



OFFICE OF COMPLIANCE AND INCLUSION (OCI)

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POINTS OF DISCUSSIONS:

- 1. Provisions of the Federal Programs**
- 2. Project Specific Goals**
- 3. Required OCI Forms/Documents**
- 4. Project Compliance Requirements**
- 5. Fraud and Sanctions**
- 6. OCI Website and Resources**

1. PROVISIONS OF THE FEDERAL PROGRAMS

1a. 49 CFR PART 26 - DISADVANTAGED BUSINESS ENTERPRISE (DBE)

1b. 49 CFR PART 23 - AIRPORT CONCESSIONS DISADVANTAGED BUSINESS ENTERPRISE (ACDBE)

1c. EFFECTIVE MARCH 2013: SMALL BUSINESS ENTERPRISE (SBE) as an element of the DBE Program

2. PROJECT SPECIFIC GOALS

ACDBE Project Specific Goal 3 %

- ✓ **Based on willingness, readiness and availability**
- ✓ Certified ACDBE website:

<http://www.dot.state.oh.us/dbe/Pages/UCP.aspx>

NOTE: THE GOAL IS FOR ACDBEs ONLY

3. REQUIRED OCI DOCUMENTS

4a. Certified ACDBEs:

4a1. **B-3** (*DBE/ACDBE Participation Plan*)

4a2. **B-2** (*DBE/ACDBE Affidavit*)

4a3. **B-4A** (*Letter of Intent to Perform as Subcontractor/Sub-consultant*)

4b. Good Faith Effort

4c. Non-Certified ACDBEs:

4c1. **B-6** (*Non-DBE/SBE/ACDBE Participation Plan*)

4c2. **B-4B** (*Letter of Intent to Perform as Subcontractor/Sub-consultant*)

3. REQUIRED OCI DOCUMENTS - *continuation*

4d. Tier Subcontractors (i.e. 2nd/3rd...)

4d1. **B-8** (*2nd Tier/3rd Tier Subcontractor/Sub-consultant*)

4d2. **For ACDBE: B-2 and B-4A; For Non-ACDBE: B-4B**

4e. Emergency Utilization of Sub-concessionaires

4e1. **B-9** (*Emergency Addition-Conditional Approval of Subcontractor/Sub-consultant*)

- limited to 3 requests only

4E2. Revised ACDBE/Non-ACDBE forms whichever is applicable

4f. With ongoing projects, submit:

4f1. Revised ACDBE/Non-ACDBE forms

4f2. Copies of **ALL** sub-agreements/lease and POs



3a1. ENCLOSURE B-3

(ACDBE Participation Plan)

ENCLOSURE B-3

CERTIFIED DISADVANTAGED BUSINESS ENTERPRISE/AIRPORT CONCESSION DISADVANTAGED BUSINESS ENTERPRISE (DBE/ACDBE) PARTICIPATION PLAN

Name of Prime Contractor			
Name of Project			
Project/Contract No		Total BASE Bid/Proposal Amount	

*****All firms must provide FEDERAL TAX ID NUMBER*** and must complete and sign a B-2 and B-4A form*******

Name of CERTIFIED DBE/ACDBE	Federal Tax ID (must provide)	Address	Contact Person	Scope of Work	Percent Participation	Dollar Value of Work
1. ACDBE ₁	XX-XXXXXX	Xx Street City, State, Zip Code	Name	Check your NAICS Code	%%%	\$\$\$
2. ACDBE ₂	XX-XXXXXX	Xx Street City, State, Zip Code	Name	Check your NAICS Code	%%%	\$\$\$
3.						
4.						
5.						
6.						
7.						
Total DBE/ACDBE Dollars (%)					%%%	\$\$\$\$

The undersigned will enter into formal agreement with the certified DBEs/ACDBEs listed above for work in this schedule conditioned upon the award of a contract by the Cleveland Airport System.

Signature of Prime Contractor Representative	Email	Telephone	Fax	Date
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3a2. ENCLOSURE B-2 (ACDBE AFFIDAVIT)

3a3. ENCLOSURE B-4A (INTENT TO PERFORM...)

