**Exhibit F-1: Airport Concessions Disadvantage Business Enterprise (ACDBE)**

**COMMITMENT FORM**

***(This form is required as part of your proposal submission.)***

The ACDBE goal for this concession package is \_\_\_\_%

***NOTE****: The BDDD will only credit ACDBE participation that is certified by an approved certification entity at the time of proposal submission.*

The undersigned concessionaire/vendor has satisfied the requirements of the proposal specifications in the following manner (Please check (✔) only one box):

100% Self-Performance: The proposer, a certified ACDBE firm and sole concessionaire, is committed to meeting or exceeding the ACDBE goal through 100% self-performance. *(If checked, must submit required ACDBE certificate).*

Percentage Participation: The proposer is committed to meeting or exceeding the ACDBE goal, with a minimum of \_\_\_\_% ACDBE participation on this concessions package. *(If checked, must submit required Exhibits F-2, F-4, Draft Partnership Agreement and ACDBE certificate(s)).*

The proposer is unable to meet the ACDBE goal and is committed to a minimum of \_\_\_\_\_% ACDBE participation on this concessions package and submits documentation demonstrating good faith efforts. *(If checked, must submit required Exhibits F-2, F-3, F-4, Draft Partnership Agreement and ACDBE certificate(s)).*

The proposer is unable to meet the ACDBE goal of \_\_\_\_ on this concession package and submits documentation demonstrating good faith efforts. *(If checked, must submit required Exhibits F-2, F-3, F-4, Draft Partnership Agreement and ACDBE certificate(s)).*

The proposer is unable to meet the ACDBE goal and submits documentation demonstrating good faith efforts. *(If checked, must submit required Exhibit E-3).*

Name of Proposing Entity:

Name of Authorized Representative or Designee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_