

EXHIBIT F-6: ACTIVE PARTICIPANTS LIST

REQUEST FOR INFORMATION – ACDBE ACTIVE PARTICIPANT’S LIST

As a recipient of federal funds, DFW Airport is required to create and maintain a ACDBE Active Participant’s List. The purpose of the list is to provide as accurate data as possible about the universe of ACDBE and non-ACDBE Concessionaires who seek to work on our federally funded contracts for use in helping to set DFW’s overall goal. Please provide information on ALL prospective concessionaires who submitted request for proposals in support of this solicitation at the time of proposal submission. Attach additional copies of the form if necessary. Failure to provide the information along with your proposal shall deem your proposal non-responsive. This attachment may be a factor used to determine the Concessionaire’s good faith effort responsiveness.

Concessions Solicitation Number:

Solicitation Name:

Name of Prime Concessionaire:

IDENTIFY EVERY CONCESSIONAIRE	NAICS CODE(S)	CERTIFIED FIRM?	GENDER (Majority Owner)	ETHNICITY (Majority Owner)	PREVIOUS YEAR’S ANNUAL GROSS RECEIPTS	UTILIZING ON THIS PROPOSAL?
COMPANY NAME: _____ ADDRESS: _____ CITY: _____ ZIP: _____ PHONE: _____ EMAIL: _____ CONTACT NAME: _____	_____ # OF YEARS IN BUSINESS? _____	<input type="checkbox"/> ACDBE <input type="checkbox"/> NON-ACDBE	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Caucasian (White) <input type="checkbox"/> African American (Black) <input type="checkbox"/> Hispanic American <input type="checkbox"/> Asian-Pacific American <input type="checkbox"/> Asian-Indian <input type="checkbox"/> Native American <input type="checkbox"/> Other Minority	<input type="checkbox"/> LESS THAN \$500K <input type="checkbox"/> \$500K - \$2 MIL <input type="checkbox"/> \$2 MIL - \$5 MIL <input type="checkbox"/> MORE THAN \$5 MIL	<input type="checkbox"/> YES <input type="checkbox"/> NO
COMPANY NAME: _____ ADDRESS: _____ CITY: _____ ZIP: _____ PHONE: _____ EMAIL: _____ CONTACT NAME: _____	_____ # OF YEARS IN BUSINESS? _____	<input type="checkbox"/> ACDBE <input type="checkbox"/> NON-ACDBE	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Caucasian (White) <input type="checkbox"/> African American (Black) <input type="checkbox"/> Hispanic American <input type="checkbox"/> Asian-Pacific American <input type="checkbox"/> Asian-Indian <input type="checkbox"/> Native American <input type="checkbox"/> Other Minority	<input type="checkbox"/> LESS THAN \$500K <input type="checkbox"/> \$500K - \$2 MIL <input type="checkbox"/> \$2 MIL - \$5 MIL <input type="checkbox"/> MORE THAN \$5 MIL	<input type="checkbox"/> YES <input type="checkbox"/> NO
COMPANY NAME: _____ ADDRESS: _____ CITY: _____ ZIP: _____ PHONE: _____ EMAIL: _____ CONTACT NAME: _____	_____ # OF YEARS IN BUSINESS? _____	<input type="checkbox"/> ACDBE <input type="checkbox"/> NON-ACDBE	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Caucasian (White) <input type="checkbox"/> African American (Black) <input type="checkbox"/> Hispanic American <input type="checkbox"/> Asian-Pacific American <input type="checkbox"/> Asian-Indian <input type="checkbox"/> Native American <input type="checkbox"/> Other Minority	<input type="checkbox"/> LESS THAN \$500K <input type="checkbox"/> \$500K - \$2 MIL <input type="checkbox"/> \$2 MIL - \$5 MIL <input type="checkbox"/> MORE THAN \$5 MIL	<input type="checkbox"/> YES <input type="checkbox"/> NO
COMPANY NAME: _____ ADDRESS: _____ CITY: _____ ZIP: _____ PHONE: _____ EMAIL: _____ CONTACT NAME: _____	_____ # OF YEARS IN BUSINESS? _____	<input type="checkbox"/> ACDBE <input type="checkbox"/> NON-ACDBE	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Caucasian (White) <input type="checkbox"/> African American (Black) <input type="checkbox"/> Hispanic American <input type="checkbox"/> Asian-Pacific American <input type="checkbox"/> Asian-Indian <input type="checkbox"/> Native American <input type="checkbox"/> Other Minority	<input type="checkbox"/> LESS THAN \$500K <input type="checkbox"/> \$500K - \$2 MIL <input type="checkbox"/> \$2 MIL - \$5 MIL <input type="checkbox"/> MORE THAN \$5 MIL	<input type="checkbox"/> YES <input type="checkbox"/> NO
COMPANY NAME: _____ ADDRESS: _____ CITY: _____ ZIP: _____ PHONE: _____ EMAIL: _____ CONTACT NAME: _____	_____ # OF YEARS IN BUSINESS? _____	<input type="checkbox"/> ACDBE <input type="checkbox"/> NON-ACDBE	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Caucasian (White) <input type="checkbox"/> African American (Black) <input type="checkbox"/> Hispanic American <input type="checkbox"/> Asian-Pacific American <input type="checkbox"/> Asian-Indian <input type="checkbox"/> Native American <input type="checkbox"/> Other Minority	<input type="checkbox"/> LESS THAN \$500K <input type="checkbox"/> \$500K - \$2 MIL <input type="checkbox"/> \$2 MIL - \$5 MIL <input type="checkbox"/> MORE THAN \$5 MIL	<input type="checkbox"/> YES <input type="checkbox"/> NO

Name & Title of Person Completing This Form: _____

Phone: _____

Email Address: _____

Signature: _____

Date: _____

