

MN Department of Transportation, Metropolitan Airports Commission, Metropolitan Council, City of Minneapolis

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| Application for DBE Certification |
| The Minnesota Unified Certification Program (MnUCP) has established a Disadvantaged Business Enterprise (DBE) program in accordance with regulations of the U.S. Department of Transportation (DOT), 49 C.F.R. Part 26 and 23. |

**Revised on 3/1/2012**

**Revised on 8/20/2012**

**Table of Contents**

[About the DBE Program 3](#_Toc333326420)

[Supporting Document Checklist 5](#_Toc333326421)

[A. All Applicants 5](#_Toc333326422)

[B. Partnership or Joint Venture 5](#_Toc333326423)

[C. Corporation or LLC 6](#_Toc333326424)

[D. Trucking Company 6](#_Toc333326425)

[E. Supplier/Regular Dealer 6](#_Toc333326426)

[Section 1: General Contact Information 9](#_Toc333326427)

[A. Firm Name 9](#_Toc333326428)

[B. Address Information 9](#_Toc333326429)

[C. Contact Information 9](#_Toc333326430)

[D. MnUCP Certifying Member Agency 9](#_Toc333326431)

[Section 2: Certification Information 10](#_Toc333326432)

[A. Other DBE Certifications 10](#_Toc333326433)

[B. Prior/Other Applications and Privileges 10](#_Toc333326434)

[Section 3: Business Profile 10](#_Toc333326435)

[A. Business Profile 10](#_Toc333326436)

[B. Relationships with Other Businesses 11](#_Toc333326437)

[C. Family Member Businesses 12](#_Toc333326438)

[Section 4: Ownership Information 13](#_Toc333326439)

[A. Background Information 13](#_Toc333326440)

[B. Ownership Interest 13](#_Toc333326441)

[C. Disadvantaged Status 14](#_Toc333326442)

[Section 5: Control 15](#_Toc333326443)

[A. Officers and Board of Directors 15](#_Toc333326444)

[B. Management 16](#_Toc333326445)

[C. Inventory 17](#_Toc333326446)

[D. Payroll 18](#_Toc333326447)

[E. Financial Information 18](#_Toc333326448)

[F. Loans 18](#_Toc333326449)

[G. Contributions or Transfers of Assets 19](#_Toc333326450)

[H. Licenses/permits 19](#_Toc333326451)

[I. Completed Contracts 19](#_Toc333326452)

[J. Active Jobs 19](#_Toc333326453)

[Affidavit of DBE Eligibility 20](#_Toc333326454)

[Personal Net Worth Statement 22](#_Toc333326455)

[Section 1: Source of Income 23](#_Toc333326456)

[Section 2: Notes Payable to Bank and Others. 23](#_Toc333326457)

[Section 3: Stocks and Bonds. 23](#_Toc333326458)

[Section 4: Real Estate Owned 24](#_Toc333326459)

[Section 5: Other Personal Property and Other Assets 24](#_Toc333326460)

[Section 6: Unpaid Taxes 24](#_Toc333326461)

[Section 7: Other Liabilities 25](#_Toc333326462)

[Section 8: Life Insurance Held 25](#_Toc333326463)

[Section 9: Notarization 25](#_Toc333326464)

[Work Locations 26](#_Toc333326465)

[Area’s of Work 27](#_Toc333326466)

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| About the DBE Program |

The Minnesota Unified Certification Program (MnUCP) has established a Disadvantaged Business Enterprise (DBE) program in accordance with regulations of the U.S. Department of Transportation (DOT), 49 C.F.R. Part 26 and 23. Agencies that comprise the MnUCP have received Federal financial assistance from DOT and, as a condition of receiving this assistance, have signed an assurance that they will comply with 49 C.F.R Part 26 and 23.

It is the policy of MnUCP that, DBEs as defined in 49 C.F.R. Part 26 and 23 shall have the maximum feasible opportunity to participate in contracts financed in whole or in part with public funds. Consistent with this policy, MnUCP agencies will not allow any person or business to be excluded from participation in, denied the benefits of, or otherwise be discriminated against in connection with the award and performance of any DOT assisted contract because of race, color, sex, or national origin.

Any firm wishing to apply to the MnUCP for certification as a DBE should complete this application. Firms must be ready, willing, and able to bid and perform on MnUCP agency's federally funded transportation projects to be eligible for certification. Please return your completed application to only **one** of the agencies identified below:

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| --- | --- | --- | --- | --- | --- |
| **Agency:** | Minnesota Department of Transportation, Office of Civil Rights | | | | |
| **Contact:** | Ashanti Payne | | | | |
| **Address:** | 395 John Ireland Boulevard Mail Stop 170 | | | | |
| **City:** | Minneapolis | **State:** | MN | **Zip:** | 55155 |
| **Phone:** | 651-366-3071 | **TTY:** | 800-627-3529 | | |
| **Fax:** | 651-366-3129 | **Email:** | Ashanti.Payne@state.mn.us | | |

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| **Agency:** | Metropolitan Airports Commission, Office of Diversity | | | | |
| **Contact:** | Debra Johnson | | | | |
| **Address:** | 6040 28th Ave South | | | | |
| **City:** | Minneapolis | **State:** | MN | **Zip:** | 55450 |
| **Phone:** | 612-726-8193 | **TDD:** | 612-726-8152 | | |
| **Fax:** | 612-794-4406 | **Email:** | Debra.Johnson@mspmac.org | | |

