



ACDBE COMMITMENT FORM

Program Benefit for:

_____ *Concession Type* _____ *Name of Concession Opportunity*

SECTION A – CONCESSIONAIRE INFORMATION

Name of Firm:

Address:

City:

State:

Zip:

Email:

Is your firm ACDBE Certified? Yes (If yes, attach certification letter) No

SECTION B – ACDBE COMMITMENT

The ACDBE goal on this concession is _____%.

NOTE: DEN will only credit ACDBE participation that is certified as such by the City and County of Denver or the Colorado Department of Transportation.

The undersigned Concessionaire has satisfied the ACDBE concession requirements in the following manner (please check the appropriate space).

- The Concessionaire is committed to a minimum of _____% ACDBE goal utilization on this concession contract which meets or exceeds the ACDBE goal on this concession opportunity. The amount and type of participation proposed will become a firm commitment in the Concessions Lease Agreement.
- The Concessionaire, is unable to meet the ACDBE goal, is committed to a minimum of _____% ACDBE utilization on this Concession Lease Agreement and submits its documentation demonstrating good faith efforts.
- The Concessionaire is unable to meet the ACDBE goal and submits documentation demonstrating good faith efforts.



Identify ACDBE sub-concessionaire, ACDBE joint venture partner, ACDBE equity partnership or other legal ACDBE business arrangement that meets ACDBE goal and eligibility standards in 49 CFR Part 23.

Name and Address of ACDBE Firm	Role of ACDBE	% Level of Participation

(Use Additional Sheets if Necessary)

ACDBE UTILIZATION – VENDOR/SUPPLIERS OPPORTUNITIES

NOTE: An ACDBE Letter of Intent must be submitted for all ACDBE suppliers listed below. Attach copy of the ACDBE Certification Letter for all ACDBEs, regardless of participation type. Complete only if suppliers will be used to meet any portion of the ACDBE goal.

List all actual and anticipated major vendors/suppliers; include both ACDBE and non-ACDBE, to be utilized on the concession (use additional sheets if necessary). Examples: Janitorial services, accounting services, HR services, etc.

NOTE: DEN will only credit ACDBE participation that is certified as such by the City and County of Denver or the Colorado Department of Transportation.

Name and Address of Company	Business Area	Work to be Performed or Goods/Services to be Provided	Estimated Amount (\$)	ACDBE		LOI & Cert. Letter Attached
				Y	N	
				<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
				<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
				<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
				<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

(Use Additional Sheets if Necessary)



SECTION C – GOOD FAITH EFFORTS

NOTE: Complete only if the ACDBE goal was not achieved.

The following items are minimally considered as good faith efforts and demonstrate specific initiatives made in attempting to achieve the concession specific ACDBE goal. Proposers are not limited to these particular areas and may include other efforts deemed appropriate. Please feel free to elaborate on any question below.

GOOD FAITH EFFORT QUESTIONS	YES	NO
1. If applicable, did you attend the pre-proposal conference?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did your firm request and obtain a copy of the certified ACDBE firms?	<input type="checkbox"/>	<input type="checkbox"/>
3. Were ACDBE firms contacted or solicited for concession participation? Provide listing of solicited ACDBE firms with whom contact was made. Please identify name of company, contact person, date, phone number and briefly describe nature of solicitation. (Include as an attachment)	<input type="checkbox"/>	<input type="checkbox"/>
4. Was direct contact made with the DEN ACDBE office? If yes, please identify date/person contacted and assistance sought. (Include as an attachment)	<input type="checkbox"/>	<input type="checkbox"/>
5. Were ACDBE support agencies/associations contacted for ACDBE assistance or solicitation (Minority Chambers of Commerce, purchasing councils, contractor groups, etc.)? (If yes, please include a list of agencies/associations contacted and describe assistance or solicitation provided)	<input type="checkbox"/>	<input type="checkbox"/>
6. Were concession-related opportunities to this project advertised in minority/women newspapers and trade journals? (If yes, please include a copy of the advertisement or detail the name of the publication(s), date of advertisement and describe the solicitation)	<input type="checkbox"/>	<input type="checkbox"/>
7. Were copies of the concession RFP furnished to any ACDBEs?	<input type="checkbox"/>	<input type="checkbox"/>
8. Were efforts made to assist interested ACDBEs in obtaining bonding, insurance, or line of credit? (Please detail any assistance that was provided or if they were referred, to whom)	<input type="checkbox"/>	<input type="checkbox"/>
9. Were efforts made to define additional elements of the work proposed to be performed by ACDBEs in order to increase the likelihood of achieving the ACDBE goal? (If yes, attach documentation outlining these efforts)	<input type="checkbox"/>	<input type="checkbox"/>
10. Were any ACDBE negotiations and/or bids received but rejected? (Identify company name, contact person, telephone number, date, trade area and the reason for rejecting the proposal or bid and include as an attachment)	<input type="checkbox"/>	<input type="checkbox"/>
11. Were any other effort(s) made aimed at involving ACDBEs? (Include as an attachment): (a) Identify any specific efforts to divide the work, in accordance with normal industry practices, to allow maximum ACDBE participation. (b) Discuss joint ventures initiatives, requesting second-tier ACDBE subcontracting, etc., if any. (c) List all other good faith efforts employed, please elaborate. (d) Discuss types of participation considered. If any methods were not pursued, please provide the rationale behind this decision.	<input type="checkbox"/>	<input type="checkbox"/>



SECTION D - AFFIRMATION

I HEREBY AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND AND AGREE THAT THIS DOCUMENT SHALL BE ATTACHED THERETO AND BECOME A BINDING PART OF THE CONCESSION AGREEMENT.

Name and Title of Authorized Official:

Signature:

Date:

For Questions:

Please email DEN-ACDBE@flydenver.com