

ADBECA, INC.

ARKANSAS DISADVANTAGE BUSINESS ENTERPRISE CONTRACTORS ASSOCIATION, INC.

SUPPORTIVE SERVICES PROGRAM TECHNICAL ASSISTANCE /TRAINING EVALUATION FORM

has requested to provide the following services; The technical assistance and/or training has been approved for federal funds from the Arkansas DBE Contractors Association Supportive Services Program upon receipt of this form and appropriate billing.

Assistance was provided (dates) From to

Person who provided assistance:

Was this person knowledgeable concerning technical matters? Yes No
Were they aware of applicable rules and regulations? Yes No
Was the assistance you received what you needed? Yes No
Was enough time allotted for the assistance? Yes No
Did you or staff work with the person providing assistance? Yes No
Was anything learned that could be used at another time? Yes No
Is this an effective way to provide assistance to DBEs? Yes No
How was the service or product used?

(Example: Contractor's license application submitted to licensing board)

Additional Comments:

I understand that I am solely responsible for selection of the Supportive Services Consultant and that ADBECA neither recommends nor guarantees the services or products provided.

Signed: _____
DBE Owner

Date:

PLEASE RETURN AS SOON AS POSSIBLE. THE DBE FIRM MUST COMPLETE AND RETURN THIS FORM BEFORE REIMBURSEMENT WILL BE MADE TO THE DBE FOR SERVICES RENDERED BY THE CONSULTANT.

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