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| **Agency:** | Metropolitan Council, Office of Diversity and EEO | | | | |
| **Contact:** | Pat Calder | | | | |
| **Address:** | 560 Sixth Ave North | | | | |
| **City:** | Minneapolis | **State:** | MN | **Zip:** | 55411 |
| **Phone:** | 612-349-7463 | **TTY:** | 651-291-0904 | | |
| **Fax:** | 612-349-7568 | **Email:** | Pat.Calder@metc.state.mn.us | | |

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| **Agency:** | City of Minneapolis | | | | |
| **Contact:** | Roxanne Crossland | | | | |
| **Address:** | 350 South 5th Street | | | | |
| **City:** | Minneapolis | **State:** | MN | **Zip:** | 55415 |
| **Phone:** | 612-673-2112 |  |  | | |
| **Fax:** | 612-673-2599 | **Email:** | Roxanne.crossland@minneapolismn.gov | | |

Below are the minimum criteria to be eligible to become certified as a Disadvantaged Business Enterprise:

* The firm at least 51%-owned by a socially and economically disadvantaged individual(s) who also controls the firm
* The disadvantaged owner is a U.S. citizen or lawfully admitted permanent resident of the U.S.
* The firm is a small business that meets the Small Business Administration’s (SBA’s) size standard
* The firm’s annual gross receipts do not exceed $22.41 million
* The firm is organized as a for-profit business

**Government Regulations and Codes**

For the rules and regulations governing the DBE program visit the U.S. DOT DBE Program page: <http://www.osdbu.dot.gov/DBEProgram/index.cfm>

For definitions of the terms and procedures, which are relevant to the certification process, please review the federal regulations, 49 C.F.R. Part 26 and 23.

Public Law 99-272, the "Consolidated Omnibus Budget Reconciliation Act of 1985," which amends Section 16 of the Small Business Act, establishes penalties of up to $50,000 fine or imprisonment of up to five years, or both, for misrepresenting, in writing, the status of any concern or person as a small business concern or small business owned and controlled by socially and economically disadvantaged individuals (a "DBE") in order to obtain for oneself or another any prime or subcontract to be awarded as a result, or in furtherance, of any other provision of federal law that specifically references Section 8 (d) of the Small Business Act for a definition of eligibility.

Sec. 26.107 of “49 CFR Part 26,”, if at any time, the Department or a recipient has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, the Department may initiate suspension or debarment proceedings against the person or firm under 49 CFR Part 29, take enforcement action under 49 CFR Part 31, Program Fraud and Civil Remedies, and/or refer the matter to the Department of Justice for criminal prosecution under 18 U.S.C. 1001, which prohibits false statements in Federal programs.

As Section lO5 (f) of the Surface Transportation Assistance Act of 1982 specifically refers to Section 8(d), this amendment applies to many transit and transportation projects. Anyone who believes that a person or firm has willfully and knowingly provided incorrect information or made false statements should call them to the attention of:

|  |  |
| --- | --- |
| **Contact:** | Wanda Kirkpatrick, Chair of the MnUCP |
| **Phone:** | 651-602-1085 |
| **Email:** | [wanda.kirkpatrick@metc.state.mn.us](mailto:wanda.kirkpatrick@metc.state.mn.us) |

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| Supporting Document Checklist | |
| In order to complete your application for DBE certification, you must attach copies of all of the following documents as they apply to you and your firm. | |
| All Applicants | |
|  | Work experience resumes for all owners and officers of your firm. Include places of ownership/employment with corresponding dates. |
|  | Personal Net Worth Statement for each owner claiming disadvantaged status(form available with this application) |
|  | Personal tax returns and attached schedules for the past three years, if applicable, for each owner claiming disadvantaged status |
|  | Your firm’s tax returns (gross receipts) and all related schedules for the past three years |
|  | Documented proof of contributions used to acquire ownership for each owner (e.g. both sides of cancelled checks) |
|  | Your firm’s signed loan agreements, security agreements, and bonding forms |
|  | Descriptions of all real estate (including office/storage space, etc.) owned/leased by your firm and documented proof of ownership/signed leases |
|  | List of equipment leased and signed lease agreements |
|  | List of construction equipment and/or vehicles owned and titles/proof of ownership |
|  | Documented proof of any transfers of assets to/from your firm and/or to/from any of its owners over the past two years |
|  | Year-end balance sheets and income statements for the past three years (or life of firm, if less than three years); a new business must provide a current balance sheet. |
|  | All relevant licenses, license renewal forms, permits, and haul authority forms |
|  | DBE certifications, denials, and/or decertification’s, if applicable |
|  | Bank authorization and signatory cards |
|  | Schedule of salaries (or other compensation or remuneration) paid to all officers, managers, owners, and/or directors of the firm |
|  | Trust agreements held by any owner claiming disadvantaged status, if applicable |
|  | Foreign Corporation Registration documents with the Minnesota Secretary of State (for out of state companies) |

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| Partnership or Joint Venture | |
|  | Original and any amended Partnership or Joint Venture Agreements |

- SUPPORTING DOCUMENTS CHECKLIST Page 1 of 2 -

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| Corporation or LLC | |
|  | Official Articles of Incorporation (signed by the state official) |
|  | Both sides of all corporate stock certificates and your firm’s stock transfer ledger |
|  | Shareholders’ Agreement |
|  | Minutes of all stockholders and board of directors meetings |
|  | Corporate by-laws and any amendments |
|  | Corporate bank resolution and bank signature cards |
|  | Official Certificate of Formation and Operating Agreement with any amendments (for LLCs) |