Enclosure B2 (DBE/ACDBE AFFIDAVIT)

Enclosure B4-A (Intent to Perform as Certified DBE/ACDBE)

**ENCLOSURE B-2
DBE/ACDBE AFFIDAVIT**

THIS PAGE IS TO BE COMPLETED BY ALL DISADVANTAGED BUSINESS ENTERPRISE/AIRPORT CONCESSION DISADVANTAGED BUSINESS ENTERPRISE (DBE/ACDBE) PROPOSED TO PARTICIPATE ON THIS PROJECT.

I hereby declare and affirm that I am (company representative) _____ and duly authorized representative of the _____ (name of corporation or joint venture) whose address is _____.

I HEREBY DECLARE AND AFFIRM THAT I AM A DISADVANTAGED BUSINESS ENTERPRISE/AIRPORT CONCESSION DISADVANTAGED BUSINESS ENTERPRISE (DBE/ACDBE) AS DEFINED BY 49 CFR Part(s) 23 or 26. I WILL PROVIDE INFORMATION AND/OR THE CERTIFICATION TO DOCUMENT THIS FACT **(attach copy of certification)**.

I DO SOLEMNLY SWEAR OR DECLARE AND AFFIRM THAT THE CONTENTS OF THE FOREGOING STATEMENT ARE TRUE AND CORRECT, AND THAT I AM AUTHORIZED, ON BEHALF OF THE ABOVE FIRM, TO MAKE THIS AFFIDAVIT.

(Affiant) (Date)

State of _____)
City and County of _____)

On this _____ day of _____, _____, the undersigned officer personally appeared, _____, known to me to be the person whose name is subscribed to the abovementioned Affidavit, and acknowledged that he executed the same in his capacity therein stated and for the purposes therein stated.

In witness whereof, I have hereunto set my hand and official seal.

My _____
(Notary Public)

(SEAL)

**ENCLOSURE B-4A
LETTER OF INTENT TO PERFORM AS A CERTIFIED DBE/ACDBE SUB-CONTRACTOR/CONSULTANT**

This form is to be completed by Prime Contractors and Consultants and ALL certified DBE and ACDBE Sub-contractors and Sub-consultants.

Project Name: _____
Location: _____

TO BE COMPLETED BY PRIME CONTRACTOR/CONSULTANT

Prime Contractor/Consultant: _____
(FEDERAL TAX ID – MUST PROVIDE) _____

I am the _____ and duly authorized representative of the (firm of) _____, which intends to perform work for the above project operating as (strike out words that do not apply) an Individual, a Company, a Corporation, organized and existing under the law of the State of _____, or a Proprietorship, a Partnership, or Joint Venture consisting of: _____

TO BE COMPLETED BY CERTIFIED SUB-CONTRACTORS/CONSULTANTS

DBE/ACDBE Subcontractors/consultants: _____

The firm I represent is a Disadvantaged Business Enterprise/Airport Concession Disadvantaged Business Enterprise which is currently certified by the Ohio Unified Certification Program as DBE/ACDBE with a certification date of _____. My firm is certified to perform work in the following areas: (Please provide a description of ALL work along with the NAICS Code for which your firm is certified): _____

The undersigned is prepared to perform the following described work in connection with the above project. (Specify in appropriate detail particular work items or parts to be performed along with NAICS Code for this project only. Also, please provide associated pricing with work outlined)

Type of Work and Items	Price Associated
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

You have projected the following commencement date for such work, and the undersigned is projecting completion of such work as follows (Do not leave the chart below blank. Information is to be provided for ALL procurements with the exception of RFQ's (task order) and concessions (ACDBE) projects.

Rev 3/2013

3b. GOOD FAITH EFFORT (49 CFR Part 26.53)

**All solicitation
documentations must be
included with proposals upon
submissions**

[49CFR Part 26-Appendix A49 CFR 26.53(a)(2)]

ENCLOSURE B-5 GOOD FAITH EFFORTS GUIDELINES

Instructions: In the event a competitor is unable to commit to full attainment of an established AC/DBE contract specific goal, a good faith efforts evaluator must be conducted by the Airport. All competitors must provide documentation demonstrating all of the steps outlined below were taken in attempting to obtain AC/DBE participation. **ALL GOOD FAITH EFFORT DOCUMENTATION MUST BE SUBMITTED AT THE TIME OF BID/PROPOSAL QUALIFICATION.** With the exception of the RFQ process, the Airport is not allowed to contact potential contractors/consultants prior to selection of the successful bidder/proposer regarding information submitted. If good faith efforts are not submitted at the time of bid/proposal the bidder/proposer will be deemed **NON-COMPLIANT**.

