

CONCESSION TYPE:	REPORTING PERIOD (MONTH/YEAR):			DATE REPORT SUBMITTED:
PRIME CONCESSIONAIRE:	CONTACT PERSON:			TELEPHONE:
ADDRESS:	CITY:	STATE:	ZIP:	EMAIL:
PRIME CONCESSIONAIRE'S TOTAL GROSS RECEIPTS AT AIRPORT FOR REPORTING PERIOD: \$				
PRIME CONCESSIONAIRE'S TOTAL GOODS & SERVICES SPEND AT AIRPORT FOR REPORTING PERIOD: \$				
THE ACDBE GOAL HAS BEEN ESTABLISHED AS _____ % OF TOTAL ACDBE SPEND FOR THIS CONCESSION AGREEMENT.				

PRIME CONCESSIONAIRE AND/OR SUBCONTRACTOR INFORMATION

THE ACDBE(S) WHO WORKED ON THIS CONCESSION AGREEMENT DURING THIS REPORTING PERIOD AND THE VALUE OF WORK PERFORMED BY EACH ARE LISTED BELOW.

LRAA APPROVED ACDBE PRIME OR SUBCONCESSIONAIRE(S)	DESCRIPTION OF WORK	EXPENDITURES	Gender		Ethnic Category*							
			M	F	BA	HA	AP	AI	NA	W	O	
NAME:		\$										
ADDRESS:												
CITY/STATE/ZIP:												
CONTACT NAME:												
TELEPHONE:												
EMAIL:												
NAME:		\$										
ADDRESS:												
CITY/STATE/ZIP:												
CONTACT NAME:												
TELEPHONE:												
EMAIL:												
TOTAL AMOUNT PAID TO ACDBE FIRMS THIS REPORTING PERIOD		\$										

*Black American - BA; Hispanic American - HA; Asian Pacific American - AP; Asian Indian American - AI; Native American - NA; Non-Minority Woman - W; Other - O

I attest that the information submitted in this report is in fact true and correct to the best of my knowledge.

Signature	Title	Date
-----------	-------	------

Note: The information provided herein is subject to verification by the Louisville Regional Airport Authority.