone: (561) 471-7403/Fax (561) 471-7427**

**AIRPORT CONCESSION DISADVANTAGED BUSINESS ENTERPRISE (ACDBE)  
QUARTERLY PARTICIPATION REPORT  
FOR MANAGEMENT CONTRACT  
(Page 1 of 2)**

**Fiscal Year:**            **October 1, 20\_\_ - September 30, 20\_\_**

**Reporting Period:**     **1<sup>st</sup> Quarter (10/1\_\_ - 12/31/\_\_)**                       **2<sup>nd</sup> Quarter (1/01/\_\_ - 03/31/\_\_)**  
                                  **3<sup>rd</sup> Quarter (4/1/\_\_ - 06/31/\_\_)**                       **4<sup>th</sup> Quarter (07/01/\_\_ - 09/30/\_\_)**

**ACDBE Participation Contract Goal:** \_\_\_\_\_%

*Reports are required to be submitted by the 20th day of the month following the end of each quarter. The information received will be compiled and reported to FAA in accordance with 49 CFR Part 23.*

**PART I: CONTACT INFORMATION**

<b>Concessionaire:</b>	
<b>Address:</b>	
<b>Contact Person/E-Mail:</b>	
<b>Phone No./Fax No.:</b>	

**PART II: PRIME CONCESSIONAIRE**

<b>Value of Goods/Services Purchased for Reporting Period:</b> (listed above)	\$ _____
<b>Total Value of Goods/Services Purchased to Date :</b> (for Fiscal Year October 1 – September 30)	\$ _____

**ACDBE QUARTERLY PARTICIPATION REPORT  
FOR MANAGEMENT CONTRACT**

(Page 2 of 2)

**Part III: ACDBE PARTICIPATION**

*In order to count toward goal achievement, the listed firms must be certified as Airport Concession Disadvantaged Business Enterprises (ACDBE) by the State of Florida's Unified Certification Program.*

ACDBE Firm Name Address & Phone No.	ACDBE Participation for this Reporting Period in Dollars (listed above)	Total ACDBE Participation to Date in Dollars (for Fiscal Year – Oct. 1 – Sept. 30)	Nature of Relationship with ACDBE Firm	Race/Gender of Disadvantaged Owner with Largest Ownership Interest
Name: _____  Address: _____ _____ _____  Phone No: _____	\$ _____	\$ _____	<input type="checkbox"/> Joint Venture <input type="checkbox"/> Subcontractor <input type="checkbox"/> Service Provider <input type="checkbox"/> Sub-Lessee <input type="checkbox"/> Sub-concessionaire <input type="checkbox"/> Manufacturer <input type="checkbox"/> Supplier	<input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian-Pacific <input type="checkbox"/> Asian Indian <input type="checkbox"/> Non-Minority Women <input type="checkbox"/> Other
Name: _____  Address: _____ _____ _____  Phone No: _____	\$ _____	\$ _____	<input type="checkbox"/> Joint Venture <input type="checkbox"/> Subcontractor <input type="checkbox"/> Service Provider <input type="checkbox"/> Sub-Lessee <input type="checkbox"/> Sub-concessionaire <input type="checkbox"/> Manufacturer <input type="checkbox"/> Supplier	<input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian-Pacific <input type="checkbox"/> Asian Indian <input type="checkbox"/> Non-Minority Women <input type="checkbox"/> Other

**I hereby certify that the information contained in this report is true and correct:**

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Print Name/Title

\_\_\_\_\_  
Date

***In the event the Prime Concessionaire has not achieved the ACDBE participation contract goal, this report must be accompanied by a corrective action plan and written documentation evidencing the Prime Concessionaire's good faith efforts to achieve the ACDBE participation contract goal.***



**ATTACHMENT "3"**

**ACDBE QUARTERLY CERTIFICATION REPORT**

**PALM BEACH COUNTY DEPARTMENT OF AIRPORTS**



**Airports Business Affairs Division**  
**846 Palm Beach International Airport**  
**West Palm Beach, FL 33406-1470**  
**Phone: (561) 471-7403/Fax (561) 471-7427**

**AIRPORT CONCESSION DISADVANTAGED BUSINESS ENTERPRISE (ACDBE)**  
**QUARTERLY CERTIFICATION REPORT**

(Page 1 of 2)

**Prime Concessionaire's Name:** \_\_\_\_\_

**Fiscal Year:**        **October 1, 20\_\_ - September 30, 20\_\_**

**Reporting Period:**     **1<sup>st</sup> Quarter (10/1/\_\_\_ - 12/31/\_\_\_)**                       **2<sup>nd</sup> Quarter (1/01/\_\_\_ - 03/31/\_\_\_)**  
                                   **3<sup>rd</sup> Quarter (4/1/\_\_\_ - 06/31/\_\_\_)**                                       **4<sup>th</sup> Quarter (07/01/\_\_\_ - 09/30/\_\_\_)**

*Reports are required to be submitted by the 20<sup>th</sup> day of the month following the end of each quarter. The information received will be compiled and reported to FAA in accordance with 49 CFR Part 23. The undersigned firm must be certified by the State of Florida's Unified Certification Program as an Airport Concession Disadvantaged Business Enterprise (ACDBE).*