1. Whether the contractor attended any pre-solicitation or pre-bid meetings that were scheduled by the recipient to inform AC/DBEs of contracting and subcontracting opportunities;
2. Whether the contractor advertised in general circulation, trade association, and minority-focus media concerning the subcontracting opportunities;
3. Whether the contractor provided written notice to a reasonable number of specific AC/DBEs, that their interest in the contract was being solicited in sufficient time to allow the AC/DBEs to participate effectively;
4. Whether the contractor followed up initial solicitations of interest by contacting AC/DBEs to determine with certainty whether the AC/DBEs were interested;
5. Whether the contractor selected portions of the work to be performed by AC/DBEs in order to increase the likelihood of meeting the AC/DBE goals (including, where appropriate, breaking down contracts into economically feasible units to facilitate AC/DBE participation);
6. Whether the contractor provided interested AC/DBEs with adequate information about the plans, specifications and requirements of the contract;
7. Whether the contractor negotiated in good faith with interested AC/DBEs, not rejecting AC/DBEs as unqualified without sound reasons based on a thorough investigation of their capabilities;
8. Whether the contractor made efforts to assist interested AC/DBEs in obtaining bonding, lines of credit or insurance required by the recipient or contractor; and
9. Whether the contractor effectively used the services of available minority community organizations; disadvantaged contractors' groups; local, state and Federal disadvantaged business assistance offices; and other organizations that provide assistance in the recruitment and placement of AC/DBEs.

***PLEASE ATTACH ALL SUPPORTING DOCUMENTATION OF THE GOOD FAITH EFFORTS TO THE BID/PROPOSAL QUALIFICATIONS. COMPETITORS WILL BE DETERMINED NON-COMPLIANT WITHOUT THE APPROPRIATE SUPPORTING GOOD FAITH EFFORTS DOCUMENTATION.**



3c1. ENCLOSURE B-6

(NON CERTIFIED DBE/ACDBE AND SBE PARTICIPATION PLAN)

ENCLOSURE B-6

NON-CERTIFIED DISADVANTAGED BUSINESS ENTERPRISE/AIRPORT CONCESSION DISADVANTAGED BUSINESS ENTERPRISE (NON CERTIFIED DBE/ACDBE) AND SMALL BUSINESS ENTERPRISE (SBE) PARTICIPATION PLAN

******Bidders MUST make a Good Faith Effort to meet the established SBE Goal******

Name of Prime Contractor			
Name of Project			
Project/Contract No		Total BASE Bid/Proposal Amount	

+ *****All firms must provide FEDERAL TAX ID NUMBER*** and must complete and sign a B-4B form*******

	Name of CERTIFIED DBE/ACDBE	Federal Tax ID (must provide)	Address	Contact Person	Scope of Work	Percent Participation	Dollar Value of Work (Non-Certified DBE/ACDBE)
1.	NON-ACDBE ₁	xx- xxxxxx	Street City, State, zip	name	Based on project scope	%%%	\$\$\$
2.							
3.							
4.							
5.							
6.							
Total NON CERTIFIED DBE/ACDBE Dollars (%)							\$\$\$\$

The undersigned will enter into formal agreement with the subcontractors listed above for work in this schedule conditioned upon the award of a contract by the Cleveland Airport System.

Signature of Prime Contractor Representative	Email	Telephone	Fax	Date
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3c2. ENCLOSURE B-4B

(LETTER OF INTENT TO PERFORM AS A NON-CERTIFIED DBE/ACDBE AND SBE SUBCONTRACTOR/SUB-CONSULTANT)

ENCLOSURE B-4B

LETTER OF INTENT TO PERFORM AS A NON-CERTIFIED DBE/ACDBE and SBE SUBCONTRACTOR/SUBCONSULTANT

*This form is to be completed by Prime Contractors and Consultants and ALL **NON-CERTIFIED DBE, ACDBE and SBE** Subcontractors and Sub-consultants.*

Project Name: _____
 Location: _____

TO BE COMPLETED BY PRIME CONTRACTOR/CONSULTANT

Prime Contractor/Consultant: _____
 (Federal Tax ID Number – MUST PROVIDE _____)

