

ILLINOIS UNIFIED CERTIFICATION PROGRAM
CONTINUED DBE ELIGIBILITY AFFIDAVIT

INSTRUCTION TO APPLICANTS:

This form must be completed in full. If a question does not apply, write "N/A". All requested documents must be submitted. This form must be **SIGNED** by socially disadvantaged owner(s) whose combined interest totals 51% or more of voting stock in disadvantaged business enterprise. **NOTARIZATION** of form is required.

NAME OF FIRM: _____

ADDRESS: _____

Street	County	City	State	Zip
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MAILING ADDRESS (if different): _____

Street
County
City
State
Zip

TELEPHONE: () _____ FAX: () _____

WEBSITE ADDRESS: _____ **E-MAIL ADDRESS:** _____

CONTACT PERSON: _____ **FEDERAL TAX ID (if any):** _____

- 1. ETHNICITY:** (Please check one)

- ☐ Black
☐ Hispanic
☐ Asian Pacific
☐ Native American Indian
☐ Subcontinent Asian
☐ Other (Specify) _____

- GENDER:** (Please check one)

- ☐ MALE
☐ FEMALE

TYPE OF FIRM: (Please check one)

- ☐ Partnership
☐ Limited Partnership
☐ Sole Proprietorship
☐ Corporation
☐ Limited Liability Corporation
☐ Limited Liability Partnership
☐ Other (Specify) _____

3. Describe the primary activities of your firm:	<u>NAICS CODES</u>
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Firms requesting expanded business areas that have changed from the last date of certification, must include documentation demonstrating support of the expanded areas of expertise or specialty such as resumes, contracts, purchase orders/invoices, distributorship authorization, etc.

NOTE: Firms not aware of this classification should contact their local Small Business Administration office for assistance. You may also go to <http://www.ntis.gov/naics>.

4. Describe all real estate agreements of facilities used by firm. Indicate if facilities are owned or leased by the firm, including rental amount and whether the agreements are written or verbal.

Owner	Check If Owned	Rental Amount	Location

- SUBMIT COPIES OF ALL LEASES. IF OWNED, PROVIDE PROOF OF OWNERSHIP.**

- A. Do you share any facilities? ☐ Yes ☐ No
- B. If yes, indicate which facilities are shared _____
- C. With whom do you share facilities? (Firm name/individual) _____
- D. What are the shared firm's business activities? _____

5. List current licenses/permits held by any owner and/or employee of your firm (e.g., contractor, engineer, architect, etc.) Attach additional sheets if needed.

Name of License/Permit Holder	Type of License/Permit	Expiration Date	License Number and State

- SUBMIT COPIES OF REGISTRATION, LICENSE OR CERTIFICATES.**

6. Since your last date of certification has your firm:

- A. Received certification by other agencies? ☐ Yes ☐ No *IF YES, INCLUDE COPY OF LETTER*
- B. Received certification denials/decertification? ☐ Yes ☐ No *IF YES, INCLUDE COPY OF LETTER*

- OUT OF STATE FIRMS MUST SUBMIT CURRENT CERTIFICATION.**

7. Amount of annual gross receipts, for the past three years: (including all affiliates and subsidiaries)

_____ Year Ending	_____ Year Ending	_____ Year Ending
\$ _____ Amount	\$ _____ Amount	\$ _____ Amount

- A. All firms must submit financial documentation for the past year that includes copies of year-end balance sheet and profit/loss (income) statement and complete signed federal tax return forms.
- B. All firms must submit for the past year complete signed copy of U.S. Individual Tax Return, including all schedules, for socially disadvantaged owner(s) whose combined interest totals 51% or more ownership and voting stock in disadvantaged business enterprise.

8. Current number of employees of the firm (including all affiliates and subsidiaries)

Full-time _____

Part-time _____

9. Since your last certification, have any of the following changed? If yes for any of the following, submit support documentation and/or copy of resolutions detailing all changes, identifying individuals by ethnicity and gender.

- A. Owners/Partners: ☐ Yes ☐ No
B. Officers: ☐ Yes ☐ No
C. Directors: ☐ Yes ☐ No
D. Control/Management: ☐ Yes ☐ No

- ***SUBMIT PROOF OF CITIZENSHIP/LEGAL, PERMANENT RESIDENT.***
- ***SUBMIT DETAILED RESUMES OF OWNERS, DIRECTORS, OFFICERS, AND PARTNERS.***
- ***SUBMIT PROOF OF CONTRIBUTION TO ACQUIRE OWNERSHIP INTEREST IN THE FIRM.***

10. Identify all owners, partners, and stockholders by name, gender, ethnic group and percentage of ownership. For ethnic group, use codes: (B) Black, (H) Hispanic American, (N) Native American, (AP) Asian-Pacific, (AI) Subcontinent Asian, OTHER (Specify).