**PART I: ACDBE CONTACT INFORMATION**

<b>ACDBE Firm Name:</b>	
<b>Address:</b>	
<b>Contact Person/E-Mail:</b>	
<b>Phone No./Fax No.:</b>	
<b>Disadvantaged Owner with Largest Ownership Interest</b> <small>(check applicable box)</small>	<input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian-Pacific <input type="checkbox"/> Asian Indian <input type="checkbox"/> Non-Minority Women <input type="checkbox"/> Other
<b>Nature of Relationship with Prime Concessionaire</b> <small>(check applicable box)</small>	<input type="checkbox"/> Joint Venture <input type="checkbox"/> Subcontractor/Service Provider <input type="checkbox"/> Sub-Lessee/Sub-Concessionaire  <input type="checkbox"/> Manufacturer <input type="checkbox"/> Supplier

**ACDBE QUARTERLY CERTIFICATION REPORT**

(Page 2 of 2)

**PART II: Sub-Lessee/Sub-Concessionaire/Joint Venture**

*ACDBE firms acting as sub-lessees or sub-concessionaires should complete this Part II. If your firm supplies goods or services, complete Part III below.*

<b>Gross Receipts for Reporting Period:</b> (listed above)	\$ _____
<b>Gross Receipts to Date :</b> (for Fiscal Year October 1 – September 30)	\$ _____

**PART III: Goods & Services**

*ACDBE firms providing goods and services to the Prime should complete this Part III. If your firm is a sub-lessee or sub-concessionaire, complete Part II above.*

<b>Payments for Goods &amp; Service for Reporting Period:</b> (listed above)	\$ _____
<b>Payments for Goods &amp; Services to Date :</b> (for Fiscal Year October 1 – September 30)	\$ _____

I hereby certify that \_\_\_\_\_ is certified by the Florida Unified Certification Program as an Airport Concession Disadvantaged Business Enterprise and that the information contained in this report is true and correct.

{Name of ACDBE firm}

Signed by Official of ACDBE Firm: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Print, Type or Stamp Commissioned Name of Notary

Personally Known OR  Produced Identification Type of Identification \_\_\_\_\_

ATTACHMENT "4"

EXAMPLE BIZNET PROFILE

<b>Name:</b> ABC CORP.
<b>Business Description:</b> Retail Concession
<b>Street:</b> 123 Street
<b>City:</b> West Palm Beach <b>State:</b> FL <b>Zip:</b> 00000
<b>County:</b> CNTY/ST-WIDE <b>District:</b> DISTRICT
<b>Phone:</b> (000) 000-000 <b>Fax:</b> (000) 000-0000
<b>E-mail:</b> jsmith@acdbefirm.com
<b>Work Location:</b>
<b>County:</b>
<b>District:</b>
<b>Contact:</b> John Smith
<b>UCP Cert. DBE</b> ← <b>State Cert.:</b> OBE <b>UCP Certifying Member:</b> PBIA
<b>First SC:</b> <b>First NAICS:</b> 00000
<b>2nd SC:</b> <b>3rd SC:</b> <b>4th SC:</b> <b>5th SC:</b> <b>6th SC:</b> <b>7th SC:</b> <b>8th SC:</b> <b>9th SC:</b> <b>10th SC:</b>
<b>2nd NAICS:</b> <b>3rd NAICS:</b> <b>4th NAICS:</b> <b>5th NAICS:</b> <b>6th NAICS:</b> <b>7th NAICS:</b> <b>8th NAICS:</b> <b>9th NAICS:</b> <b>10th NAICS:</b> ←
<b>ACDBE:</b> Yes ***** "NO" indicates the firm is <u>not</u> certified as an ACDBE.
<b>NOTE:</b> OBE stands for Other Business Enterprise indicating that the firm is not certified.

**ATTACHMENT "5"**

**SUPPLEMENTAL REPORTING PAGE**

**ACDBE QUARTERLY PARTICIPATION REPORT  
SUPPLEMENTAL PAGE**

<b>ACDBE Firm Name Address &amp; Phone No.</b>	<b>ACDBE Participation for this Reporting Period in Dollars</b> (listed above)	<b>Total ACDBE Participation to Date in Dollars</b> (for Fiscal Year - Oct. 1 – Sept. 30)	<b>Nature of Relationship with ACDBE Firm</b>	<b>Race/Gender of Disadvantaged Owner with Largest Ownership Interest</b>
Name: _____  Address: _____ _____ _____  Phone No: _____	\$ _____	\$ _____	<input type="checkbox"/> Joint Venture <input type="checkbox"/> Subcontractor <input type="checkbox"/> Service Provider <input type="checkbox"/> Sub-Lessee <input type="checkbox"/> Sub-concessionaire <input type="checkbox"/> Manufacturer <input type="checkbox"/> Supplier	<input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian-Pacific <input type="checkbox"/> Asian Indian <input type="checkbox"/> Non-Minority Women <input type="checkbox"/> Other
Name: _____  Address: _____ _____ _____  Phone No: _____	\$ _____	\$ _____	<input type="checkbox"/> Joint Venture <input type="checkbox"/> Subcontractor <input type="checkbox"/> Service Provider <input type="checkbox"/> Sub-Lessee <input type="checkbox"/> Sub-concessionaire <input type="checkbox"/> Manufacturer <input type="checkbox"/> Supplier	<input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian-Pacific <input type="checkbox"/> Asian Indian <input type="checkbox"/> Non-Minority Women <input type="checkbox"/> Other
Name: _____  Address: _____ _____ _____  Phone No: _____	\$ _____	\$ _____	<input type="checkbox"/> Joint Venture <input type="checkbox"/> Subcontractor <input type="checkbox"/> Service Provider <input type="checkbox"/> Sub-Lessee <input type="checkbox"/> Sub-concessionaire <input type="checkbox"/> Manufacturer <input type="checkbox"/> Supplier	<input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian-Pacific <input type="checkbox"/> Asian Indian <input type="checkbox"/> Non-Minority Women <input type="checkbox"/> Other