I am the _____ and duly authorized representative of the (firm of) _____, which intends to perform work for the above project operating as (*strike out conditions that do not apply*) an individual, a Company, a Corporation, organized and existing under the law of the State of _____, or a Proprietorship, a Partnership, or Joint Venture consisting of:

TO BE COMPLETED BY NON-CERTIFIED DBE/ACDBE/SBE SUB-CONTRACTORS/CONSULTANTS

Sub-Contractor/Consultant: _____

I am the _____ and duly authorized representative of the (firm of) _____, which intends to perform work for the above project operating as (*strike out conditions that do not apply*) an individual, a Company, a Corporation, organized and existing under the law of the State of _____, or a Proprietorship, a Partnership, or Joint Venture consisting of:

You have projected the following commencement date for such work, and the undersigned is projecting completion of such work as follows (Do not leave the chart below blank. Information is to be provided for ALL procurements with the exception of RFQ's (task order) and concessions (revenue generating))

projects. If the chart below has not been completed the form will be considered INCOMPLETE and will be returned and potentially delay the procurement process):

<u>Type of Work and Items</u>	<u>Work Hours Involved</u>	<u>Projected Commencement Date</u>	<u>Projected Completion Date</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

REPRESENTATION TO UTILIZE 2ND/3RD TIER SUB-CONTRACTOR/CONSULTANTS

I further represent that _____ percent (___ %) of the dollar value of my subcontract will be performed by 2nd / 3rd tier subcontractors and/or suppliers, which are: ___ certified / ___ not certified by the Airport as an Airport Concession/Disadvantaged Business Enterprise. (*Please provide 2nd/3rd tier sub information on form B-7.*)

NOTE: All sub-contractor/consultant agreements with certified and non-certified sub-contractors/consultants must be provided to the Airport prior to issuance of the DBE/ACDBE/SBE Notice to Proceed (NTP). Delay in receipt of this information can directly impact the project timeline.

TO BE COMPLETED BY NON-CERTIFIED SUB-CONTRACTOR/CONSULTANTS

The undersigned sub-contractor/consultant will enter into a formal agreement for the above work with _____ (prime contractor/consultant) conditioned upon the execution of a contract with the Airport.

Respectfully submitted, this
 _____ Day _____, 20____

(NON-CERTIFIED DBE/ACDBE/SBE Firm Name) _____
 (Address) _____

(Signature) _____
 (Name Typed) _____
 (Title) _____

(SEAL IF PROPOSER IS A CORPORATION)



3d1. ENCLOSURE B-8 (ALL TIER SUB-CONCESSIONAIRES)

ENCLOSURE B-8

2ND/3RD TIER SUBCONTRACTOR/SUBCONSULTANT FORM

THIS FORM IS TO PROVIDE A LISTING OF ALL 2ND/3RD TIER SUB-CONTRACTORS AND SUBCONSULTANTS PERFORMING ON THE PROJECT. ALL SUBCONTRACTOR AGREEMENTS MUST BE PROVIDED PRIOR TO RECEIVING A DBE/ACDBE NTP (NOTICE TO PROCEED). DELAY IN RECEIPT OF THIS INFORMATION CAN DIRECTLY IMPACT PROJECT SCHEDULE.

DEFINITIONS

2ND TIER SUB-CONTRACTORS/CONSULTANTS – CONTRACTORS THAT CONTRACT DIRECTLY WITH THE 1ST TIER SUB-CONTRACTORS/CONSULTANTS.

3RD TIER SUB-CONTRACTOR/CONSULTANTS – CONTRACTORS THAT CONTRACT DIRECTLY WITH THE 2ND TIER SUB-CONTRACTORS/CONSULTANTS.

