

**City of St. Louis  
St. Louis Lambert International Airport®  
Office of Business Opportunities**

**Airport Concessions Disadvantage Business Enterprise (ACDBE)  
Commitment Form**

**(This form is required as part of your proposal/bid submission.)**

The ACDBE goal for this concession package is \_\_\_\_\_ %

The undersigned proposer/bidder/vendor has satisfied the requirements of the proposal/bid specifications in the following manner (Please check only one box):

- ☐ The proposer/bidder, a certified ACDBE firm and sole proposer/bidder, is committed to meeting or exceeding the ACDBE goal through 100% self-performance. ***ACDBE is recognized by the Missouri Regional Certification Committee (MRCC).***
- ☐ The proposer/bidder is committed to meeting or exceeding the ACDBE goal, with a minimum of \_\_\_\_\_ % ACDBE participation on this concessions package. (If checked, please submit a copy of the Draft Partnership Agreement and/or Joint Venture Agreement).
- ☐ The proposer/bidder is unable to meet the ACDBE goal and is committed to a minimum of \_\_\_\_\_ % ACDBE participation on this concessions package and submits documentation demonstrating good faith efforts. (If checked, proposer/bidder must submit their documented good faith efforts along with a statement indicating why proposer/bidder was unable to meet the ACDBE goal.

Name of Proposer/Bidder: \_\_\_\_\_

Name of Authorized Representative or Designee (Print): \_\_\_\_\_

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

Date: \_\_\_\_\_

**City of St. Louis**  
**St. Louis Lambert International Airport®**  
**Office of Business Opportunities**  
**Airport Concessions Disadvantaged Business Enterprise (ACDBE)**  
**Utilization Plan**  
**(This form is required as part of your proposal/bid submission.)**

Identify each ACDBE sub-concessionaire, ACDBE joint venture partner, ACDBE partnership or other legal ACDBE business arrangement that meets the established ACDBE goal set on this project and that standards of 49 CFR Part 26 and Part 23. Please list all actual and anticipated major vendors/suppliers. Include both non-ACDBE and ACDBE. Only firms currently certified with the Missouri Regional Certification Committee (MRCC).

<b>Firm Name Address, Contact Name &amp; Phone Number (A)</b>	<b>MRCC ACDBE (B)</b>	<b>Goods &amp; Services to be Provided (C)</b>	<b>Anticipated ACDBE Gross Revenues (D)</b>
1.	<input type="checkbox"/>		
2.	<input type="checkbox"/>		
3.	<input type="checkbox"/>		
4.	<input type="checkbox"/>		
5.	<input type="checkbox"/>		

**Prime Proposer/Bidder Total Projected Gross Receipts:** \$ \_\_\_\_\_

**ACDBE Total Anticipated Gross Revenues:** \$ \_\_\_\_\_

**ACDBE % (ACDBE Anticipated Gross Revenues/Proposer/  
Bidder Projected Gross Receipts):** \_\_\_\_\_%

\_\_\_\_\_  
**Proposer/Bidder Authorized Designee Signature**

\_\_\_\_\_  
**Date**

**City of St. Louis**  
**St. Louis Lambert International Airport®**  
**Office of Business Opportunities**  
**Airport Concessions Disadvantage Business Enterprise (ACDBE)**  
**Notice of Intent to Perform**

(This form is required as part of your proposal/bid submission, except for ACDBEs self-performing 100% of the work.)

An ACDBE Notice of Intent To Perform **MUST** be submitted for all ACDBEs listed on the ACDBE Utilization Plan. Please make copies of this form, if necessary.

<b>Name of ACDBE Firm:</b>	
<b>Address:</b>	
<b>City, State and Zip Code:</b>	
<b>Telephone Number:</b>	
<b>Description of Goods and Services/work to be performed by ACDBE:</b>	

The Proposer/Bidder is committed to utilizing the above named ACDBE for the goods and services or work described above.

The estimated dollar value and percentage of this work is \$\_\_\_\_\_, \_\_\_\_\_%

**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 contract. I further attest that the above-named ACDBE firm affirms that it will perform the portion of the contract for the estimated dollar value as stated above.

By: \_\_\_\_\_ Date: \_\_\_\_\_  
**ACDBE Signature**

By: \_\_\_\_\_ Date: \_\_\_\_\_  
**Proposer/Bidder Authorized Designee Signature**

**City of St. Louis**  
**St. Louis Lambert International Airport®**  
**Office of Business Opportunities**  
**Airport Concessions Disadvantage Business Enterprise (ACDBE)**  
**Good Faith Efforts**

Please complete this form only if the ACDBE goal was not achieved. Indicate those efforts you made to maximize the participation of Airport Concession Disadvantaged Business Enterprises (ACDBEs) on this contract. Proposers/Bidders are not limited to the activities listed below and may include other efforts.

Good Faith Efforts	Yes	No
1. Attend the pre-bid conference held on this contract.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Did your firm obtain a copy of certified ACDBE firms from <a href="http://MRCCDirectory.mo.gov">MRCC Directory (mo.gov)</a> ?	<input type="checkbox"/>	<input type="checkbox"/>
3. Solicited individual ACDBEs for participation on this concession opportunity. Provide a listing of solicited ACDBEs-include the ACDBEs name, contact person, date of contact, phone number and a copy of the notification sent to ACDBEs. <b>(Please attach the list to this form)</b>	<input type="checkbox"/>	<input type="checkbox"/>
4. Notified, in writing, organizations which provide assistance in recruitment and placement of ACDBEs of the type of work, supplies, or services being considered on this contract. <b>(If yes, please include a list of agencies/associations contacts and describe the assistance provided)</b>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were copies of the concession RFP/Solicitation furnished to any ACDBEs?	<input type="checkbox"/>	<input type="checkbox"/>
6. Made efforts to assist ACDBEs that requested assistance in obtaining bonding, insurance, or line of credit required to participate in the contract.	<input type="checkbox"/>	<input type="checkbox"/>
7. Were opportunities to this contract advertised in minority/women general circulation media, trade association publications, newspapers, trade journals and focused media for ACDBEs to participate on this contract. <b>(If yes, please include a copy of the advertisement)</b>	<input type="checkbox"/>	<input type="checkbox"/>
8. Were efforts made to outline additional elements of work proposed by ACDBEs in order to increase the likelihood of achieving the ACDBE goal? <b>(If yes, please attach a copy of the documentation outlining these efforts)</b>	<input type="checkbox"/>	<input type="checkbox"/>
9. Were any ACDBE bids and/or proposals received but rejected? <b>(If rejected, please identify the company name, contact person, telephone number, reason for rejection of the proposal or bid and the goods/services proposed in an attachment)</b>	<input type="checkbox"/>	<input type="checkbox"/>
10. Was direct contact made with the Office of Business Opportunities? <b>(If yes, please include the date of contact, name of person and assistance sought/received)</b>		

Proposer/Bidder Authorized Designee Signature \_\_\_\_\_ Date: \_\_\_\_\_