



Office of Equal Opportunity

**Small Business Development Division**

Governmental Center Annex

115 S. Andrews Avenue, Room A640 • Fort Lauderdale, Florida 33301 • 954-357-6400 • FAX 954-357-6010

Dear Business Owner:

Welcome to the Small Business Enterprise Program! Thank you for your interest in doing business with Broward County Government! In your hands right now, you have an example of our commitment to your firm. This paper certification application, for the new small business program, is your key to a wealth of opportunities for contracting with the County.

This application can be completed on line as well. Visit [www.broward.org/smallbusiness](http://www.broward.org/smallbusiness) and click on "Get Certified." It will take about 20 minutes to complete the application, and once we receive the requested support documents, we will certify your firm. As you embark upon completing the certification application, if you have questions or require technical assistance, please contact the Small Business Development Division at (954) 357-6400. We stand ready to meet your needs as a business owner!

Certification as a Small Business Enterprise allows you to participate in the Small Business Sheltered Market Program. An initiative of the Broward County Board of County Commissioners, the Sheltered Market Program reserves nearly all of the County's contracts under \$250,000 for certified Broward County Small Business Enterprises. This creates great potential for your firm, in that your status as a Broward County business is recognized. Competition within the sheltered market is among firms of similar size. This ensures a level playing field for your business, and translates into real opportunity for businesses that become certified! Beyond that, the program works for all of Broward County, by capitalizing on the abundance of expertise and capacity exhibited by local firms.

The thinking behind the Small Business Program is simple: your success is the County's success. The growth and longevity of your firm is key to long-term economic sustainability and growth for Broward County as a whole. Programs like the sheltered market program, along with a variety of business services, address concerns of the local business community in creating opportunity and conveying a sense of the valuable role that local businesses play in the County.

The County has assembled an array of innovative opportunities designed to complement your efforts in the increasingly competitive, globalizing business community. From [www.broward.org/smallbusiness](http://www.broward.org/smallbusiness) you can click on "Purchasing" to access current sheltered market opportunities, or "calendar of events" to access our free classes or "business opportunities" which will link you to non-County purchasing opportunities.

For you, we vow to strive for professionalism, clarity, and advocacy for the full participation of small businesses into the economic life of the community. You have our word on it. We anticipate a mutually beneficial relationship with your business, and welcome your comments as to how we can better serve the needs of your firm. The County Commission and County agencies are making a concerted effort to add real value to your certification. We are in this together!

Sincerely,

Bobbie Tolston  
Director  
Small Business Development Division

The Broward County Board of County Commissioners, the School Board of Broward County, and the North Broward Hospital District have teamed up to make the process of becoming certified as Minority or Women-owned Business easier!

The Interlocal Agreement states that Broward County Government will certify and approve all applications approved by the School Board and the Hospital District. The Hospital District will certify all applications approved by the School Board and Broward County Government. The School Board will certify all applications from Broward County Government and the Hospital District, provided that they meet with the School Board's size standards, and provided that the applicant firm submits their last three (3) years of Federal tax returns. Firms need not submit tax returns to either Broward County Government or the Hospital District in order to be considered for certification.

The School Board's size standards are as follows:

The Minority or Women Business Enterprise must be a small business concern whose average gross sales over three years do not exceed:

- Goods and Business Services: \$ 6 million
- Professional Services: \$ 6 million
- Construction trade and/or general contracting: \$12 million
  - Manufacturers / Wholesalers / Retailers can not have more than 25 employees.

By completing the certification process, a firm may become automatically certified with the other two entities! This allows your firm to receive additional opportunities afforded to certified firms, but without having to complete multiple applications or wait lengthy periods to accomplish the certification process with more than one entity. Applicants may qualify for multiple certifications, based on the criteria they meet.

The Broward County Board of County Commissioners, the School Board of Broward County, and the North Broward Hospital District are interested in your comments concerning the application, and welcome your calls about current and upcoming contract opportunities. Please contact one of the entities with any questions you might have about the application - we are ready to serve you!

