Virginia Unified Certification Program Yearly Update

*Please complete the following carefully, so that we can check our records for accuracy, even if nothing has changed from last year.*

**General Information**

**A. Contact Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1) Contact Person: | Title: | | | 2) Legal Name of Firm: |
| FEIN: | | Certification No.: | | |
| 3) Phone: | 4) Other Phone: | | | 5) Fax: |
| 6) Email for Certification\*\*: | | | Email for Public Directory: | |
| 7) Website: | | | | |
| 8) Street Address of Firm *(No P.O. Box):* | | | | City, State, Zip: |
| 9) Mailing Address of Firm *(if different)*: | | | | City, State, Zip: |

***\*\*Please note that most communications from the Department of Minority Business Enterprise about your DBE Certification will be sent to you electronically and not by the postal service.\*\****

**Expansion of Services**

1. **Only complete this section if your firm is requesting certification for additional NAICS Codes.**
2. Please list no more than 10 NAICS Codes under which your firm works (This will included the Codes for which you are currently certified): (see <http://www.census.gov/naics/2007/NAICOD07.HTM>)
3. You will be required to submit documentation demonstrating your firm’s ability to perform the requested services, as well as your ability to control the firm with regards to these services. (**Out of State firms will require home state certification for all requested codes.)**

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| --- | --- |
| **NAICS Code** | **Work Description** |
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**Ownership**

**Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below.** *(If more than one owner, attach separate sheets for each additional owner.)*

**A. Background Information**

|  |  |  |
| --- | --- | --- |
| 1) Name: | 2) Title: | 3) Home Phone #: |
| 4) Home Address: *Street & #:* , *City:* , *State:*  *Zip:* | | |
| 5) Gender:  Male  Female | 6) Ethnic group membership *(check all that apply)*  Black  Hispanic  Native American  Asian Pacific  Subcontinent Asian  Other *(specify)* | |
| 7) U.S. Citizen:  Yes  No |
| 8) Lawfully Admitted Permanent Resident:  Yes  No |

**B. Ownership Interest**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1) Number of years as owner: | | 2) Initial investment to acquire ownership in firm: | | Type  Cash  Real Estate  Equipment  Other | Dollar Value  $  $  $  $ |
| 3) Percentage owned: | |
| 4) Family relationship to other owners: | |
| 5) Shares of Stock: | Number: | Percentage: | Class: | Date Acquired: | Method Acquired: |
| 6) Does this owner perform a management or supervisory function for any other business?  Yes  No  If Yes, identify: Name of Business:  Function/Title: | | | | | |
| 7) Does this owner own or work for any other firm(s) that has a relationship with this firm *(e.g. ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.?)*   Yes  No  If Yes, identify: Name of Business:  Function/Title:  Nature of Business Relationship | | | | | |

**C. Disadvantaged Status – NOTE: Complete this section only for each owner applying for DBE qualification (i.e. for each owner claiming to be socially and economically disadvantaged)**

|  |
| --- |
| 1) What is the Personal Networth of the owner(s) applying for DBE Certification? *(Use and attach the Personal Networth Statement with this application; attach additional sheets if more than one owner is applying)* |
| 2) Has any trust been created for the benefit of this disadvantaged owner(s)?  Yes  No  If Yes, explain: |

**Control**

**A. Identify your firm’s Officers & Board of Directors** *(If additional space is required, attach a separate sheet***):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Name** | **Title** | **Date Appointed** | **Ethnicity** | **Gender** |
| **1) Officers of the Company** | a) |  |  |  |  |
| b) |  |  |  |  |
| c) |  |  |  |  |
| d) |  |  |  |  |
| e) |  |  |  |  |
| **2) Board of Directors** | a) |  |  |  |  |
| b) |  |  |  |  |
| c) |  |  |  |  |
| d) |  |  |  |  |
| e) |  |  |  |  |

|  |
| --- |
| 3) Do any of the person’s listed in (1) and/or (2) above perform a management or supervisory function for any other business?  Yes  No If Yes, identify for each: Person:  Title:  Business:  Function: |
| 4) Do any of the person’s listed in (1) and/or (2) above own or work for any other firm(s) that has a relationship with this firm? *(e.g. ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc?)*  Yes  No  If Yes, identify for each: Firm Name:  Person:  Nature of Business Relationship: |

**B. Identify your firm’s management personnel who control your firm in the following areas.** *(If more than two persons, attach a separate sheet)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Title | Ethnicity | Gender |
| 1) Financial Decisions *(responsibility for lines of credit, surety bonding, supplies, etc.)* | a. |  |  |  |
| b. |  |  |  |
| 2) Estimating & bidding | a. |  |  |  |
| b. |  |  |  |
| 3) Negotiating & 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. |  |  |  |

|  |
| --- |
| 11) Do any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business?  Yes  No  If Yes, identify for each: Person:  Title:  Business:  Function: |
| 12) Do any of the persons listed in (1) through (10) above own or work for any other firm that has a relationship with this firm? *(e.g. ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.?)*  Yes  No  If Yes, identify for each: Firm Name:  Person:  Nature of Business Relationship: |

**AFFIDAVIT OF CONTINUED ELIGIBILITY**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(printed name), in the City/County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being duly sworn deposes and says that he/she is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (title) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name of organization) and hereby declares under penalty

of perjury that the information in this affidavit is true and correct statement as of the date hereby given. The undersign attests that this firm continues to be owned and controlled by disadvantaged individuals and that the personal net worth of all the owners whose ownership is relied upon for Disadvantaged Business Enterprise (DBE) status does not exceed $1,320,000 and that the firm continues to be a small business as defined by the Small Business Administration (SBA) in its governing regulation, 13 CFR 121 located at: <http://www.sba.gov/idc/groups/public/documents/sba_homepage/sba_010224.pdf>

I further attest that I have not been denied bidding privileges or DBE certified under any other federal programs. I acknowledge that the Virginia Department of Minority Business Enterprise (VDMBE) hereby reserves the right to make inquiries in order to verify any information relating to the firm’s application and status as an eligible DBE.

I agree that VDMBE will be notified in writing within 30 days of any changes in ownership and/or control, personal net worth and/or size standard that would impact the firm’s eligibility to remain in the program.

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

**Notary Certificate, with Notary Seal**

City / County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the Commonwealth / State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The foregoing instrument was subscribed and sworn before me

This \_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_,

By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of person / DBE applicant)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Notary Signature

Notary Registration # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission expires:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IMPORTANT NOTE:** *In the Commonwealth of Virginia, any false statement is sufficient cause for denial of DBE certification, revocation of a prior approval or suspension, and may subject the person and/or entity making the false statement to any and all civil and criminal penalties under applicable federal and state laws.*