



## ***DBE ANNUAL AFFIDAVIT SUPPORTING DOCUMENTS CHECKLIST***

In order to complete your annual affidavit to maintain DBE status, you must attach copies of all of the following documents.

### **All Applicants**

- Annual Affidavit with Personal Net Worth Statement
- Year-end Balance Sheets and Income Statements
- Most recent Federal Business tax return and all related schedules for Applicant Firm and any Affiliate Firm(s)
- Most recent Federal Personal tax return for each owner claiming disadvantaged status
- Work experience resumes (include places of ownership/employment with corresponding dates), for any new owners and/or officers of your firm
- Copy of Home State DOT Certification Letter or Certificate, if applicable
- Copies of any changed documents since last approved submission, if applicable

### **Trucking Firms**

- List of trucks owned and/or leased
- Title(s) and registration certificate(s) for each truck owned
- Lease agreements for each truck leased
- Insurance agreements for each truck

### **Regular Dealers**

- List of product lines carried
- List of distribution equipment owned and/or leased
- Proof of ownership and/or lease agreement of distribution equipment

Under Sec. 26.107 of 49 CFR Part 26, 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 2 CFR Parts 180 and 1200, 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.

**Contact Information**

Contact person and Title:		Legal name of firm:		
Phone #:	Other Phone #:		Fax #:	
E-mail:		(7) Website (if have one):		
Street address of firm (No P.O. Box):		City:	County/Parish:	State: Zip:
Mailing address of firm (if different):		City:	County/Parish:	State: Zip:

Describe the primary activities of your firm along with the applicable NAICS codes (if known):	Federal Tax ID (if any):
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Has your firm (under any name) or any of its owners, Board of Directors, officers or management personnel, ever withdrawn an application or ever been denied certification, decertified, or debarred or suspended or otherwise had bidding privileges denied or restricted by any state or local agency, or Federal entity?

Yes, on \_\_\_/\_\_\_/\_\_\_  No

If Yes, identify State and name of state, local, or Federal agency and explain the nature of the action:

**Out of State Firms:**

Is your firm currently certified with your home state?  Yes, on \_\_\_/\_\_\_/\_\_\_ State \_\_\_\_\_  
 No

Attach current certification letter or certificate.

Type of firm (check all that apply):

- Sole Proprietorship
- Partnership
- Corporation
- Limited Liability Partnership
- Limited Liability Company
- Joint Venture
- Other, Describe: \_\_\_\_\_
- ACDBE

Number of employees: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Total \_\_\_\_\_

**Identify your firm's Shareholders** (If additional space is required, attach a separate sheet):

	Name	% Owned	Date Acquired	Ethnicity	Gender
Shareholders	(a)				
	(b)				
	(c)				
	(d)				

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

	Name	Title	Date Appointed	Ethnicity	Gender
Officers of the Company	(a)				
	(b)				
	(c)				
	(d)				
Board of Directors	(a)				
	(b)				
	(c)				
	(d)				

Do any of the persons listed as Shareholders, Officers or Board of Directors above perform a management or supervisory function for any other business?  Yes  No

If Yes, identify for each: Person: \_\_\_\_\_ Title: \_\_\_\_\_

Business: \_\_\_\_\_ Function: \_\_\_\_\_

Do any of the persons listed as Shareholders, Officers or Board of Directors 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:

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

	<b>Name</b>	<b>Title</b>	<b>Ethnicity</b>	<b>Gender</b>
(1) Financial Decisions (responsibility for acquisition of lines of credit, surety bonding, supplies, etc.)	a.			
	b.			
(2) Estimating and bidding	a.			
	b.			
(3) Negotiating and 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.			

**List the three largest active jobs on which your firm is currently working:**

<b>Name of Prime Contractor and Project Number</b>	<b>Location of Project</b>	<b>Type of Work</b>	<b>Project Start Date</b>	<b>Anticipated Completion Date</b>	<b>Dollar Value of Contract</b>
1.					
2.					
3.					

# PERSONAL NET WORTH STATEMENT

AS OF \_\_\_\_\_

Complete one of these statements for each individual upon whose ownership and control the firm is relying on for DBE Certification.