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| Trucking Company | |
|  | Documented proof of ownership of the company |
|  | Insurance agreements for each truck owned or operated by your firm |
|  | Title(s) and registration certificate(s) for each truck owned or operated by your firm |
|  | List of U.S. DOT numbers for each truck owned or operated by your firm |

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| Supplier/Regular Dealer | |
|  | Proof of warehouse ownership or lease |
|  | List of product lines carried |
|  | List of distribution equipment owned and/or leased |

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| Section 1: General Contact Information | |
| Firm Name | |
| 1. Legal Firm Name: | 1. DBA Name: |
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| Address Information | | | |
| 1. Physical Address: (Must be a Street address, a PO Box Number is **not** acceptable) | | | |
|  | | | |
| 1. City: | 1. County: | 1. State: | 1. Zip: |
|  |  |  |  |
| 1. Mailing Address: (If different than physical address) | | | |
|  | | | |
| 1. City: | 1. County: | 1. State: | 1. Zip: |
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|  |  |
| --- | --- |
| Contact Information | |
| 1. Business Contact Name: | 1. Business Contact Title: |
|  |  |
| 1. Business Telephone: | 1. Business Fax: |
|  |  |
| 1. Business E-mail Address: | 1. Business Website Address: |
|  |  |

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| MnUCP Certifying Member Agency | | |
| 1. Which agency will you submit your application to? | | 1. Date Submitted: |
| (Submit application to only **one** agency) | |  |
|  | Minnesota Department of Transportation, Office of Civil Rights | |
|  | Metropolitan Airports Commission, Office of Diversity | |
|  | Metropolitan Council, Office of Diversity | |
|  | City of Minneapolis, Department of Civil Rights | |

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| Section 2: Certification Information | | |
| Other DBE Certifications | | |
| 1. Is your firm currently US DOT DBE certified with another certifying agency? | | |
| No | Yes, if” Yes”, please provide information below: | |
| 1. Name of Certifying Agency: | | 1. State: |
|  | |  |

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| Prior/Other Applications and Privileges | | | | |
| 1. Has your firm, under any name, or any of its Owners, Board of Directors, Officers or Management Personnel had any of the following actions taken against them by a State, Local, or Federal Agency or Entity? | | | | |
| 1. Withdrawn a DBE application | | No | Yes | |
| 1. Been denied DBE certification | | No | Yes | |
| 1. Decertified, debarred or suspended | | No | Yes | |
| 1. Had bidding privileges denied or restricted | | No | Yes | |
| If you answered “Yes” to **any** of the part of the above provide more information below,  **Please note:** Answering “Yes”, does **not** automatically disqualify your application. | | | | |
| 1. Name of Person: | 1. Title at your Firm: | | | |
|  |  | | | |
| 1. Name of agency or entity: | 1. State: | | | 1. Date: |
|  |  | | |  |
| 1. Further explain the nature of the action: | | | | |
|  | | | | |

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| Section 3: Business Profile | | | |
| Business Profile | | | |
| 1. Describe the primary activities of your firm: | | | |
|  | | | |
| 1. Federal Tax ID or EIN #: | 1. Date firm was established: | | 1. Date ownership was acquired: |
|  |  | |  |
| 1. Method of acquisition (check all that apply): | | | |
| Started new business | Bought existing business | Inherited business | |
| Secured concession | Merger or consolidation |  | |
| Other, explain: | | | |

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| 1. Is your firm a “for profit” business? | | | | | | | | | |
| No  Yes | | | | | | | | | |
| If No, **STOP,** if your firm is a **not** for-profit business, you do **not** qualify for this program. | | | | | | | | | |
| 1. Business Structure (check all that apply): | | | | | | | | | |
| Sole Proprietorship | | | | | Partnership | | | | Corporation |
| Limited Liability Partnership | | | | | Limited Liability Corporation | | | | Joint Venture |
| Other, explain: | | | | | | | | | |
| 1. Has your firm ever existed under any of the following: | | | | | | | | | |
| 1. different ownership | | | | | | No | | Yes | |
| 1. different business structure | | | | | | No | | Yes | |
| 1. different name | | | | | | No | | Yes | |
| If you answered “Yes” to **any** of the part of the above provide an explanation below | | | | | | | | | |
|  | | | | | | | | | |
| 1. Number of employees | | | | | | | | | |
| 1. Full-time: | | | | 1. Part-time: | | | 1. Total: | | |
|  | | | |  | | |  | | |
| 1. Specify the gross receipts of the firm for the last 3 years | | | | | | | | | |
| 1. Year: | 1. Total receipts: | | | | | | | | |
| 1. 20 | |  | | | | | | | |
| 1. 20 | |  | | | | | | | |
| 1. 20 | | |  | | | | | | |

