



Schedule of ACDBE Participation

(Submit this form with an executed Letter of Intent from each ACDBE firm listed in this form)

Bid/RLI/RFP #:		Project Location:		Date Form Submitted:	
Project Name:				Project Start Date:	
Prime Concessionaire:			Address:		
Contact Person:		Telephone #:		Fax #:	
ACDBE Sub-concessionaire/contractor	ACDBE expiration date	Address	Phone	Type of service to be Performed	ACDBE Amount (Agreed Price (\$) and Percentage (%))
Total ACDBE Participation					
Total Contract Amount					
ACDBE Sub-concessionaire Participation Percentage (Total amount allocated to ACDBEs divided by Total Contract Amount)					%

The listing of an ACDBE shall constitute a representation by the bidder/responder to Broward County that such ACDBE has been contacted and properly apprised of the upcoming County project. Bidders/Responders are advised that the information contained herein is subject to verification by the Office of Economic and Small Business Development and that submission of said information is an assertion of its accuracy, per the requirements of the Office of Economic and Small Business Development Program.

I certify that the above information is true to the best of my knowledge:

Signature:	Title:	Date:
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THIS DOCUMENT MUST BE PROVIDED WITH THE SUBMITTAL AND SIGNED BY THE PERSON SIGNING THE SUBMITTAL