Name	US Citizen Yes/No	Legal Permanent Resident Yes/No	Gender	Ethnic Group	Date of Ownership	% Owned	Voting %

11. Complete the following information regarding your firm's Officers and Board of Directors. For ethnic group, use codes: (B) Black, (H) Hispanic American, (N) Native American, (AP) Asian-Pacific, (AI) Subcontinent Asian, OTHER (Specify).

Title	Name	Gender	Ethnic Group	% of time Devoted to Business	Date Appointed
Chairman					
President					
Vice President					
Secretary					
Treasurer					
Other					
Director					
Director					
Director					

12. Identify your firm's management personnel who control the firm in the following areas. (If more than two people, attach a separate sheet.) If additional space is required, submit an attached sheet.

	Name	Title	Ethnicity	Gender
(1) Financial decisions <i>(Responsibility for acquisition of lines of credit, surety bonding, supplies, etc.)</i>	a.			
	b.			
(2) Estimating and bidding	a.			
	b.			
(3) Negotiating and contract execution	a.			
	b.			
(4) Hiring/firing of management personnel	a.			
	b.			
(5) Field/Production Operations Supervisor	a.			
	b.			
(6) Office management	a.			
	b.			
(7) Marketing/Sales	a.			
	b.			
(8) Purchasing of major equipment	a.			
	b.			
(9) Authorized to Sign Company Checks (for any purpose)	a.			
	b.			
(10) Authorized to make Financial Transactions	a.			
	b.			

13. Identify any owner or management official of the applicant firm who has an ownership interest in any other firm. Provide information as to the owner's title, address of firm, percent of ownership and product or service of the other firm.

Owner/Manager	Name and Address of other Firm	Title in Other Firm	Ownership %	Product or Service of Firm

- ***SUBMIT COPY AFFILIATE TAX RETURNS***
- ***SUBMIT STOCK TRANSFERS***

14. Identify any loans made to your firm since your last certification, indicating loan source and amount.

Loan Source	Purpose of Loan	Name of Person Securing the Loan	Loan Amount
			\$
			\$
			\$

- ***SUBMIT A SIGNED COPY OF EACH OF THESE LOANS***

15. List the three (3) largest contracts issued/completed, materials supplied or services performed by your firm in the last year.

Name of Owner/Contractor	Name/Location of Project	Type of Work Performed	Dollar Value of Contract

- ***SUBMIT COPIES OF CONTRACTS/PURCHASE ORDERS/INVOICES FOR PROJECTS IDENTIFIED***

CONTINUED DBE ELIGIBILITY

AFFIDAVIT

This form must be signed and notarized for each owner upon which disadvantaged status is relied.

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

I _____ (full name printed), swear or affirm under penalty of law that I am

_____ (title) of applicant firm _____ (firm name)

and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

I recognize that the information submitted in this application is for the purpose of inducing certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any entity named in the application, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its place(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification. If awarded a contract or subcontract, I agree to promptly and directly provide the prime contractor, if any, and the Department, recipient agency, or federal funding agency on an ongoing basis, current, complete, and accurate information regarding (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to provide written notice to the recipient agency or Unified Certification Program (UCP) of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership, address, telephone number, etc.). I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

I certify that I am a socially and economically disadvantaged individual who is an owner of the above-referenced firm seeking certification as a Disadvantaged Business Enterprise (DBE). In support of my application, I certify that I am a member of one or more of the following groups, and that I have held myself out as a member of the group(s) (circle all that apply):

Female

Black American

Hispanic American

Native American

Asian-Pacific American

Subcontinent Asian American

Other (specify) _____

I certify that I am socially disadvantaged because I have been subjected to racial or ethnic prejudice or cultural bias, or have suffered the effects of discrimination, because of my identity as a member of one or more of the groups identified above, without regard to my individual qualities. I further certify that my personal net worth does not exceed \$750,000, and that I am economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business that are not socially and economically disadvantaged.

I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

(Signature of Owner, Title)

Date

(Signature of Owner, Title)

Date

(Signature of Owner, Title)

Date

Notary Seal: Subscribed and sworn to before me this _____ date of _____, 20_____.

Signed: _____ Notary Public in and for the County of: _____ State: _____

My commission expires: _____

Notary Seal: