

**Appendix E: Diversity Forms – Federally Funded Projects**

Good Faith Efforts

**1. Airport’s Business Diversity Program**

- A. The Little Rock Municipal Airport Commission (“Commission”) is committed to increasing opportunities for Diverse Companies. The Commission has established a 12% participation goal for Federally Funded Projects. This form documents the Good Faith Efforts (“GFE”) made by all responding companies to subcontract with Diverse Companies. The Company’s demonstration of GFE must prove that the Company **actively and aggressively sought out Diverse Companies to participate in the responsibilities of this solicitation**. Airport Staff will review this form and supporting documentation to confirm GFE. All information provided must be accurate and complete. Determination of a Company’s GFE will be made on a case-by-case basis. The lack of a certified DBE firm will not necessarily disqualify a response, but efforts **must** be documented and explained. The information provided will be evaluated to determine if the Company is responsive. If a response is deemed to be non-responsive, the Response **must** be disqualified.
- B. Click the following links to find certified DBEs: [Arkansas Department of Transportation \(ARDOT\)](#)  
**Note: Only companies certified in ARDOT’s directory as Disadvantage Business Enterprises (DBEs) will count towards federally funded project participation. Certified DBEs must be contacted on federally funded projects to be deemed Responsive.**
- C. Click the following links to find certified Diverse Companies: [Arkansas Economic Development Commission \(AEDC\)](#), [Small Business Administration \(SBA\)](#), or [Women’s Business Enterprise National Council \(WBENC\)](#).
- D. Certifications **must** be valid during the solicitation process and at the time of contract execution, amendments, or extension.  
If you have questions regarding GFEs, diversity opportunities, locating diverse companies, or help to complete your form during the solicitation process, contact Procurement at [procurement@clintonairport.com](mailto:procurement@clintonairport.com) before the Deadline for Questions. All efforts **must** be made prior to the solicitation due date.
- F. Visit our website using the following links for more information on the [Airport’s Business Diversity Program](#) and [Good Faith Efforts](#).

**2. Company Responding to this Solicitation**

- A. **Company Name:** \_\_\_\_\_
- B. **GFE Preparer:** \_\_\_\_\_ **Title:** \_\_\_\_\_
- C. **Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_
- D. Does your Company have any diverse certifications in any state? **Yes**\_\_\_\_ **No**\_\_\_\_ **Certification Type:** \_\_\_\_\_  
**Certification Expiration Date:** \_\_\_\_\_ **Age of Firm:** \_\_\_\_\_ **Annual Gross Receipts** \_\_\_\_\_  
**If Yes, please [list your certifications](#) and [attach certification documents](#).**

**YOU’RE NOT REQUIRED TO SUBMIT ANY FURTHER INFORMATION AND SHOULD MOVE TO THE SIGNATURE BLOCK ON PAGE 3.**

**SIGNATURE IS REQUIRED ON THIS FORM.**

**3. Documentation of Good Faith Efforts**

Non-diverse companies **must** document and describe the good faith efforts taken to meet the goal by completing this form:

<p><b>A.</b> Did your Company attend the Pre-Response meeting scheduled by the Airport?  a. If <b>No</b>, please explain why not.</p>	<p align="right"><b>Yes</b>___ <b>No</b>___</p>
<p><b>B.</b> Did your Company contact Diverse Companies listed in Section 1. B. above?  a. If <b>No</b>, please explain why not.</p>	<p align="right"><b>Yes</b>___ <b>No</b>___</p>
<p><b>C.</b> Did your Company solicit Diverse Companies for participation at least 14 calendar days prior to response opening?  a. If <b>No</b>, please explain why not.</p>	<p align="right"><b>Yes</b>___ <b>No</b>___</p>
<p><b>D.</b> Did your Company solicit Diverse Companies for participation by written notification?  a. If <b>Yes</b>, please attach supporting documentation.  b. If <b>No</b>, please explain why not.</p>	<p align="right"><b>Yes</b>___ <b>No</b>___</p>



<p><b>E.</b> Is your Company preventing Diverse Companies from teaming up with your competitors or other companies? a. If <b>Yes</b>, please explain why.</p>	<p><b>Yes</b> ___ <b>No</b> ___</p>
<p><b>F.</b> Has your Company assisted any Diverse Companies that need assistance in obtaining bonding, insurance, or lines of credit? a. If <b>Yes</b>, please attach supporting documentation. b. If <b>No</b>, please explain why not.</p>	<p><b>Yes</b> ___ <b>No</b> ___</p>
<p><b>G.</b> Did your Company notify any agencies or organizations (i.e., SBA, PTAC, FAA Matchmaker, etc.) that assist in recruiting and placement of Diverse Companies? a. If <b>Yes</b>, please attach supporting documentation. b. If <b>No</b>, please explain why not.</p>	<p><b>Yes</b> ___ <b>No</b> ___</p>

**H. Please provide a list of companies that were contacted:**

We encourage you to contact as many DBE Companies as possible. If needed, use additional sheets. **Attach all supporting documentation (letter of intent, quotes, emails, etc.). Certified DBEs must be contacted on federally funded projects to be deemed responsive.** The certifications **must** be valid during the solicitation process and at the time of contract execution, amendments, or extension.

