



Office of Equal Opportunity  
 Small Business Development Division  
 Government Center Annex

115 S. Andrews Avenue, Room A640 • Fort Lauderdale, Florida 33301 • 954-357-6400 • FAX 954-357-6010

**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: \_\_\_\_\_

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

<b>ACDBE Name (s)</b>	<b>Gross Receipts for Reporting Period (listed above)</b>	<b>ACDBE Participation % for this Reporting Period</b>	<b>Total ACDBE Gross Receipts Amount reported to date</b>	<b>Total ACDBE Participation % to Date</b>
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/\_\_\_