Name of Prime Contractor											
Name of Project								Total BASE Bid Amount			
*** All firms must provide FEDERAL TAX ID NUMBER AND COPIES OF AGREEMENTS ***											
#	2 nd /3 rd Tier Sub-Contractor/Consultant Name	1 st TIER Sub-Contractor/Consultant w/ Agreement w/ 2 nd /3 rd Tier	Identify 2 nd Tier 3 rd Tier	CERTIFIED DBE/ACDBE (YES / NO)	Federal Tax ID (must provide)	Address	Contact Person	Scope of Work	Total Dollar Amount		
1.	Firm 1	Sub to Sub	1st	Yes	xx-xxxxxxx	Street City, State Zip	Point of Contact	Solicited Work (NAICS)	\$\$\$\$\$		
2.	Firm 2	Sub to sub to sub	2nd	No	xx-xxxxxxx	Street City, State Zip	Point of Contact	Solicited Work	\$\$\$\$\$		
3.	Firm 3	Sub to sub to sub to sub	3rd	No	xx-xxxxxxx	Street City, State Zip	Point of Contact		\$\$\$\$\$		
4.											
5.											
6.											
7.											
								TOTAL DOLLARS			

The undersigned will enter into formal agreement with the subcontractors listed above for work in this schedule conditioned upon the award of a contract by the Cleveland International Airport.

Signature of Prime Contractor Representative	Email:	Telephone	Fax	Date
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3e1. ENCLOSURE B-9 (EMERGENCY FORM)

Emergency Form Requirements:

1. **Acquire prior approval before utilization of sub/s**
2. **Submit revised documents to add/exclude a sub**
 - ✓ For ACDBE – B-3, B-2, B-4A
 - ✓ Non ACDBE – B6, B-4B
 - ✓ For Tier – use forms accordingly
3. **Limited to 3 requests only**

ENCLOSURE B-9
EMERGENCY ADDITION-CONDITIONAL APPROVAL OF SUB-CONTRACTOR/CONSULTANT FORM
THIS FORM IS TO BE USED ONLY WHEN SUBCONTRACTORS/CONSULTANTS ARE TO BE ADDED
ON AN EMERGENCY BASIS

APPROVAL WILL BE GRANTED WITHIN 24 HOURS OF THE FORMAL REQUEST

PROJECT: _____

CONTRACT AMOUNT: _____

EST. WORK START DATE: _____

EST. COMPLETION DATE: _____

SUPPLIER ONLY: _____ YES/NO _____

TO THE DIRECTOR OF THE CLEVELAND AIRPORT SYSTEM,
I RESPECTFULLY REQUEST YOUR CONSENT TO SUBLET THE FOLLOWING WORK TO:
SUBCONTRACTOR/CONSULTANT TO PERFORM: _____

FEDERAL TAX ID: _____

WORK TO BE PERFORMED (ADD NAICS CODES): _____

CONTACT PERSON: _____

ADDRESS AND PHONE NUMBER: _____

SUB-SUB (ONLY FOR SUBS OF SUBS – PLEASE LIST ORIGINAL SUBS NAME): _____

TIER: 1, 2 OR 3	DBE CERTIFIED & CERTIFICATION DATE (YES/NO)	EST. START & COMPLETION DATE	PERCENTAGE (%)	TOTAL CONTRACT AMOUNT (\$)

BY SIGNING THIS FORM, THE CONTRACTOR LISTED BELOW HAS MADE ASSURANCES THAT ALL SUBCONTRACTORS LISTED ABOVE WHO ARE UTILIZED TOWARDS THE FULFILLMENT OF A DBE GOAL WILL BE PERFORMING A COMMERCIALY USEFUL FUNCTION AS OUTLINED IN 49 CFR PART 26. IF IT IS DISCOVERED THAT THE DBE IS NOT PERFORMING OR HAS NOT PERFORMED A COMMERCIALY USEFUL FUNCTION, THE PRIME CONTRACTOR WILL IMMEDIATELY NOTIFY THE EBED OFFICE OF ITS FINDINGS. THE APPROVAL OF THIS FORM IS CONDITIONAL. FINAL APPROVAL WILL NOT BE GRANTED UNTIL ALL EBED A & B FORMS ARE COMPLETED & CONTRACTUAL AGREEMENTS ARE SIGNED AND PROVIDED TO THE EBED OFFICE WITHIN 5 DAYS OF SIGNATURE. THIS ADDITION MUST BE APPROVED BY THE AIRPORT DIRECTOR AND CITY OF CLEVELAND BOARD OF CONTROL. THIS CONTRACT IS SUBJECT TO STATE OF OHIO PREVAILING WAGE OR FEDERAL DAVIS BACON (WAGE & HOUR) REQUIREMENTS. PLEASE CONTACT 216-265-3359 FOR ADDITIONAL INFORMATION. IF THE WAGE & HOUR STANDARDS ARE NOT COMPLIED, PAYMENT TO THE CONTRACTOR CAN BE STOPPED OR THE PROJECT CAN BE STOPPED ENTIRELY.