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| Relationships with Other Businesses | | | | | |
| 1. Is your firm co-located at any of its business locations, or does it share the following resources with any other business, organization, or entity? | | | | | |
| 1. Telephone Number | | No | | Yes | |
| 1. P.O. Box | | No | | Yes | |
| 1. Office Space | | No | | Yes | |
| 1. Yard | | No | | Yes | |
| 1. Warehouse | | No | | Yes | |
| 1. Facilities | | No | | Yes | |
| 1. Equipment | | No | | Yes | |
| 1. Office staff | | No | | Yes | |
| If you answered “Yes” to **any** of the questions above provide the information below  | | | | | |
| 1. Number: | 1. Name of Business: | | 1. Address: | | 1. Type of Business: |
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| 1. At present, or at any time in the past, has your firm: | | | | | | |
| 1. been a subsidiary of any other firm? | | | | | No | Yes |
| 1. consisted of a partnership in which one or more of the partners are owners of other firms? | | | | | No | Yes |
| 1. owned any percentage of any other firm? | | | | | No | Yes |
| 1. had any subsidiaries? | | | | | No | Yes |
| If you answered “Yes” to **any** of the questions in provide the information below  | | | | | | |
| 1. Number: | | 1. Name of Business: | 1. Address: | 1. Type of Business: | | | |
|  | |  |  |  | | | |
|  | |  |  |  | | | |
|  | |  |  |  | | | |
| 1. Does any other firm presently have an ownership interest in your firm or has any firm had ownership interest in the past? | | | | | | | |
| No | Yes, if you answered “Yes” provide the information below  | | | | | | |
| 1. Number: | | 1. Name of Business: | 1. Address: | 1. Type of Business: | | | |
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| Family Member Businesses | | | | |
| 1. Do any of your immediate family members own or manage another company? | | | | |
| No  Yes, if you answered “Yes” provide the information below  | | | | |
| 1. Name: | 1. Relationship: | 1. Business Name: | 1. Business Type: | 1. Own or Manage: |
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| Section 4: Ownership Information | | | | | | | | | |
| This section must be completed for **each** owner or holding company with any ownership interest in your firm. Supplemental copies of this section are available on the MnUCP Website: www.mnucp.org. You may also duplicate a blank copy of this section for each owner. | | | | | | | | | |
| Background Information | | | | | | | | | |
| 1. Legal Firm Name: | | | | 1. DBA Name: | | | | | |
|  | | | |  | | | | | |
| 1. Owners Name: | | | | 1. Title: | | | | | |
|  | | | |  | | | | | |
| 1. Residence Address: (Must be a Street address, a PO Box Number is **not** acceptable) | | | | | | | | | |
|  | | | | | | | | | |
| 1. City: | | | 1. County: | | | | | 1. State: | 1. Zip: |
|  | | |  | | | | |  |  |
| 1. Home Telephone: | | | | 1. Personal Mobile: | | | | | |
|  | | | |  | | | | | |
| 1. Personal E-mail Address: | | | | 1. Gender: | | | | | |
|  | | | | Female | | | Male | | |
| 1. U.S. Citizen: | | | | 1. Lawfully Admitted Permanent Resident: | | | | | |
| No | Yes | | | No | Yes | | | | |
| 1. Ethnic group membership (Check all that apply): | | | | | | | | | |
| Black | | Hispanic | | | | Native American | | | |
| Asian Pacific | | Subcontinent Asian | | | | Caucasian | | | |
| Other, specify: | | | | | | | | | |

