

Exhibit F-2: ACDBE Intent To Perform
*(This form is required as part of your proposal submission,
except for 100% ACDBE participation.)*

NOTE: An ACDBE Intent To Perform must be submitted for all ACDBEs listed and attach a copy of the ACDBE Certificate for each ACDBE; and NCTRCA-assigned Affidavit Number for out-of-state ACDBE firms.

Name of Concession/vendor firm _____

Address: _____

City: _____ State: _____ Zip _____

Telephone: _____ E-mail address _____

Name of ACDBE Firm: _____

Address: _____

City: _____ State: _____ Zip _____

Telephone: _____ E-mail address _____

Description of Goods and Services or work to be performed by ACDBE firm:

The Concessionaire is committed to utilizing the above named ACDBE for the goods and services or work described above. The estimated dollar value and percentage of this work is \$ _____ . _____ %

NOTE: The ACDBE goal is expressed as a percentage of the total gross dollar value of the proposed concession awarded to ACDBE

AFFIRMATION:

I hereby affirm that the above information is true and complete to the best of my knowledge. I further understand and agree that, this document shall be attached thereto and become a binding part of the concession contract. I further attest that the above-named ACDBE firm affirms that it will perform the portion of the contract for the estimated dollar value as stated above.

By: _____ Title _____
Concessionaire Signature

By: _____ Title _____
ACDBE Signature