**SMALL BUSINESS ENTERPRISE (SBE) PROGRAM**

**“Declaration of Certification”**

Please Print Clearly

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| **I. BUSINESS PROFILE (*attach additional sheets, if needed)*** | | | | | | | | | | | | | | | | | | | | |
| Business Name: | | | | | | | | | | | | | | | | | | | | |
| Owner/Name: | | | | | | | Title: | | | | | | | | | Ownership  Percentage: | | | | |
| Owner/Name: | | | | | | | Title: | | | | | | | | | Ownership  Percentage: | | | | |
| Business Address: | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | State: | | | | | | | Zip: | | | | | | | |
| Mailing Address (if different): | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | State: | | | | | | | Zip: | | | | | | | |
| Business Telephone: ( ) | | | | | | | Fax: ( ) | | | | | | | | | | | | | |
| Email: | | | | | | | Website: | | | | | | | | | | | | | |
| Date Established: | | | | | | State of Incorporation: | | | | | | | | FEIN: | | | | | | |
| Number of Current Employees: | | | | | | Full Time: | | | | | | | | Part-Time: | | | | | | |
| Primary Activities of Business: | | | | | | | | | | | | | | | | | | | | |
| Legal Business Structure (please check one) | | | | | | | | | | | | | | | | | | | | |
| □ Corporation | | | □ Limited Liability Corporation (LLC) | | | | | | | | □ Partnership | | | | | | □ Sole Proprietor | | | |
| Provide the firm’s annual gross receipts, before deducting expenses for the last three (3) years: | | | | | | | | | | | | | | | | | | | | |
| Year: | | | | | | | Gross Receipts: | | | | | | | | | | | | | |
| Year: | | | | | | | Gross Receipts: | | | | | | | | | | | | | |
| Year: | | | | | | | Gross Receipts: | | | | | | | | | | | | | |
| **I understand that the MRCC reserves the right to request U.S. Federal Corporate (or personal) income tax returns confirming gross receipts.** | | | | | | | | | | | | | | | | | | | | |
| Affiliates to your firm: An affiliate is an individual or concern that has the power to control the firm, or a concern over which the firm has power to exercise control, including indirectly or through a third-party, considering factors such as ownership, management, and previous relationships including contractual as further defined in U.S. Small Business Administration (SBA) 13 Code of Federal Regulations (CFR) Subsection(s) 121.103(1)-(6). | | | | | | | | | | | | | | | | | | | | |
| Is your firm co-located at any other business location? | | | | | | | | | | | | | | | | | | | □Yes | □No |
| Does your firm share a telephone number, P.O. Box, office space, yard or warehouse, facilities, equipment, or office staff with any other business? | | | | | | | | | | | | | | | | | | | □Yes | □No |
| Firm’s Name | | | | | | | Nature of shared facilities | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | |
| Do any of the owners have ownership or perform management and/or supervisory functions any other firm? | | | | | | | | | | | | | | | | | | | □Yes | □No |
| Firm’s Name | | | | | | | Function/Title | | | | | | | | | | | | | |
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| **II. CAPACITY (*attach additional sheets, if needed)*** | | | | | | | | | | | | | | | | | | | | |
| List the three largest contracts completed by your firm in the past three years, if any: | | | | | | | | | | | | | | | | | | | | | |
| **Name of Owner/**  **Contractor** | | | | **Name/**  **Location of Project** | | | | | **Type of Work Performed** | | | | | | **Dollar Value of Contract** | | | | | | |
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| List the three largest active jobs on which your firm is currently working, if any: | | | | | | | | | | | | | | | | | | | | | |
| **Name of Prime Contractor** | **Location of Project** | | | | **Type of Work** | | | **Project Start Date** | | | | **Anticipated Complete Date** | | | | | | **Dollar Value of Contract** | | | |
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| Is your firm certified by any other agencies? (I*f Yes, check appropriate box(s).* | | | | | | | | □ SBE | | Name of Certifying Agency: | | | | | | | | | | | |
| □ 8(a) | |
| **III. APPROVED NAICS CODES (*attach additional sheets, if needed)*** | | | | | | | | | | | | | | | | | | | | | |
| **NAICS Code(s)** | | **Description** | | | | | | | | **Specialty** | | | | | | | | | | | |
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SBE 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 places(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 further certify that my personal net worth does not exceed $1.32 million and that I am economically disadvantaged.

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

**Notary Certificate:**

Executed on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(SBE Applicant)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a Notary Public in the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, appeared before me and is known to me (or satisfactorily proven) to be the person whose name is subscribed to within this document.

Subscribed and sworn before me on the \_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_\_.

Notary Public Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Seal)