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| Ownership Interest | | | | | | | | | |
| 1. Number of Years as Owner: | | | | | 1. Percentage Owned: | | | | |
|  | | | | |  | | | | |
| 1. Is there a familial relationship to other owners? | | | | | | | | | |
| No  Yes, if you answered “Yes” provide the information below  | | | | | | | | | |
| 1. Name: | | | 1. Title: | | | | 1. Relationship: | | |
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|  | | |  | | | |  | | |
| 1. Initial investments to acquire ownership interest in firm (dollar value) | | | | | | | | | |
| 1. Cash: | | 1. Real Estate: | | | 1. Equipment: | | | 1. Other: | |
| $ | | $ | | | $ | | | $ | |
| 1. Shares of Stock | | | | | | | | | |
| 1. Number: | 1. Percentage: | | | 1. Class: | | 1. Date Acquired: | | | 1. Method: |
|  |  | | |  | |  | | |  |
| 1. Does this owner perform a management or supervisory function for any other business? | | | | | | | | | |
| No  Yes, if you answered “Yes” provide the information below  | | | | | | | | | |
| 1. Name of Business: | | | | | 1. Title or Function: | | | | |
|  | | | | |  | | | | |
| 1. Does this owner own or work for any other firm(s) that has a relationship with this firm such as ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc? | | | | | | | | | |
| No  Yes, if you answered “Yes” provide the information below  | | | | | | | | | |
| 1. Name of Business: | | | | | 1. Title or Function: | | | | |
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| Disadvantaged Status |
| You must fill out the Personal Net Worth (PNW) Form for each owner claiming disadvantaged status. The PNW is available at the end of the application. |
| 1. Have any trusts been established for the benefit of this owner? |
| No  Yes, if you answered “Yes” provide an explanation below  |
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| Section 5: Control | | | | | | | | | | |
| Officers and Board of Directors | | | | | | | | | | |
| 1. Identify your firm’s Officers (If additional space is required, attach a separate sheet): | | | | | | | | | | |
| 1. Name: | | | 1. Title: | | | 1. Date Appointed: | | | 1. Ethnicity: | 1. Gender: |
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| 1. Identify your firm’s Board of Directors (If additional space is required, attach a separate sheet): | | | | | | | | | | |
| 1. Name: | | | 1. Title: | | | 1. Date Appointed: | | | 1. Ethnicity: | 1. Gender: |
|  | | |  | | |  | | |  |  |
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| 1. Do any of the persons identified in the Officers of the Company or Board of Directors (listed above) perform a management or supervisory function for any other business? | | | | | | | | | | |
| No | | Yes, if you answered “Yes” provide the information below  | | | | | | | | |
| 1. Person: | | | | | 1. Name of Business: | | | 1. Function/Title: | | |
|  | | | | |  | | |  | | |
|  | | | | |  | | |  | | |
|  | | | | |  | | |  | | |
| 1. Do any of the persons identified 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.)? | | | | | | | | | | |
| No | Yes, if you answered “Yes” provide the information below  | | | | | | | | | |
| 1. Person: | | | | 1. Firm Name: | | | 1. Nature of Business Relationship: | | | |
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|  | | | |  | | |  | | | |
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| Comment(s) or any additional information: | | | | | | | | | | |
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| Management | | | | | | | | | | | |
| 1. Identify your firm’s management personnel who control your firm in the following areas, attach a separate sheet if necessary: | | | | | | | | | | | |
|  | | | | | 1. Name: | | 1. Title: | | | 1. Ethnicity: | 1. Gender: |
| 1. Financial Decisions (responsibility for acquisition of lines of credit, surety bonding, supplies, etc.) | | | | |  | |  | | |  |  |
| 1. Estimating and bidding | | | | |  | |  | | |  |  |
| 1. Negotiating and Contract Execution | | | | |  | |  | | |  |  |
| 1. Hiring/firing of management personnel | | | | |  | |  | | |  |  |
| 1. Field/Production Operations Supervisor | | | | |  | |  | | |  |  |
| 1. Office management | | | | |  | |  | | |  |  |
| 1. Marketing/Sales | | | | |  | |  | | |  |  |
| 1. Purchasing of major equipment | | | | |  | |  | | |  |  |
| 1. Authorized to Sign Company Checks (for any purpose) | | | | |  | |  | | |  |  |
| 1. Authorized to make Financial Transactions | | | | |  | |  | | |  |  |
| 1. Do any of the persons identified above perform a management or supervisory function for any other business? | | | | | | | | | | | |
| No | Yes, if you answered “Yes” provide the information below  | | | | | | | | | | |
| 1. Person: | | | 1. Title: | | | 1. Business: | | | 1. Function: | | |
|  | | |  | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
|  | | |  | | |  | | |  | | |
| 1. Do any of the persons identified 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.)? | | | | | | | | | | | |
| No | | Yes, if you answered “Yes” provide the information below  | | | | | | | | | |
| 1. Firm Name: | | | | 1. Person: | | | | 1. Nature of Business Relationship: | | | |
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| Inventory | | | | | | | | | |
| Indicate your firm’s inventory in the following categories (attach additional sheets if needed): | | | | | | | | | |
| 1. Equipment | | | | | | | | | |
| 1. Type of Equipment: | | 1. Make/Model: | 1. Current Value: | | | | 1. Owned or Leased: | | |
|  | |  |  | | | |  | | |
|  | |  |  | | | |  | | |
|  | |  |  | | | |  | | |
| 1. Vehicles | | | | | | | | | |
| 1. Type of Vehicle: | 1. Make/Model: | | 1. Current Value: | | | | 1. Owned or Leased: | | |
|  |  | |  | | | |  | | |
|  |  | |  | | | |  | | |
|  |  | |  | | | |  | | |
| 1. Office Space | | | | | | | | | |
| 1. Current Value of Property or Lease: | | | | | 1. Owned or Leased: | | | | |
|  | | | | |  | | | | |
| 1. Street Address: (Must be a Street address, a PO Box Number is **not** acceptable) | | | | | | | | | |
|  | | | | | | | | | |
| 1. City: | | | | | 1. State: | | | | 1. Zip: |
|  | | | | |  | | | |  |
| 1. Storage Space | | | | | | | | | |
| 1. Is this space owned or leased: | | | | 1. Current Value of Property or Lease: | | | | | |
|  | | | |  | | | | | |
| 1. Street Address: (Must be a Street address, a PO Box Number is **not** acceptable) | | | | | | | | | |
|  | | | | | | | | | |
| 1. City: | | | | | | 1. State: | | 1. Zip: | |
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| Payroll | | | | |
| 1. Does your firm rely on any other firm for management functions or employee payroll? | | | | |
| No | Yes, if you answered “Yes” provide an explanation below  | | | |
|  | | | | |
| Financial Information | | | | | |
| 1. Banking Information: | | | | | |
| 1. Name of bank: | | | 1. Phone: | |
|  | | |  | |
| 1. Street Address: | | | | | |
|  | | | | | |
| 1. City: | | | 1. State: | 1. Zip: | |
|  | | |  |  | |
| 1. Do you have bonding capacity? | | | | | |
| No | | Yes, if you answered “Yes” provide information below  | | | |
| 1. Name of Agent/Broker: | | | 1. Binder No: | 1. Phone No: | |
|  | | |  |  | |
| 1. Bonding limit: Aggregate limit: | | | 1. Project limit: | | |
|  | | |  | | |
| 1. Street Address | | | | | |
|  | | | | | |
| 1. City: | | | 1. State: | 1. Zip: | |
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| Loans | | | | | | | | |
| 1. Identify all sources, amounts, and purposes of money loaned to your firm, including the names of any persons or firms securing the loan, if other than the identified owner (attach additional sheets if necessary) | | | | | | | | |
|  | |  | |  | |  | | |
| 1. Name of Source: | 1. Address of Source: | | 1. Person Securing the Loan: | | 1. Original Amount: | | 1. Current Balance: | 1. Purpose of Loan: |
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| Contributions or Transfers of Assets | | | | | | | | |
| 1. List all contributions or transfers of assets to/from your firm and to/from any of its owners over the past two years (attach additional sheets if needed): | | | | | | | | |
| 1. Contribution/Asset: | 1. Dollar Value: | | 1. Transferred From: | | 1. Transferred To: | 1. Relationship: | | 1. Date: |
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| Licenses/permits | | | | | | |
| 1. 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: | | | | | | |
| 1. Name of Holder: | 1. Type of License/Permit: | 1. Expiration Date: | 1. License #: | | 1. State: | |
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| Completed Contracts | | | | |
| 1. List the three largest contracts completed by your firm in the past three years, if any: | | | | |
| 1. Name of Owner/Contractor: | 1. Project Name: | 1. Project Location: | 1. Type of Work: | 1. Dollar Value of Contract: |
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| Active Jobs | | | | | | | | | | | | |
| 1. List the three largest active projects on which your firm is currently working: | | | | | | | | | | | | |
| 1. Name of Prime Contractor: | 1. Project Number: | | 1. Project Location: | | 1. Type of Work: | | 1. Project Start Date: | | 1. Anticipated Complete Date: | | 1. Dollar Value of Contract: | |
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| Affidavit of DBE Eligibility |
| This form must be signed and notarized for each owner upon which disadvantaged status is relied  Supplemental copies of this Affidavit are available on the MnUCP Website. |