Return the completed M/WBE application to:

Broward County Board of County Commissioners  
Small Business Development Division  
115 S. Andrews Avenue, Ste. A-640  
Ft. Lauderdale, FL. 33301  
Phone: (954) 357-6400 Fax: (954) 357-6742  
E-Mail: [smallbusiness@broward.org](mailto:smallbusiness@broward.org)

## **INSTRUCTIONS FOR COMPLETING CERTIFICATION APPLICATION**

All questions must be answered and the requested documents submitted. The signatures of the owner(s) applying for certification must be notarized. Failure to follow these instructions may delay the processing of the application. Questions that do not apply to your firm should be marked "NA" in the space provided.

### **CHECKBOXES – YOU MAY APPLY FOR MULTIPLE CERTIFICATIONS**

#### **Minority Business Enterprise (MBE) Certification**

A Minority Business Enterprise (MBE) means one which is owned and controlled by at least fifty-one percent (51%) minority member(s). Minority group members are Black Americans, Hispanic Americans, Native American, and Asian-Pacific Islanders. Ownership/Control – Qualifying Applicants must own at least 51% of the business. The owner(s) must have hands-on day-to-day control of the firm and have experience and expertise in the firm's primary area of operation. The applicant must hold a proportionate share of the business's capital, assets, profits, and losses commensurate with their ownership interest. The business office must be located in Broward, Miami-Dade, or Palm Beach Counties; post office boxes and virtual locations are not eligible. Office must be a legitimate place of business located in an area zoned for business and must employ one or more full time employees, from which the vendor operates or performs business on a day-to-day basis that is a substantial/majority component of the goods or services being offered. Office must possess a valid occupational license.

#### **Women-Owned Business Enterprise (WBE) Certification**

A Woman-owned Business Enterprise (WBE) means one that is at least fifty-one percent (51%) owned and controlled by a woman or women. Ownership/Control – Qualifying Applicants must own at least 51% of the business. The owner(s) must have hands-on day-to-day control of the firm and have experience and expertise in the firm's primary area of operation. The applicant must hold a proportionate share of the business's capital, assets, profits, and losses commensurate with their ownership interest. The business office must be located in Broward, Miami-Dade, or Palm Beach Counties and may not be virtual, a post office box, or home based. Office must be a legitimate place of business located in an area zoned for business and must employ one or more full time employees, from which the vendor operates or performs business on a day-to-day basis that is a substantial/majority component of the goods or services being offered. Office must possess a valid occupational license.

In processing applications for M/WBE certification, firms claiming a branch office in the tri-county area are and will continue to be reviewed on a case-by-case basis. Branch offices found to be qualified will be extended certification in the M/WBE program.

#### **Small Business Enterprise (SBE) Certification**

For the purpose of implementing the Broward County Local Small Business Program, a small business is one that meets small business size standards as follows: for professional consultants, annual gross sales averaged over the previous three years shall not exceed \$500,000; for firms in contractual services and commodities, annual gross sales averaged over the previous three year period shall not exceed \$1,000,000; for firms in construction, annual gross sales averaged over the previous three years shall not exceed \$3,000,000. Each business must be an independently owned and operated business and shall employ twenty-five (25) or fewer permanent full-time employees. Per the Local Preference ordinance (No. 2002-19, section 1-74 c), in order to satisfy the local business requirement, the vendor must have a valid occupational license issued by Broward County at least one year prior to bid or proposal opening to do business in Broward County that authorizes the business to provide the goods, services or construction to be purchased and a physical business address located within the limits of Broward County, in an area zoned for the conduct of such business, from which the vendor operates or performs business on a day-to-day basis that is a substantial component of the goods or services being offered to Broward County. Post Office Boxes are not verifiable and shall not be used for the purpose of establishing said physical address. In order to be eligible for the local preference, the vendor must provide a copy of the occupational license(s) for the covered period prior to recommendation for award.

## SECTION I – GENERAL APPLICANT INFORMATION

- A. Write in the name of all persons who have an ownership interest in the business. The telephone number and business address should be for your main office. Be sure to include area codes for all phone and fax numbers. Do we have your permission to use your Email address for program related information -answer YES or NO. Tell us the web site for your firm. If your company has a federal Employer Identification Number (EIN), please provide the number. If not, please provide the social security number listed on the firm's tax return.
- B. Check the ethnicity and gender of the applicant owner(s) listed in Part A above.
- C. Check the type of business structure of your company. Provide the date that the business was started or was purchased by the applicant owner(s) listed in Part A above.
- D. If you operate your business out of your home, please check YES.
- E. Provide the name(s) and address(es) of any branch offices, subsidiaries, and/or affiliates of the firm for which certification is being sought.
- F. Refer to the NAICS (North American Industry Standards) Code listing and provide the code(s) that best describes the service, product, or work of the firm. NAICS listings can be found on the internet at <http://www.naics.com/search.htm> or at your local library.
- G. Write a one word description of your firm's primary product, service, or work area. Then add three supporting descriptives which clarify and identify your specific product, service, or work area. This is how your firm will be described in the Certification Directories should you be granted certification. For instance: Wholesaler: Constructions Supplies- Plumbing Supplies –Electrical Supplies

## SECTION II – OWNERSHIP

- A. List the applicant(s) ownership percentage in the business.
- B. Indicate if the ownership interest of any of the owners has changed since the business was started or was purchased. If a change has occurred, tell us when (date) the change occurred.
- C. Provide the total cost for starting or purchasing the business. Include any contributions/investments of cash, equipment, real estate, or other consideration that were transferred to the business as a part of the capitalization process by each owner.
- D. List any additional capital contributions of cash, equipment, etc. made by anyone since the business was started or was purchased.
- E. If any of the cash, equipment, etc. used by an owner to obtain his/her ownership share was acquired by gift, transfer, or inheritance, please provide the requested information.
- F. Give a written explanation of any stipulations/conditions attached to the assets noted in Part E above.
- G. Provide information regarding any stock that has been authorized and/or issued by the company.
- H. Indicate if there have been changes to the stock ownership in the past two years.
- I. Are the voting rights of any shareholder limited in any way? If so, provide information regarding the nature of the restriction and where that restriction is noted in writing.
- J. List the name, ethnicity, and title of each person who is a member of the Board of Directors for the company. If the firm is a sole proprietorship or partnership and has no Board, please indicate with a N/A in the space provided.

### SECTION III – FINANCIAL INFORMATION

- A. Provide the name(s) of the banks, credit unions, etc. where you have business accounts and identify the type of account(s) in each institution.
- B. List the gross earnings of the company for the most recent three years. This amount should match the gross earnings listed on the business tax return for the firm.      2003    2002    2001
- C. Provide the name and contact number of your bonding agent and the firm's current bonding capacity. (If applicable)
- D. List the three largest contracts or sales completed by the firm during the last three years. List each Customer's name and company or organization, the dollar amount of each contract or sales, and the date completed. If any are subcontracts- indicate the contract as such and provide the name of the firm to which you subcontracted. Provide Customer Name: Company or Organization: Contract Amount: \$ and the date of the contract.

### SECTION IV - CONTROL

- A. Responsibilities – List the name(s) title, ethnicity and gender of individual(s) responsible for the decisions listed.
- B. List the salaries or other compensation received by the owners and/or officers of the firm. Include anyone listed in Part A above.
- C.
  - 1. If anyone in authority in the business holds stock in another firm engaged in the same, or similar, business, respond YES to this question.
  - 2. If anyone in authority in the business is a former owner, current owner, or works for another firm engaged in the same or similar type of business as this firm, respond YES to this question.
  - 3. If you answered YES to questions 1 and/or 2 above, please provide the name of the person(s), name of the other company, the ownership percentage owned by the individual(s), and/or the position held in the other company.
- D. Businesses are affiliates of each other when they share common ownership, common management, or any contractual relations. If the firm is an affiliate under that definition, provide information regarding the common ownership, management, and contractual relationships between the firms.
- E. Describe and explain any changes in the duties and/or powers attributable to any owner, principal, officer, or director of the firm during the past two years

### SECTION V – OTHER INFORMATION

- A. List any relevant licenses, certificates of training, and degrees held by the corporation or its owners/employees.

### SECTION VI – OTHER CERTIFICATION

- A. If the business is currently certified as a MBE, WBE, SBE, and/or DBE with another agency anywhere in the United States, please provide the name of the agency, the type of certification, and the date the certification will expire.
- B. If the certifying agency in Part A above conducted an on-site visit with you prior to granting your current certification, respond YES to this question.
- C. If the firm or any owner, Director, officer, or management personnel associated with the firm has ever applied for and been denied MBE, WBE, SBE, and/or DBE certification, please respond YES to this question.

SECTION VI I- BROWARD COUNTY SMALL BUSINESS ENTERPRISE (SBE) ONLY

The Broward County Board of County Commissioners have directed that projects under \$250,000 will be identified as Reserved Contracts for certified small business enterprises (SBE). The program is race-neutral, and gender neutral. This means that it is open to all firms that meet the program's requirements. Broward County certified small business enterprise firms (SBE) will receive first consideration for reserved contracts.

- A. Write in the number of permanent full time employees in your firm?
- B. Check off the type of business activity your firm performs: choices are: Construction Services, Contract Services, Commodities Supplier, Licensed professional services.

CERTIFICATION AFFIDAVIT – MUST BE COMPLETED BY ALL APPLICANTS

The Affidavit must be signed by the President or Chief Executive Officer of the firm. The affidavit must be notarized. False statements shall make your firm subject to decertification and/or denied future certification. This form is required for all applicants.

SUPPORTING DOCUMENT CHECKLIST All applicants MUST follow the checklist for documentation that is required with the application.

BROWARD COUNTY INTERLOCAL  
BUSINESS CERTIFICATION APPLICATION

Please Read Instructions Carefully – Completed Application Must be Signed, Notarized, and Mailed  
From the following three options, please check which form(s) of certification you are requesting.  
You may request certification in more than one category.

- |                                                                              |                                     |
|------------------------------------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Minority Business Enterprise (MBE)                  | Complete Sections I-VI & Affidavit  |
| <input type="checkbox"/> Woman-Owned Business Enterprise (WBE)               | Complete Sections I-VI & Affidavit  |
| <input type="checkbox"/> Small Business Enterprise (SBE) Broward County Only | Complete Sections I-VII & Affidavit |

SECTION I - GENERAL APPLICANT INFORMATION

A. Applicant(s)Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Legal Name of Business \_\_\_\_\_

Other Names Used by Business (DBA) \_\_\_\_\_

Street Address of Business \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address if Different from Street Address \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Do we have your permission to use your Email address  
for program related information? YES NO

Website http:/ \_\_\_\_\_

Applicant's Social Security Number or Firm's Federal EIN: \_\_\_\_\_

B. Ethnicity/Race: African American Asian Hispanic  
White Other Native American

Gender: Male Female

C. Type of Business: Sole Proprietorship Partnership Corporation  
Tribal Enterprise Limited Liability Corp. Limited Liability  
Partnership

Date business was started or acquired \_\_\_\_\_

D. Is this a home based business? YES NO

E. List all branch offices/subsidiaries/affiliates by name and address:

Name  
Address

Name:  
Address:

F. List all NAICS Codes that apply to your firm  
(visit [www.sba.gov/size](http://www.sba.gov/size) or [www.naics.com/search.htm](http://www.naics.com/search.htm) on the internet):

(                    ) (                    ) (                    ) (                    ) (                    )

G. Please provide a brief description of the primary area(s) of work performed in the business. This is how your business will be listed and described in the certification directory.

**SECTION II – OWNERSHIP**

A. Percentage of business owned by each applicant(s)

%  
%  
%

B. Has this ownership percentage changed since the business was started or acquired? YES      NO  
If a change has occurred, when did the change occur? \_\_\_\_/\_\_\_\_/\_\_\_\_

C. List all contributions/investments of cash, equipment, real estate, expertise, or other consideration used by each owner to acquire ownership.

Name of Owner:

Cash:

Equipment

Real Estate:

Other:

TOTAL:

Name of Owner:

Cash:

Equipment:

Real Estate:

Other:

TOTAL:



H. Has the ownership of the stock changed in the last two years? YES NO If Yes, please explain:

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I. Do restrictions exist within the by-laws, Articles of Incorporation, or other document(s) that limit the voting rights of any shareholder? YES NO If Yes, please explain:

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J. List Board Members/Directors and their title(s).

Name of Board Members/Directors	Race/Ethnicity	Title
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**SECTION III - FINANCIAL INFORMATION**

A. List the name of the financial institution(s) where you have business accounts. Identify type of account; i.e., checking, line of credit, loan, savings, etc.

Name	Type of Account
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B. Please list the firm's gross receipts for each of the last three years (or life of firm if less than 3 years).

Year	Gross Receipts
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C. Provide the name and contact number of your bonding agent and the firm's current bonding capacity. (If applicable)

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D. List the three largest contracts or sales completed by the firm during the last three years. List each Customer's name and company or organization, the dollar amount of each contract or sales, and the date completed. If any are subcontracts- indicate the contract as such and provide the name of the firm to which you subcontracted.

1) Customer Name:  
 Company or Organization:  
 Contract Amount: \$ \_\_\_\_\_  
 Date:

2) Customer Name:  
 Company or Organization:  
 Contract Amount: \$ \_\_\_\_\_  
 Date:

3) Customer Name:  
 Company or Organization:  
 Contract Amount: \$ \_\_\_\_\_  
 Date:

**SECTION IV - CONTROL**

A. Responsibilities – List the name(s) of individual(s) responsible for the following decisions:

Decision	Name of Person	Title	Ethnicity/Gender
Financial			
Office Management			
Estimating/Bidding			
Marketing/Sales			
Hiring/Firing Mgmt. Personnel			
Hiring/Firing Field Personnel			
Purchasing – Major			
Negotiating Bonds/Loans			
Supervision of Field Operations			
Signing for Payroll/Insurance			
Negotiating Contracts			
Signing Contracts			
Signing Checks			

B. Indicate the annual salaries of all officers, owners, and those individuals responsible for the day-to-day operations of the firm. Where no salary is drawn, please list the method of compensation.

Name	Title	Salary/Compensation

- C. 1. Does any owner/principal/board member/officer own stock in another firm engaged in a similar type of business? YES NO
2. Is any owner/principal/board member/officer a current employee, owner, or former owner of any firm engaged in the same or similar type of business? YES NO
3. If you answered yes to either of the above questions please list the individual's name, name of the other company, ownership percentage, and/or position held with the other firm.

- D. Is this business an affiliate of any other business? YES NO  
 Businesses are affiliates of each other when they share common ownership, common management, or any contractual relations.

If yes, please provide detailed information in the following three areas:

Common Ownership:

  
  

Common Management:

  
  

Contractual Relationships:

- E. Describe and explain any changes in the duties and/or powers attributable to any owner, principal, officer, or director of the firm during the past two years

**SECTION V - OTHER INFORMATION**

List any relevant licenses, certificates of training, and degrees held by the corporation or its owners/employees.

**SECTION VI - OTHER CERTIFICATIONS**

- A. Is this business currently certified as a Minority, Woman, Disadvantaged, and/or Small Business Enterprise by any local, state, or federal agency? YES NO

If yes, please list the name of the agency and the date the current certification will expire.

Agency	Type of Certification	Expiration Date
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- B. Was a site visit conducted as part of the certification process?      YES                      NO
- C. Has this firm or any of its owners, members of the Board of Directors, officers, or management personnel ever been denied certification/recertification or been decertified, suspended, or disbarred as a MBE, WBE, DBE and/or SBE?      YES                      NO
- Explanation:

Section VII - BROWARD COUNTY SMALL BUSINESS ENTERPRISE ONLY

The Small Business Program affords Broward County small businesses the opportunity to participate in the County's sheltered market program for projects under \$250,000. Answer these questions if you would like to be considered for SBE certification.

A. How many permanent full time employees does your firm employ? \_\_\_\_\_

- B. Type of business activity - check one:
- Construction Services
  - Contract Services
  - Commodities Supplier
  - Licensed professional services

I hereby authorize the Broward County Small Business Development Division to verify the accuracy of the statements made in this application in order to determine whether I meet the standards established for the Broward County Small Business Certification Program. These statements are true and correct to the best of my knowledge.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Signature of Applicant                      Title                      Date

Minority Business Enterprise (MBE)  
Woman-Owned Business Enterprise (WBE)  
Small Business Enterprise (SBE)  
SUPPORTING DOCUMENTS CHECKLIST

To be sure you have submitted all requested information, place an "X" on the items you have submitted and completed. Any missing information may delay the processing of your application.

Two pieces of documentation showing proof of ethnicity or gender of the minority/women owner(s): (One document must be a photo ID) i.e. driver's license, birth certificate, passport tribal registration, etc.

Copies of all occupational licenses.

Copies of all professional licenses.

Proof that firm is 51% owned by applicant(s).

