The U.S. Department of Transportation 49 Code of Federal Regulations Part 23.27 requires PWM to annually (March 1) report Airport Concession Disadvantaged Business Enterprise (ACDBE) participation because PWM has received federal financial assistance.

Car Rental Overall Goal: ____0%____  Non-Car Rental Overall Goal: ___0.6%____

RN Goal (car rental): ____0%____  RC Goal (car rental): ____0%____
RN Goal (non-car rental): ____0.6%____  RC Goal (non-car rental): ____0%____

The Race Neutral (RN) goal portion should include programs that, while benefitting ACDBEs, are not solely focused on ACDBE firms.

The Race Conscious (RC) goal portion should be based on programs that focus on and provide benefits only for ACDBEs.

A. List the Prime concession - has a direct relationship with the airport; or list the Management contractor - has an agreement with the airport to manage a portion of the airport’s facilities or operations:

1. ____________________________________  2. ____________________________________
   Prime Concessionaire (or management contractor)  Type of Work and NAICS

3. ____________________________________
   Prime Concessionaire Address

4. ____________________________________
   Prime Concessionaire City, State, and Zip

5. ____________________________________
   Prime Concessionaire ACDBE Contact Name

6. ____________________________________  7. ____________________________________
   Prime Concessionaire E-mail  Prime Concessionaire Telephone

8. $
   Total $ of concession gross revenues at the airport

9. $
   Total $ amount of #8 awarded to ACDBE firm

10. $
    Total $ amount in #9 actual payment complete

10. List the $ amount of #9 that has been awarded to ACDBE firms. Breakdown by ethnicity & gender:

   a. Black American $__________________  e. Native American $__________________
   b. Hispanic American $__________________  f. Non-Minority Women $__________________
   c. Asian Pacific American$__________________  g. Other (i.e. not any other group listed here) $__________________
   d. Asian Indian American$__________________
B. List Goods and Services - goods and services purchased by the airport itself or by concessionaires and management contractors from certified ACDBEs. (Use additional sheets if needed)

1. $ ________________
   Total amount of goods and services purchased at the airport

2. $ ________________
   Total amount of goods and services purchased at the airport from ACDBE firms

**FIRM 1:**

3. ____________________________
   Name of ACDBE firm providing goods and services

4. ____________________________
   Type of Work and NAICS

5. $ ____________________________
   Total amount of goods and services purchased at the airport from the ACDBE firm

6. List the amount of goods and services purchased from an ACDBE firm breakdown by ethnicity & gender:
   a. Black American $ ________________
   b. Hispanic American $ ________________
   c. Asian Pacific American $ ________________
   d. Asian Indian American $ ________________
   e. Native American $ ________________
   f. Non-Minority Women $ ________________
   g. Other (i.e. not any other group listed here) $ ________________

**FIRM 2:**

3. ____________________________
   Name of ACDBE firm providing goods and services

4. ____________________________
   Type of Work and NAICS

5. $ ____________________________
   Total amount of goods and services purchased at the airport from the ACDBE firm

6. List the amount of goods and services purchased from an ACDBE firm. Breakdown by ethnicity & gender:
   a. Black American $ ________________
   b. Hispanic American $ ________________
   c. Asian Pacific American $ ________________
   d. Asian Indian American $ ________________
   e. Native American $ ________________
   f. Non-Minority Women $ ________________
   g. Other (i.e. not any other group listed here) $ ________________
C. List Sub Concessioneers (has a sublease or other agreement with a prime concessionaire, rather than with the airport itself, to operate a concession). (Use additional sheets if needed)

1. $____________________________________
   Total amount of concession gross revenues awarded to sub concessionaires

2. $____________________________________
   Total $ amount of #1 awarded to ACDBE firms

3. Sub Concessionaire

4. _____________________________________
   Type of Work and NAICS

5. _____________________________________
   Sub Concessionaire Address

6. _____________________________________
   Sub Concessionaire City, State, and Zip

7. _____________________________________
   Sub Concessionaire ACDBE Contact Name

8. _____________________________________
   Sub Concessionaire E-mail

9. _____________________________________
   Sub Concessionaire Telephone

10. $___________________________________
    Total $ amount for Sub Concessionaire

11. $___________________________________
    Total $ amount of #8 received by ACDBE firm

12. List the amount of Sub Concessionaire received by the ACDBE firm. Breakdown by ethnicity & gender:

   a. Black American $________________
   b. Hispanic American $________________
   c. Asian Pacific American $________________
   d. Asian Indian American $________________
   e. Native American $________________
   f. Non-Minority Women $________________
   e. Other (i.e. not any other group listed here) $________________

Submitted by (Signature) ______________________ Date _________________

Title ________________________________________

Dec-15