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, |  | | swear or affirm under penalty of law that I am |
|  | (Print Full Name) | |  |
|  | | of applicant firm |  |
| (Print Title) | |  | (Print Firm Name) |

have read and understood all of the questions in this application, 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.

- AFFIDAVIT OF DBE Eligibility Page 1 of 2 -

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) (check 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 $1,320,000, 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 | | | | Date | | | Social Security Number |
|  | | | |  | | |  |
| State of | | | | | | Notary Public | |
|  | | | | | |  | |
| County of | | | | | | Commission expires: | |
|  | | | | | |  | |
| (Seal) | | | | | |  | |
| On this |  | of, |  | | , 20 |

- AFFIDAVIT of DBE Eligibility Page 2 of 2 -



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| Personal Net Worth Statement | | | |
| Complete this form for: each disadvantaged proprietor or (2) each limited partner who owns 51% or more interest and each general partner, or (3) each stockholder owning 51% or more of voting stock, or (4) any person or entity providing a guaranty on the loan. | | | |
| Name |  | Business Phone |  |
| Residence Address |  | Residence Phone |  |
| City, State and Zip Code |  | | |
| Name of Business |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ASSETS (Omit Cents) | | LIABILITIES (Omit Cents) | |
| Cash on hand and in bank(s) | $ | Accounts Payable | $ |
| Savings Accounts | $ | Notes Payable to Banks and Others: | $  (Describe in Section 2) |
| IRA or Other Retirement Accounts | $ | Installment Account (Auto)  Monthly Payments | $  $ |
| Accounts & Notes Receivable | $ | Installment Account (Other)  Monthly Payments | $  $ |
| Life Insurance-Cash Surrender Value Only | $  (Complete Section 8) | Loan on Life Insurance | $ |
| Stocks and Bonds | $  (Describe in Section 3) | Mortgages on Real Estate | $  (Describe in Section 4) |
| Real Estate | $  (Describe in Section 4) | Unpaid Taxes | $  (Describe in Section 6) |
| Automobile(s)-Present Value | $ | Other Liabilities | $  (Describe in Section 7) |
| Other Personal Property | $  (Describe in Section 5) |  | |
| Other Assets | $  (Describe in Section 5) |
| **Total Assets** | $ | **Total Liabilities** | $ |
|  | | **TOTAL NET WORTH**  (Assets – Liabilities) | $ |

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| --- | --- | --- | --- |
| Section 1: Source of Income | | CONTIGENT LIABILITIES | |
| Salary | $ | As Endorser or Co-Maker | $ |
| Net Investment Income | $ | Legal Claims and Judgments | $ |
| Real Estate Income | $ | Provision for Federal Income Tax | $ |
| Other Income (Describe below) | $ | Other Special Debt | $ |
| Description of Other Income in Section 1. | | | |
|  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Section 2: Notes Payable to Bank and Others. | | | | | |
| Use attachments if necessary. Each attachment must be identified as a part of this statement and signed | | | | | |
| Name and Address of Noteholder(s) | Original Balance | Current Balance | Payment Amount | Frequency (monthly, etc.) | How Secured or Endorsed Type of Collateral |
|  |  |  |  |  |  |
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| Section 3: Stocks and Bonds. | | | | | |
| Use attachment if necessary. Each attachment must be identified as a part of this PNW Statement and must be signed. | | | | | |
| Number of Shares | Name of Securities | Cost | Market Value Quotation/ Exchange | Date of Quotation/ Exchange | Total Value |
|  |  |  |  |  |  |
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| Section 4: Real Estate Owned | | | |
| List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this PNW Statement and must be signed. | | | |
|  | Property A | Property B | Property C |
| Type of Property |  |  |  |
| Address |  |  |  |
| Date Purchased |  |  |  |
| Original Cost |  |  |  |
| Present Market Value |  |  |  |
| Name & Address of Mortgage Holder |  |  |  |
| Mortgage Account Number |  |  |  |
| Mortgage Balance |  |  |  |
| Amount of Payment Per  Month/Year (Specify) |  |  |  |
| Status of Mortgage |  |  |  |

|  |
| --- |
| Section 5: Other Personal Property and Other Assets |
| Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, Terms of payment, and if delinquent, describe delinquency |
|  |

