



**OFFICE OF ECONOMIC AND SMALL BUSINESS DEVELOPMENT**

Governmental Center Annex  
 115 S. Andrews Avenue, Room A680 • Fort Lauderdale, Florida 33301  
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**AIRPORT CONCESSION DISADVANTAGED  
 BUSINESS ENTERPRISE (ACDBE)**

**QUARTERLY ACTIVITY REPORT**

**Reporting Period:**  1<sup>st</sup> Quarter (10/1/\_\_\_ – 12/31/\_\_\_)  2<sup>nd</sup> Quarter (01/1/\_\_\_ – 03/31/\_\_\_)  
(Please check appropriate reporting period)  3<sup>rd</sup> Quarter (04/1/\_\_\_ – 06/30/\_\_\_)  4<sup>th</sup> Quarter (07/1/\_\_\_ – 09/30/\_\_\_)

Concessionaire: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Project Title: \_\_\_\_\_ Concession Type: \_\_\_\_\_

Concessionaire's Gross Receipts	Reporting Period (listed above)	Total Reported To Date (for Fiscal Year)
<b>TOTAL</b>	\$	\$

ACDBE Name (s)	Gross Receipts for Reporting Period (listed above)	ACDBE Participation % for this Reporting Period	<b>Total</b> ACDBE Gross Receipts Amount reported to date	<b>Total</b> ACDBE Participation % to Date
1.	\$	%	\$	%
2.	\$	%	\$	%
3.	\$	%	\$	%
<b>TOTAL</b>	\$	%	\$	%

\_\_\_\_\_  
 Signature of authorized representative / Date

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Print name of authorized representative

**DBE CONCESSION YEAR 10/01/\_\_\_ THROUGH 09/30/\_\_\_**