



**Airport Concession Disadvantaged Business Enterprise Program (ACDBE)**

**ACDBE Form 5: Schedule of Non-Selected Subcontractors**

V6.16.2025

<b>Proposer/Bidder Name:</b>	
<b>Solicitation Number:</b>	

ACDBE Vendor Name & Address (Include Zip Code)	ACDBE Certified? (Y/N)	Description of Work/Materials	NAICS Code	Reporting Number	Reason not Selected?

The Undersigned certified that the firm(s) above was (were) contacted, in good faith, and that said firm(s) was (were) not selected to participate in this contract.

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**