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| --- |
| Section 6: Unpaid Taxes |
| Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches |
|  |

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| --- |
| Section 7: Other Liabilities |
| Describe in detail: |
|  |

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| --- |
| Section 8: Life Insurance Held |
| Give face amount and cash surrender value of policies - name of insurance company and beneficiaries: |
|  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Section 9: Notarization | | | | | | | |
| I hear by certify that no assets have been transferred to any beneficiary for less than fair market value in the last two years. I authorize the Minnesota Unified Certification Program (MnUCP) to verify the accuracy of the statements made in order to determine whether I meet the standards of economic disadvantage for participation in the DBE Program in the MnUCP. These statements are true and correct to the best of my belief. | | | | | | | |
|  | | | | | | | |
| Signature | | | | Date | | | Social Security Number |
|  | | | |  | | |  |
| Signature | | | | Date | | | Social Security Number |
|  | | | |  | | |  |
| State of | | | | | | Notary Public | |
|  | | | | | |  | |
| County of | | | | | | Commission expires: | |
|  | | | | | |  | |
| (Seal) | | | | | |  | |
| On this |  | of, |  | | , 20 |  | |

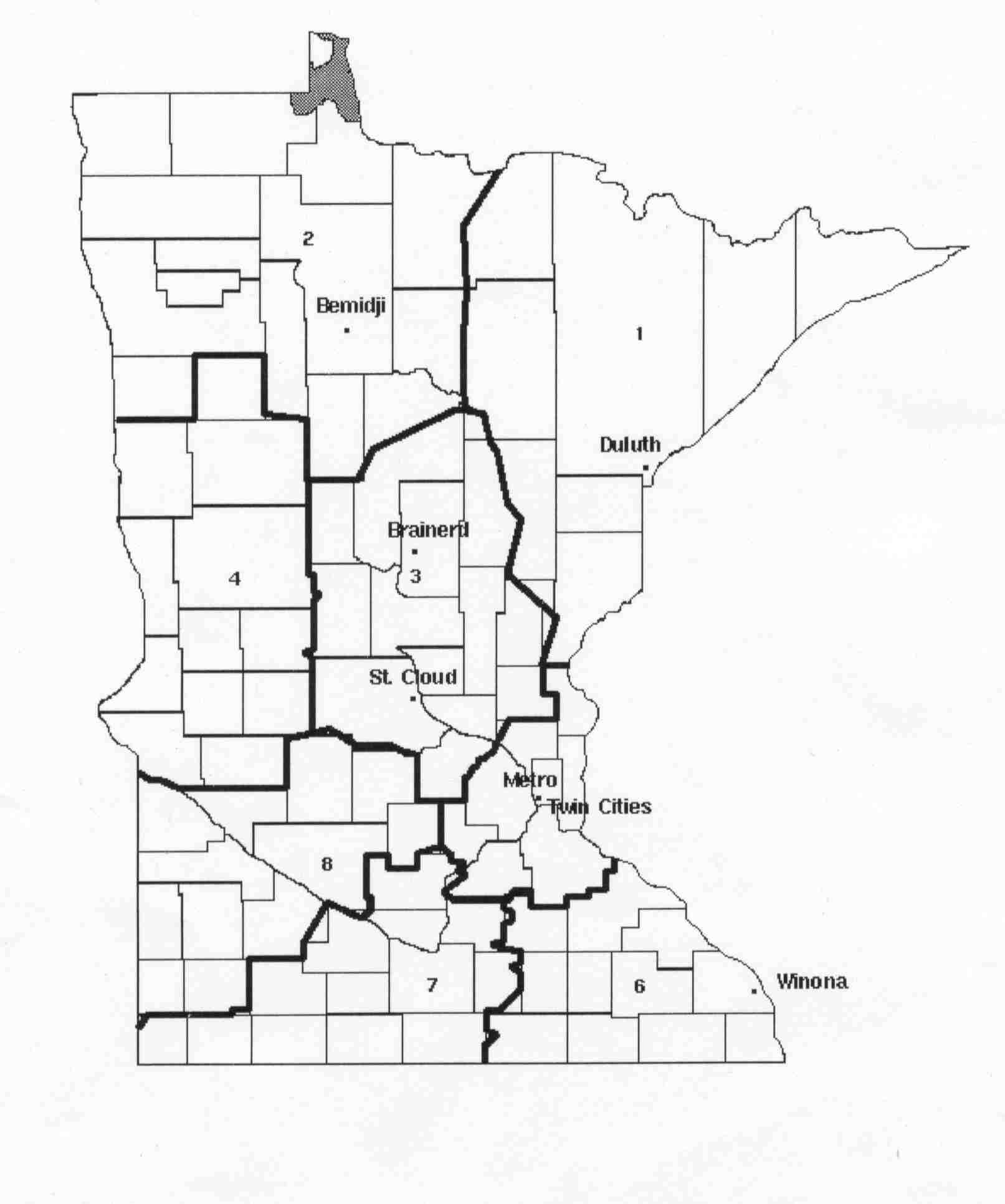
Under Sec. 26.107 of “49 CFR Part 26 and 23,” dated February 2, 1999, if at any time, the Department or a recipient has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, the Department may initiate suspension or debarment proceedings against the person or firm under 49 CFR Part 29, take enforcement action under 49 CFR Part 31, Program Fraud and Civil Remedies, and/or refer the matter to the Department of Justice for criminal prosecution under 18 U.S.C. 1001, which prohibits false statements in Federal programs.