**Company Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Method of Solicitation: \_\_\_\_\_

Brief description of participation:  
\_\_\_\_\_

Is this Company certified? **Yes** or **No** If **Yes**, in what state? \_\_\_\_\_ Certification Expiration Date: \_\_\_\_\_

NAICS Code(s): \_\_\_\_\_ Age of Firm: \_\_\_\_\_ Annual Gross Receipts: \_\_\_\_\_

Will this firm participate in the contract? If **Yes**, what percentage of the contracted amount? \_\_\_\_\_% Attach certificate

**If Yes, this is a commitment to utilizing the listed company on your contract. Any changes must be presented to the DBELO for review.**

If **No**, explain why Company was not selected:  
\_\_\_\_\_  
\_\_\_\_\_

**Company Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Method of Solicitation: \_\_\_\_\_

Brief description of participation:  
\_\_\_\_\_

Is this Company certified? **Yes** or **No** If **Yes**, in what state? \_\_\_\_\_ Certification Expiration Date: \_\_\_\_\_

NAICS Code(s): \_\_\_\_\_ Age of Firm: \_\_\_\_\_ Annual Gross Receipts: \_\_\_\_\_

Will this firm participate in the contract? If **Yes**, what percentage of the contracted amount? \_\_\_\_\_% Attach certificate

**If Yes, this is a commitment to utilizing the listed company on your contract. Any changes must be presented to the DBELO for review.**

If **No**, explain why Company was not selected:  
\_\_\_\_\_  
\_\_\_\_\_

**Company Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Method of Solicitation: \_\_\_\_\_

Brief description of participation:  
\_\_\_\_\_

Is this Company certified? **Yes** or **No** If **Yes**, in what state? \_\_\_\_\_ Certification Expiration Date: \_\_\_\_\_

NAICS Code(s): \_\_\_\_\_ Age of Firm: \_\_\_\_\_ Annual Gross Receipts: \_\_\_\_\_

Will this firm participate in the contract? If **Yes**, what percentage of the contracted amount? \_\_\_\_\_% Attach certificate

**If Yes, this is a commitment to utilizing the listed company on your contract. Any changes must be presented to the DBELO for review.**

If **No**, explain why Company was not selected:  
\_\_\_\_\_  
\_\_\_\_\_

**Company Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Method of Solicitation: \_\_\_\_\_

Brief description of participation:  
\_\_\_\_\_

Is this Company certified? **Yes** or **No** If **Yes**, in what state? \_\_\_\_\_ Certification Expiration Date: \_\_\_\_\_

NAICS Code(s): \_\_\_\_\_ Age of Firm: \_\_\_\_\_ Annual Gross Receipts: \_\_\_\_\_

Will this firm participate in the contract? If **Yes**, what percentage of the contracted amount? \_\_\_\_\_% Attach certificate

**If Yes, this is a commitment to utilizing the listed company on your contract. Any changes must be presented to the DBELO for review.**

If **No**, explain why Company was not selected:  
\_\_\_\_\_  
\_\_\_\_\_

**I. If your Company was not able to meet the DBE Goal, please explain why the requirement was not met.**

\_\_\_\_\_  
\_\_\_\_\_

**4. Please Sign Below (Signature is Required)**

_____ <b>Signature of Authorized Company Representative</b>			_____ <b>Date</b>
_____ <b>Clinton National Airport DBELO</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____ <b>Date</b>
_____ <b>Executive Staff Member</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____ <b>Date</b>



Letter of Intent

DBE LETTER OF INTENT FORM

(Submit one form for each DBE subcontractor, supplier or manufacturer.)

Project Name/Location: \_\_\_\_\_

FAA AIP Project No: \_\_\_\_\_

Name of Bidder's Firm: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of DBE firm: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Certifying Agency: \_\_ (DBE firm shall submit proof of their certification status)

For the following, please select one:

Classification:  Prime Contractor  Sub-Contractor  Manufacturer  Supplier  Broker

Ethnicity:  Black American  Hispanic American  Native American  Subcont. Asian American
 Asian Pacific American  Non-Minority  Other

Gender:  Female  Male

SUMMARY OF WORK ITEMS

Table with 4 columns: NAICS Code, Description of Work Item, Estimated Quantity, Total Value

The bidder is committed to utilizing the above-named DBE firm for the work described above. The estimated dollar value of this work is \$\_\_\_\_\_.

Affirmation:

The above-named DBE firm affirms that it will perform the portion of the contract for the estimated dollar value as stated above.

By: \_\_\_\_\_ (Signature of DBE firm's representative) \_\_\_\_\_ (Title)

If the bidder does not receive award of the prime contract, any and all representations in this Letter of Intent and Affirmation shall be null and void.