

DBE ANNUAL AFFIDAVIT

Participation in the Disadvantaged Business Enterprise (DBE) Unified Certification Program (UCP) requires an annual review of your business structure to remain eligible in the program. All required documents must be signed, dated, notarized and submitted with this affidavit. **DO NOT BIND OR STAPLE ANY PAGES YOU SEND TO MDOT.**

Please complete the following Annual Affidavit. Return it along with a complete copy of the firm’s most current business tax return with all schedules, including all affiliate firms and written documentation of any and all changes that have been made to your business.

All required documents must be submitted along with this signed, dated, and notarized affidavit to determine continued DBE eligibility status.

**** FOR YOUR SECURITY AND PROTECTION PLEASE USE A BLACK PEN OR MARKER TO REMOVE ALL SOCIAL SECURITY NUMBERS (EXCEPT FOR THE LAST FOUR (4) DIGITS) AND ALL BANK ACCOUNT NUMBERS FROM ALL TAX RETURNS AND ANY OTHER DOCUMENTS BEFORE SUBMITTING THIS APPLICATION TO YOUR DBE CERTIFYING AGENCY****

Should you have any questions or need assistance completing this affidavit, please contact your certifying agency directly.

Michigan UCP Certifying Agencies

Michigan Department of Transportation (MDOT) Office of Business Development 425 W. Ottawa St. Lansing, MI 48909 (866) 323-1264 / Fax (517) 335-0945 mdot-dbe@michigan.gov	Wayne County Human Relations Division 500 Griswold, 12 th floor Detroit, MI 48226 (313) 224-5021 / Fax (313) 224-6932 humanrelations@co.wayne.mi.us	Detroit Department of Transportation Office of Contract Compliance 1301 E. Warren, Room 209 Detroit, MI 48207 (313) 833-7695 / Fax (313) 833-5523 udeozors@detroitmi.gov
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The documents below **must be submitted** along with the affidavit: **DO NOT BIND OR STAPLE ANY PAGES**

CHECKLIST	
• Most current Individual (1040) Tax Return for <u>each Disadvantaged owner</u>	<input type="checkbox"/>
(Applicable for LLC, Sole Proprietor & S Corps)	
• Most current Business Tax Return for the DBE firm.....	<input type="checkbox"/>
(Also Applicable for all affiliate businesses)	
Attention OUT OF STATE DBE’s	
If your firm is based OUTSIDE OF MICHIGAN, include a copy of your current DBE certification from your home state agency.....	<input type="checkbox"/>
(Please note that all MUCP certifying agencies reserve the right to request additional information as they deem necessary)	

GENERAL INFORMATION

Name of DBE Certified Firm:		Contact Person:		Fed. I.D. No.	
Street Address of the DBE Firm (Actual Street - CANNOT BE A P.O. BOX):					
City:		County:		State:	Zip Code:
Mailing Address (If different than above):					
Business Phone #		Alternate Phone #		Fax #	
Email			Website:		

Check: Sole Proprietor Corporation Limited Liability Company (LLC) Limited Liability Partnership (LLP) General or Ltd Partnership

1) Provide a description of the DBE's products/services:

4) OWNERS: (Attach an additional sheet if more space is needed)

NAME	%OWNED	DATE OWNERSHIP ACQUIRED	ETHNICITY	GENDER	US CITIZEN OR LEGAL RESIDENT?	INVESTMENT AMOUNT
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	

5) OFFICERS: (Attach an additional sheet if more space is needed)

Name:	Title:	Ethnicity:	Gender:	Date Appointed:

6) BOARD OF DIRECTORS (if applicable): (Attach an additional sheet if more space is needed)

Name:	Title:	Ethnicity:	Gender:	Date Appointed:

7) If you are a NON-MICHIGAN based firm, is your certificate current in your home state? YES NO

Home state DBE expiration date _____ / _____ / 20_____

****If you are a Non-Michigan based firm, you must provide a copy of your current DBE certification from your HOME STATE****

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8) Firm's current number of employees: Part time_____ Full time_____ Seasonal_____

9) List the GROSS RECEIPTS of the DBE for the last THREE YEARS (3).

If the firm has affiliate firms, list the COMBINED gross receipts of the DBE and its affiliates.