|  |
| --- |
| Work Locations |

Area of the state you wish to be considered for (check all that applies):

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| District 1 (Duluth) |  |  | District 4 (Detroit Lakes) |  |  | District 7 (Mankato) |  |  |
| District 2 (Bemidji) |  |  | Metro District |  |  | District 8 (Willmar) |  |  |
| District 3 (Brainerd) |  |  | District 6 (Rochester) |  |  | Statewide |  |  |

See map below for location of districts.



|  |
| --- |
| Area’s of Work |

Indicate areas of work presently able to perform and for which you desire certification.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A. CONSULTANT SERVICES** | | |  |  | ELECTRICAL | |  |  | UTILITIES |  |
|  | ACCOUNTING | |  |  |  | Electrical Systems |  |  | OTHER – Other Areas of Work Not | |
|  | ARCHITECTURAL | |  |  |  | Traffic Systems |  |  | Listed Above |  |
|  | CIVIL ENGINEERING | |  |  |  | Residential |  |  |  |  |
|  | SURVEYING | |  |  |  | Commercial |  | **C. MISCELLANEOUS SERVICES** | | |
|  | ENGINEERING | |  |  |  | High Voltage |  |  | BUILDING MAINTENANCE |  |
|  | IS PLANNING | |  |  | EXCAVATING & GRADING | |  |  | EQUIPMENT RENTAL |  |
|  | LANDSCAPE | |  |  |  | Common |  |  | GROUND MAINTENANCE |  |
|  | MANAGEMENT | |  |  |  | Rock |  |  | JANITORIAL SERVICE |  |
|  | MARKET RESEARCH/ PLANNING | |  |  |  | Muck |  |  | SECURITY SERVICE |  |
|  | RIGHT-OF-WAY | |  |  |  | Clear & Grub |  |  | OTHER (SPECIFY) |  |
|  | SOILS | |  |  | MEDIAN BARRIERS | |  |  |  |  |
|  | TECHNICAL | |  |  | METALS | |  |  |  |  |
|  | OTHER (SPECIFY) | |  |  |  | Reinforcement Bars |  | **D. SUPPLIERS** | |  |
|  |  | |  |  |  | Structural Steel |  |  | ASPHAULT |  |
|  | | |  |  |  | Steel Foundations |  |  | CONCRETE |  |
| **B. CONSTRUCTION** | | |  |  |  | Signs & Markers |  |  | ELECTRICAL |  |
|  | AGGREGATE | |  |  |  | Steel Pilings |  |  | FUEL/OIL |  |
|  |  | Base |  |  |  | Painting |  |  | LANDSCAPING MATERIAL |  |
|  |  | Shouldering |  |  | REMOVAL | |  |  | LUMBER |  |
|  | BITUMINOUS | |  |  |  | Culverts |  |  | ELECTRONIC COMPONENT |  |
|  |  | Paving |  |  |  | Sewer Pipe |  |  | PAINT |  |
|  |  | Seal Coating |  |  |  | Concrete |  |  | PIPE |  |
|  |  | Removal/Salvage |  |  |  | Guardrail |  |  | SAND & GRAVEL |  |
|  | BRIDGES | |  |  | SANDBLASTING | |  |  | OTHER (SPECIFY) |  |
|  |  | Concrete |  |  | SEWER PIPE | |  |  |  |  |
|  |  | Painting |  |  |  | Metal |  |  |  |  |
|  |  | Steel |  |  |  | Concrete |  | **E. CONCESSIONAIRES** | |  |
|  |  | Wood |  |  |  | Plastic |  |  | FOOD & BEVERAGE |  |
|  | COMMERCIAL/RESIDENTIAL | |  |  |  | Clay |  |  | GIFT & RETAIL |  |
|  | CONCRETE | |  |  | SAWING | |  |  | SERVICE |  |
|  |  | Curb And Gutter |  |  |  | Bituminous |  |  |  |  |
|  |  | Medians |  |  |  | Concrete |  | **F. TRANSIT VEHICLE MAINTENANCE** | | |
|  |  | Sidewalk |  |  |  | Sealing |  |  | OTHER (SPECIFY) |  |
|  |  | Paving |  |  | TRAFFIC CONTROL | |  |  |  |  |
|  |  | Removal |  |  | TURF ESTALISHMENT | |  |  |  |  |
|  | CULVERTS | |  |  |  | Seeding |  | **G. TRUCKING** | |  |
|  |  | Corrugated Steel |  |  |  | Sodding |  |  | (Complete if performing Trucking/ | |
|  |  | Concrete, Pre-cast, Reinforced | | |  | Mulching |  |  | Hauling) |  |
|  | GUARDRAIL | |  |  |  | Disc Anchoring |  |  | ASPHAULT |  |
|  | DEMOLITION | |  |  |  | Poly Netting |  |  | CONCRETE |  |
|  | DRAIN TILE | |  |  |  | Wood Fiber Blanket |  |  | FUEL/OIL |  |
|  |  | |  |  |  | Commercial Fertilizer |  |  | SAND & GRAVEL |  |
|  |  | |  |  |  | Water |  |  |  |  |
|  |  | |  |  |  | Roadside Spraying |  |  |  |  |
|  |  | |  |  |  | Weed Spraying |  |  |  |  |
|  |  | |  |  |  | Trimming/Pruning |  |  |  |  |