

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.

1510 South Broadway
Little Rock, AR 72202

Toll free: 1-866-887-5883

www.adbeca.com

Telephone: 501-374-4680
Fax No.: 501-375-1277