CONTRACTOR SIGNATURE: _____

REQUESTED SUB-CONTRACTOR SIGNATURE: _____

EBED SIGNATURE: _____

APPROVED: _____ DENIED: _____

REASON FOR DENIAL: _____

5a. Contract Clause: Assurance Language Inclusion

Title 49/Subtitle A/§ 23.9

"This agreement is subject to the requirements of the U.S. Department of Transportation's regulations, 49 CFR part 23. The concessionaire or contractor agrees that it will not discriminate against any business owner because of the owner's race, color, national origin, or sex in connection with the award or performance of any concession agreement, management contract, or subcontract, purchase or lease agreement, or other agreement covered by 49 CFR part 23."

Applied to ALL!

(Prime Concessionaire, ALL Tier sub-lease either certified and non-certified ACDBE)

4. PROJECT COMPLIANCE REQUIREMENTS

4b. B2GNow Payments Compliance Reporting

A. What to do?

1. Go to [Website: https://Cleveland.diversitycompliance.com/Default.asp](https://Cleveland.diversitycompliance.com/Default.asp)
2. Monthly Audit
3. Subs Payment verifications
4. **Upload or e-mail supporting documents** (*i.e. invoices and cancelled checks*)

B. Not sure what to do?

Training! Training! Training!



4d: ADDITIONS/SUBSTITUTIONS/EXCLUSIONS OF SUBCONTRACTORS/CONSULTANTS /CONCESSIONAIRES

✓ 49 CFR Part 26.53:

1. Require **PRIOR APPROVAL**
 - Letter of justification from Prime
 - Letter of approval from OCI
2. Good Faith Effort applied

AND...

Submit:

1. Revised corresponding forms
2. Sub-agreements/lease

✓ **City of Cleveland**

SUB-CONTRACTOR ADDITION & SUBSTITUTION POLICY

EFFECTIVE November 1, 2011

The Policy and Procedure for sub-contractor Addition and Substitution will be enforced throughout The City of Cleveland.

All sub-contractor Addition and/or Substitution request must be approved by the Board of Control **prior** to commencement of work and or services.

Note: The City assumes no obligation to pay , and **will not** pay a contractor for any work and or services performed by a sub-contractor on the contract prior to Board of Control approval of that sub-contractor.

Questions: Contact your Project Manager, the Division of Purchasing & Supplies or the Office of Equal Opportunity.

Division of Purchasing Supplies: 216-664-2620

Department of OEO: 216-664-4152

The complete **Subcontractor Addition and Substitution Policy** is available on-line at <http://www.city.cleveland.oh.us>

Click on **Doing Business with the City** under the **BUSINESS** drop-down menu.

