

ATTACHMENT "11"
LEASE AND DEVELOPMENT OF VACANT LAND FOR COMMERCIAL USES (RFP #PB 17-3)

SCHEDULE 1
LIST OF PROPOSED ACDBE FIRMS

Name of Proposer: _____

Phone No.: _____ Fax No: _____

Contact Person: _____

E-mail Address: _____

Address: _____

Name, Address & Phone No. of ACDBE Firm ⁽¹⁾	Description of Type of Work	Classification (Check applicable box)
		<input type="checkbox"/> Tenant <input type="checkbox"/> Subtenant <input type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier <input type="checkbox"/> Manufacturer <input type="checkbox"/> Joint Venture
		<input type="checkbox"/> Tenant <input type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier <input type="checkbox"/> Manufacturer <input type="checkbox"/> Joint Venture
		<input type="checkbox"/> Tenant <input type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier <input type="checkbox"/> Manufacturer <input type="checkbox"/> Joint Venture

Notes:

- It is the obligation of proposer to confirm that firms identified on this form must be certified as an ACDBE by the State of Florida's Unified Certification Program. Firms not certified by the State of Florida's Unified Certified Program as an ACDBE will not be counted toward attainment of the goal.

By signing this form the undersigned Proposer is committing to utilize the above-referenced ACDBE Firms pursuant to the Lease. Substitutions of ACDBE Firms during the term of the Lease shall be subject to prior written approval of the Department of Airports.

By: _____
 Signature

 Print Name/Title of Person Executing on Behalf of the Proposer

Date: _____

*Additional sheets may be used if necessary.

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SCHEDULE 2
LETTER OF INTENT TO PERFORM AS AN AIRPORT CONCESSION DISADVANTAGED BUSINESS ENTERPRISE*

Name of Proposer: _____

Name of ACDBE Firm: _____

The undersigned is certified as an Airport Concession Disadvantaged Business Enterprise by Palm Beach County or the State of Florida's Unified Certification Program. Check one or more classifications as applicable:

- Black Hispanic Women Other (Please Specify) _____
- Prime Contractor Subcontractor Manufacturer Supplier Joint Venture

The undersigned ACDBE firm is prepared to perform the following described work in connection with the above-referenced Lease (specify in detail the particular work and/or parts thereof to be performed):

The estimated value of the work is _____% of Proposer's estimated annual purchases of goods and services or annual gross revenues (circle applicable category).

The undersigned will enter into a formal agreement for work with you conditioned upon your execution of a contract with Palm Beach County.

If the undersigned intends to subcontract any portion of the work described above to another subcontractor, please complete the following:

_____	_____ %	<input type="checkbox"/> ACDBE Certified
(Name of Subcontractor)	(Percentage of work subcontracted)	<input type="checkbox"/> Non-ACDBE
_____	_____ %	<input type="checkbox"/> ACDBE Certified
(Name of Subcontractor)	(Percentage of work subcontracted)	<input type="checkbox"/> Non-ACDBE

The undersigned affirms that it has the resources necessary to perform the work described above without subcontracting the work to another subcontractor, except as noted above. The undersigned ACDBE firm understands that the provision of this form to the Proposer does not prevent the subcontractor from providing quotations to other proposers.

Printed Name of ACDBE Firm

By: _____
Signature

Date: _____

***This form must be submitted for each ACDBE firm listed on Schedule 1, "List of Proposed ACDBE Firms".**