

New Orleans Aviation Board

New Orleans International Airport

Concessions Report of DBE Participation Instructions for Completing Report

As per your agreement with the New Orleans Aviation Board, your firm is required to complete a report of Disadvantaged Business Enterprise (DBE) participation. This report should consist of firms whereby purchases of goods and/or services have been purchased during the reporting period. All firms must be certified by the NOAB to be counted toward your firm's DBE goal. For those firms who have other business arrangements with DBE (i.e. joint ventures, partnerships, etc) firms and/or individuals you are required to report distributions of income (both profits and losses) as well.

The following are the definitions of each of the reporting categories:

1. Gross revenues YTD – Firm revenues net of taxes year-to-date
2. Gross revenues this quarter – Firm revenues net of taxes this quarter
3. Total all purchases – Firm goods and services purchases year-to-date
4. Total all purchases this quarter – Firm goods and services purchases this quarter.
5. Total DBE vendor purchases YTD – Total certified NOAB DBE purchases year-to-date.
6. Total DBE vendor purchases this quarter – Total certified NOAB DBE purchases this quarter.
7. Distributions to Partners YTD – Distributions of income/losses to Partners as a result of legal arrangements i.e. joint ventures, partnerships, etc.
8. Distributions to Partners This Quarter – Distributions of income/losses to Partners as a result of legal arrangements i.e. joint ventures, partnerships, etc.
9. Distributions to DBE partner(s) before net income YTD – Distributions of income/losses to DBEs as a result of legal arrangements i.e. joint ventures, partnerships, etc.
10. Distributions to DBE partner(s) before net income this quarter – Distributions of income/losses to DBEs as a result of legal arrangements i.e. joint ventures, partnerships, etc.
11. Distributions to DBE Partner(s) after net income YTD – Distributions of income/losses to DBEs as a result of legal arrangements i.e. joint ventures, partnerships, etc.

12. Distributions to DBE Partner(s) after net income this quarter – Distributions of income/losses to DBEs as a result of legal arrangements i.e. joint ventures, partnerships, etc.
13. Total DBE distributions YTD – Distributions of income/losses to DBEs as a result of legal arrangements i.e. joint ventures, partnerships, etc.
14. Total DBE distributions this quarter – Distributions of income/losses to DBEs as a result of legal arrangements i.e. joint ventures, partnerships, etc.
15. DBE vendor/Provider – Name of DBE firm
16. Description of Service – i.e. office supplies, specialty items, auto body repair, long distance services, computers, paper products, etc.
17. Contract/Purchase Order Amount – If the DBE firm is under contract with your company indicate the amount of the agreement. If the DBE firm has a purchase order to provide services/items, indicate the purchase order amount.
18. Total Amount Paid this quarter – Indicate only the amount actually paid to the DBE during the period. While not required at the time that your company's report is due, as a part of the NOAB's DBE verification process, we are requesting that your firm submit verification of payments made to DBEs on the expenditures reported. This can be achieved by providing copies of accounts payables ledgers or copies of canceled checks.

**New Orleans International Airport – Concessions Report of DBE Participation
200_____**

Please Complete All Information Requested		First Quarter January – March <input type="checkbox"/>		Second Quarter April – June <input type="checkbox"/>		Third Quarter July – September <input type="checkbox"/>		Fourth Quarter October – December <input type="checkbox"/>		For Office Use Only																	
Concessionaire										Date Received:																	
Address								Telephone No.:																			
Preparer's Name										Verified:																	
Preparer's Title								Fax No.:																			
								E-Mail Address:																			
Concession Type Check One:		Food & Beverage <input type="checkbox"/>	Retail <input type="checkbox"/>	Passenger Service <input type="checkbox"/>	Ground Transportation <input type="checkbox"/>	Rental Car <input type="checkbox"/>	In-Flight Catering <input type="checkbox"/>	Display Advertising <input type="checkbox"/>	Ground Services <input type="checkbox"/>	Fixed-Based Operators <input type="checkbox"/>	Other: <input type="checkbox"/>																
(% of DBE Ownership)		%																									
1 Gross Revenues YTD		2 Gross Revenues This Quarter		3 Total All Purchases YTD		4 Total Purchases This Quarter		5 Total DBE Vendor Purchases YTD		6 Total DBE Vendor Purchases This Quarter		7 All Distributions to Partners YTD		8 All Distributions to Partners YTD		9 Distributions to DBE Partner Before Net Income YTD		10 Distributions to DBE Partner Before Net Income YTD		11 Distributions to DBE Partner After Net Income YTD		12 Distributions to DBE Partner After Net Income This Quarter		13 Total DBE Distributions YTD		14 Total DBE Distribution This Quarter	

Did Concessionaire make purchases of goods and services from NOAB certified DBE vendors during the period?
Yes No If Yes, provide details below:

DBE Vendor / Provider	Description of Service / Goods	Contract / P.O. Amount	Total Amount Paid This Quarter	DBE Vendor / Provider	Description of Service / Goods	Contract P.O. Amount	Total Amount Paid This Quarter		
Please attach additional sheets if necessary.			Total Expenditures	\$				Total Expenditures	\$

I, _____, certify that the information contained herein is true and correct. I acknowledge that penalties may be imposed for submitting false information.

Sworn to and subscribed before me this _____ day of _____, 20_____.

Concessionaire's Signature

Title

Date

Notary Public

Commission Expires

To avoid penalty, please submit by the 20th day after the close of each quarter to: Ms. Philistine Glapion-Ferrand, DBE Liaison Officer, P.O. Box 20007, New Orleans, LA 70141, Phone # (504) 465-8867, Fax # (504) 463-1041.