DETROIT METRO • WILLOW RUN
WAYNE COUNTY AIRPORT AUTHORITY

Wayne County Airport Authority ACDBE
Concessionaire Monthly Participation Report

Contract #: 1600392

Reporting Period:

In accordance with 49 CFR 23 the Wayne County Airport Authority requires this report to be submitted monthly during the term of the Concession Agreement. This report is used to monitor ACDBE participation dollars and compliance with the ACDBE contract commitment percentage.

Instructions:

1. Complete one report for each separate contract held with the Airport Authority.
   - List each concept and respective ACDBE participant, along with the activities performed*(attach additional pages if necessary* , revenue received, and J/V participation *(if applicable)*
   - Ensure certifications are completed by each ACDBE participant and an official responsible for the Prime Concessionaire's financial records.
     - Signatures are necessary to certify that the reported values are complete and accurate to the best of the signatory's knowledge *(Pictures of signatures will NOT be accepted)*
       - ACDBE firms must sign on each line in which their participation is reported.
2. Submit report to the Airport Authority on or before the fifteenth (15th) day of each month to business.diversity@wcaa.us.

Prime Concessionaire Information:

Company Name: **Joint Venture?** ☐ **YES** ☐ **NO**

Contact (person with knowledge of the reported information): **Telephone Number:** **E-Mail Address:**

Operating Performance Information:

							ACDBE Joint Venture Participants ONLY		
A	B	C	D	E	F	G	H	I = D x H	J
Location &Terminal	**Concept Name**	**Concession Type**	**Total Gross Revenue** *(Dollars)*	**ACDBE Name**	**ACDBE Participation/Commercially Useful Function** *(goods & services provided this reporting period)*	**ACDBE Gross Revenue** *(Actual Dollars Received during the reporting period)*	**ACDBE J/V % of Gross Sales**	**ACDBE J/V Participation** *(Dollars)*	**ACDBE Certification of Participation Amounts** *(Signature & Date)*
---		---					0.00%	$ 0.00	
							0.00%	$ 0.00	
							0.00%	$ 0.00	
---		---					0.00%	$ 0.00	
							0.00%	$ 0.00	
							0.00%	$ 0.00	
---		---					0.00%	$ 0.00	
							0.00%	$ 0.00	
							0.00%	$ 0.00	
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							0.00%	$ 0.00	
							0.00%	$ 0.00	
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							0.00%	$ 0.00	
							0.00%	$ 0.00	
		Total Gross Revenue	$ 0.00			**Total ACDBE Payments**	$ 0.00	**Total ACDBE Participation $**	$ 0.00

The undersigned representative of the Prime Concessionaire has reviewed the information submitted on this statement and confirms that it is true, correct and complete.

Printed Name Title Signature/Date