Sole Proprietorship

Sole Proprietor Certificate which is your Registration of Business with the State (Fictitious Name)

Partnership or Joint Venture

Original and any amended Partnership or Joint Venture Agreements

Corporation or LLC

Official Articles of Incorporation (stamped by the state)

Both sides of all corporate stock certificates and your firm's stock transfer ledger

Official Certificate of Formation and Operating/Management Agreement with any amendments for LLCs

Up-to-date, detailed resumes of all owners, directors, officers, and senior management. Resumes should reflect their experience and/or training in the type(s) of business being conducted by the corporation.

Owners who are not U.S. citizens must submit proof of legal permanent residence.

Mail this application (DO NOT FAX) for MBE or WBE certification to:

Broward County Board of County Commissioners  
Small Business Development Division  
115 S. Andrews Avenue, Ste. A-640  
Ft. Lauderdale, FL. 33301  
Att'n. Certification Section

Phone: (954) 357-6400 Fax: (954) 357-6742

E-Mail: [small\\_business@broward.org](mailto:small_business@broward.org)

BROWARD COUNTY INTERLOCAL  
CERTIFICATION APPLICATION

CERTIFICATION AFFIDAVIT

I hereby swear that I have the authority to sign this affidavit as the Minority, Woman-Owned, and/or Small Business Enterprise owner of the Applicant Firm noted below. I further swear that the statements on the accompanying Certification Application form and all accompanying documents are true, complete, and correct and include all materials necessary to explain the ownership and operation of the applicant firm. I affirm that any changes that have occurred during the past twelve months in the ownership, control, structure, or operation of the firm have been fully disclosed herein by attachment or notation.

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(Name of Applicant Firm)

The above named firm agrees:

To abide by the requirements of the MINORITY-OWNED BUSINESS ENTERPRISE (MBE), WOMAN-OWNED BUSINESS ENTERPRISE (WBE), and/or SMALL BUSINESS ENTERPRISE (SBE) as indicated on this application, and all of the applicable rules/regulations/policy guidelines of any/all of the entities for which this application is applicable.

To notify all entities with whom the applicant is seeking certification through this application within ten (10) working days of any change in the ownership, control, management, or status of the firm. To also notify the same entities of any denial or decertification of this firm as a MBE, WBE, DBE, and/or SBE by any other certifying agency.

That, in order to monitor the status of the firm, all entities with whom the applicant is seeking certification through this application has the right, from time to time, to review the firm's books, contracts, facilities, and records. Entities also may request and review any additional information deemed necessary to complete such process.

That failure to answer any question or to supply to the applicable entities with any documentation requested during the application process may be cause to deny the certification request.

That all entities with which the applicant is seeking certification through this application, for cause, may withdraw certification after applying its own approved procedures.

That all entities with which the applicant is seeking certification through this application may deny certification or rescind certification and initiate action under Federal or State laws concerning false statements. This may occur, if during or after the certification process, it is found that the undersigned have submitted false, inaccurate, or misleading information.

That all of the entities with whom the applicant is seeking certification through this application have the right to refuse certification of any firm, based on its implementation of the MBE, WBE, and/or SBE eligibility standards, despite the fact that the firm may be certified by another entity.

Any information contained in this application, or obtained during on-site reviews, may be released to other certifying agencies with which the applicant has applied for certification.

That all of the entities with whom the applicant is seeking certification through this application have the right to contact any person(s) or business 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.

That the undersigned will provide, either directly to the certifying entity or through a prime contractor, current, complete, and accurate information regarding actual work performed as a MBE, WBE, DBE, and/or SBE on a contract. The applicant further agrees to supply documentation regarding payments for work performed, any proposed change to the arrangements on the contract, and to permit the audit and examination of books,

records, and files of the named firm. Any material misrepresentation will be grounds for terminating any contract that may be awarded and for initiating action under local, Federal, or State laws concerning false statements.

By my signature I recognize and accept the ten (10) preceding statements governing the consideration of this MBE, WBE, and/or SBE application.

Printed name of Owner: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

NOTARY:

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, the above named person did appear before me and being duly sworn, did execute the foregoing Affidavit and did state that he or she was properly authorized by:

(Name of Firm) \_\_\_\_\_ to execute the Affidavit and did so of his/her own free act and deed.

Personally Know

Produced I.D. Form of I.D. \_\_\_\_\_

State of: \_\_\_\_\_

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

County of: \_\_\_\_\_

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