5. SANCTIONS FOR NON- COMPLIANCE

Regulation

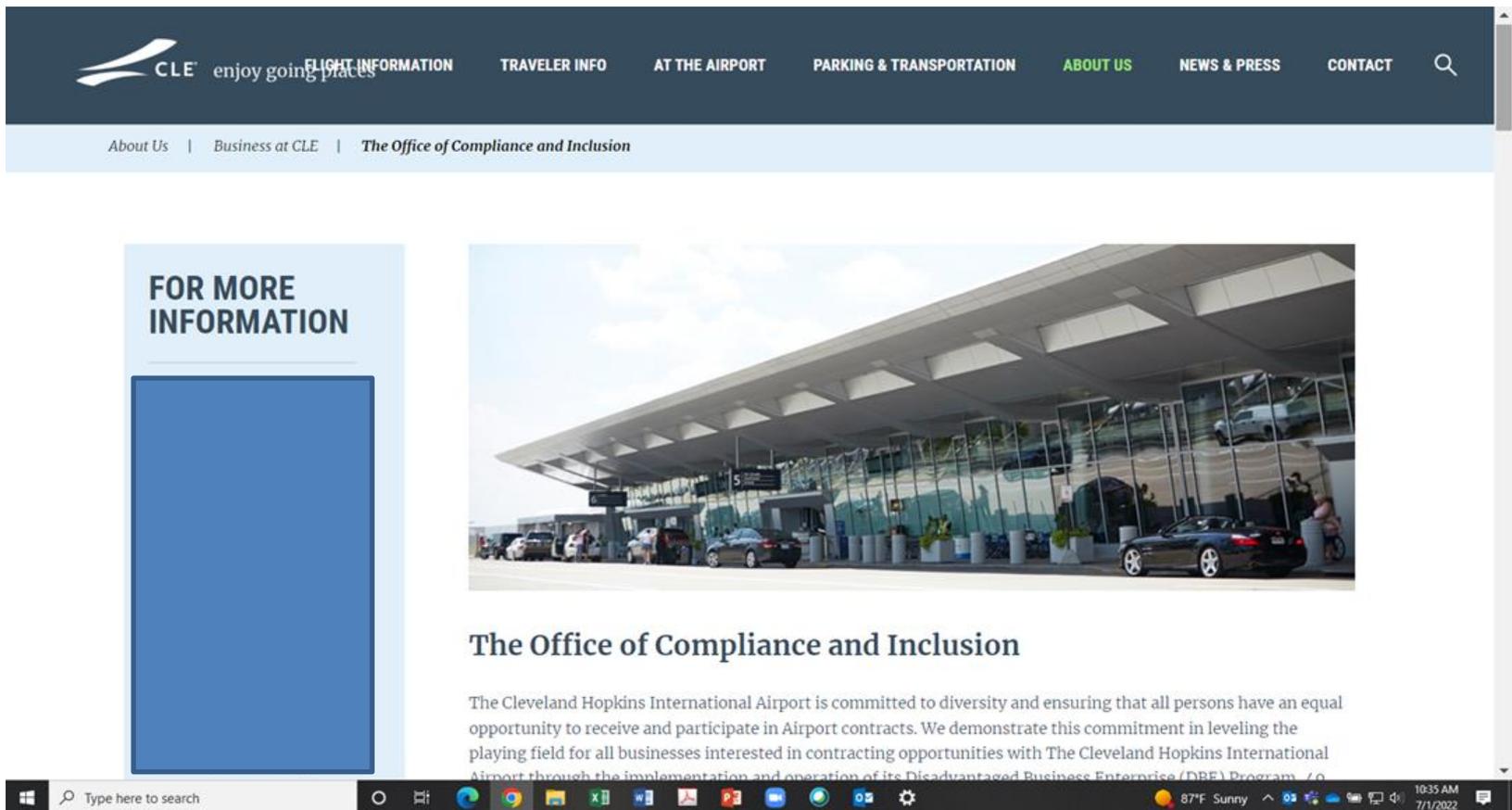
<http://www.dol.gov/whd/regs/compliance/whdfs66.pdf>

1. Contract payments withheld under CWHSSA
2. Grounds for contract termination
3. Contractor liability for any resulting costs to the government
4. Debarment from future contracts for a period up to three years

OCI is providing ALL the information as a public service. This information and related materials are presented to give the public access to information on Department of Transportation and Department of Labor programs.

6. OCI WEBSITE AND RESOURCES

<https://www.clevelandairport.com/about-us/business-cle/office-of-compliance-and-inclusion>



The screenshot shows the website's navigation bar with the CLE logo and the tagline "enjoy going places". The main menu includes links for FLIGHT INFORMATION, TRAVELER INFO, AT THE AIRPORT, PARKING & TRANSPORTATION, ABOUT US (highlighted in green), NEWS & PRESS, and CONTACT. A search icon is also present. Below the navigation bar, a breadcrumb trail reads "About Us | Business at CLE | The Office of Compliance and Inclusion". The main content area features a large blue box on the left with the text "FOR MORE INFORMATION" and a placeholder image. To the right is a large photograph of the airport terminal building. Below the photo is the heading "The Office of Compliance and Inclusion" and a paragraph of text: "The Cleveland Hopkins International Airport is committed to diversity and ensuring that all persons have an equal opportunity to receive and participate in Airport contracts. We demonstrate this commitment in leveling the playing field for all businesses interested in contracting opportunities with The Cleveland Hopkins International Airport through the implementation and operation of its Disadvantaged Business Enterprise (DBE) Program."

OCI Requirements



**Written questions - send to
designated Procurement Officer**