(Year) 20_____ \$ _____ (Year) 20_____ \$ _____ (Year) 20_____ \$ _____

10) GEOGRAPHIC AREA: **PLEASE CHECK ONLY REGIONS / AREAS IN WHICH YOUR FIRM IS WILLING TO MOBILIZE EQUIPMENT & PERSONNEL:** Statewide Lower Peninsula Upper Peninsula Bay Grand Metro North Southwest Superior University

11) Current Affiliate Firms: List all other firms that any owner of DBE firm holds ownership in or shares resources with: (Attach sheet if necessary) **DO NOT BIND OR STAPLE ANY PAGES**

Affiliate firm name:	# of employees:	Affiliate's 3 yr gross receipt avg: \$ _____
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12) CURRENT PROFESSIONAL LICENSES INFORMATION:

1) Type: _____ Lic. # _____ 2) Type: _____ Lic # _____

3) Type: _____ Lic # _____ 4) Type: _____ Lic # _____

Have you been denied DBE certification by any other USDOT DBE certifying agency? Yes No
If yes, list the name of the certifying agency, and attach copy of correspondence received. **DO NOT BIND OR STAPLE**

DBE Agency Name:		
DBE Agency Name:		
DBE Agency Name:		

BUSINESS CHANGE DISCLOSURES

Have you had any changes in your business in the areas below? YES NO

IF YES, COMPLETE THE SECTION BELOW by check-marking all that apply and specifying in detail the changes that have occurred in the space provided. Attach a separate page if needed. **If there have been no changes,** go on to complete the NO CHANGE AFFIDAVIT.

****PLEASE BE ADVISED THAT FAILURE TO DISCLOSE INFORMATION REGARDING CHANGES IN THE COMPANY IS A VIOLATION OF 26.109 AND IS GROUNDS FOR SUSPENSION, DEBARMENT AND /OR REMOVAL OF ELIGIBILITY****

<input type="checkbox"/> Business Structure Changes: (e.g. LLC to Corporation or Sole Proprietorship to Corporation etc.)
<input type="checkbox"/> Ownership Changes: (i.e. decreases or increases in ownership percentages, new ownership, terminated ownership etc.):
<input type="checkbox"/> Officer changes: (i.e. new officers, terminated officers, changes in officer positions, etc)
<input type="checkbox"/> Board of Directors / Managing members changes: (i.e. additions or terminations, etc):
<input type="checkbox"/> Location changes: (for all locations including offices and other facilities such as warehouses or storage facilities):
<input type="checkbox"/> Product / services changes: (list all new products/services as well as any that have been terminated): <small>**New products/services are to be detailed on the "<u>Work Classification Request Form</u>"</small>
<input type="checkbox"/> Affiliate firm changes: (affiliate firm additions / deletions, changes in ownership or ownership percentages in affiliate firms, or its officers, managing members, board members, office locations etc)

Pursuant to 49 CFR 26.83 (j) which states in part:
 ...under penalty of perjury of the laws of the United States. This affidavit must affirm that there have been no changes in the firm's circumstances affecting its ability to meet size, disadvantaged status, ownership, or control requirements of this part or any material changes in the information provided in its application form, except for changes about which you have notified the recipient under paragraph (i) of this section...

NO CHANGE AFFIDAVIT

****This form must be completed by EACH DISADVANTAGED OWNER of the DBE firm****

I swear and affirm that there have been no changes in "my business" circumstances affecting its ability to meet the size, disadvantaged status, ownership, or control requirements of 49 CFR 23 and/or 26 and 13 CFR 121. I swear and affirm there have been no material changes in the information provided with this annual application for certification for the **DBE firm named above**, except for any changes about which I have provided written notice to the Michigan Unified Certification Program (MUCP) AGENCY that I am certified with pursuant to 49 CFR Part 26.83(i)

I swear and affirm 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 in 49 CFR 26.67, without regard to my individual qualities. I further swear and affirm that my personal net worth does not exceed **\$1.32 million** 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 also agree to provide supporting documentation as deemed necessary by my DBE certifying agency.

I specifically swear and affirm that the **DBE firm named above** continues to meet the Concessionaire business size criteria (49 CFR Part 23) and the overall DBE gross receipts cap of 49 CFR Part 26 (overall gross receipt cap of Part 26 n/a to concessionaires).

I specifically swear and affirm that the **DBE firm named above and its affiliates** average annual gross receipts, Small Business Administration (SBA) Business size criteria/ (as defined by SBA rules) over the previous three fiscal years do not exceed appropriate SBA size standard(s) of the industry/industries in which my business is engaged. The current three year gross receipt average for the DBE firm named above and its affiliates are:

\$ _____
(Insert firm's 3 year gross receipt average)

SBA Size standards / NAICS codes can be found at: www.sba.gov/contractingopportunities/officials/size/index.html

I have attached all required and company gross receipts documentation (complete business federal tax returns with all schedules, etc.) to support this affidavit.

I declare, under penalty of perjury, that the information provided in this application and all supporting documents submitted in support of this application relating to my disadvantaged status, the applicant DBE firm (and its affiliates if applicable), and to me is true and correct.

Signature _____ Date _____

Notary

On this _____ day of _____, 20_____, before me appeared the individual stated above to me personally known, who being duly sworn, did execute the foregoing affidavit and did state that he or she was properly authorized by the DBE firm stated above, to execute the affidavit and did so as his or her free act and deed.

(Provide SEAL/STAMP) Notary Public (name) _____

State of _____ County of commission _____

Commission expires _____