Name	Business Phone
Residence Address	Residence Phone
City, State, Zip Code	
Business Name of Applicant/Borrower	

ASSETS		LIABILITIES	
(omit cents)		(omit cents)	
Cash on hand & in banks	\$	Accounts payable	\$
Savings accounts	\$	Notes payable to banks & others (complete section 2)	\$
IRA or other retirement account	\$	Installment account (auto)	\$
Accounts & notes receivable	\$	Mo. Payments	\$
Life Insurance - Cash Surrender Value Only (complete section 8)	\$	Installment account (other)	\$
		Mo. Payments	\$
Stocks & Bonds (complete section 3)	\$	Loan on life insurance	\$
Real Estate (complete section 4)	\$	Mortgages on real estate (complete section 4)	\$
Automobile - present value	\$	Unpaid taxes (complete section 6)	\$
Other personal property (complete section 5)	\$	Other liabilities (complete section 7)	\$
Other assets (complete section 5)	\$		
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>

**NET WORTH (total assets minus total liabilities)    \$**

Section 1 - Source of Income		Contingent Liabilities	
Salary	\$	As Endorser or Co-maker	\$
Net Investment Income	\$	Legal claims & judgments	\$
Real Estate Income	\$	Provision for Federal Income Tax	\$
Other income (describe below)*	\$	Other special debt	\$

**Description of other income in section 1**


\*Alimony or child support payments need not be disclosed in "Other income" unless it is desired to have such payments counted toward total income.

**Section 2 - Notes payable to banks & others**  
 (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name & Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc)	How secured or endorsed Type of collateral

**Section 3 - Stocks & Bonds** (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

**Section 4 - Real Estate owned** (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and 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			
Status of mortgage			

**Section 5 - Other personal property and other assets** (Describe, and if any is pledged as security, state name & address of lien holder, amount of lien, terms of payment & if delinquent, describe delinquency.)

**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.)

**Section 7 - Other liabilities** (Describe in detail.)

**Section 8 - Life insurance held** (Give face amount & cash surrender value of policies - name of insurance company & beneficiaries.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**AFFIDAVIT OF CERTIFICATION**

*This form must be signed and notarized for each owner upon which disadvantaged status is relied.*

**A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS ANNUAL AFFIDAVIT IS SUFFICIENT CAUSE FOR 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.**

State/Commonwealth of \_\_\_\_\_)

County of \_\_\_\_\_) ss.

BEFORE ME, the undersigned authority, in and for the said State/Commonwealth and said County personally appeared \_\_\_\_\_ who, after being sworn according to law, state that he or she was authorized to represent \_\_\_\_\_ and to execute the affidavit on behalf of the said firm and stated under penalty of perjury that the foregoing information, supporting documents, and following statements are true, correct, accurate and complete.

I acknowledge and agree that any misrepresentations in this annual affidavit or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

I agree that any change in circumstances affecting the company's ability to meet size, disadvantaged status, ownership, and/or control requirements of Part 26 or any change in the financial condition of said company must be brought to the attention of the Pennsylvania Unified Certification Program within thirty (30) calendar days of the occurrence.

I certify that I am a socially and economically disadvantaged who is the owner of the above-referenced firm seeking continued certification as a Disadvantaged Business Enterprise.

I further certify that my personal net worth does not exceed \$1,320,000.

I acknowledge that any distortion, false statements, or non-disclosure of information will be deemed to be a material misrepresentation and is subject to prosecution under both Federal and State Law.

(SEAL)

SWORN AND SUBSCRIBED BEFORE ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

_____ (SIGNATURE OF AFFIANT)	_____ (DATE)
_____ (PRINTED NAME)	
_____ (TITLE)	
_____ (COMPANY NAME)	
_____ (SIGNATURE OF NOTARY PUBLIC)	
My Commission Expires: _____	

### Desired Work Location

Please indicate the County(ies) to denote the geographical area of the Commonwealth where you would consider doing work.

- |                                    |                                     |                                     |                                     |                                       |                                       |                                       |
|------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> STATEWIDE |                                     |                                     |                                     |                                       |                                       |                                       |
| <input type="checkbox"/> Adams     | <input type="checkbox"/> Cambria    | <input type="checkbox"/> Cumberland | <input type="checkbox"/> Huntingdon | <input type="checkbox"/> Lycoming     | <input type="checkbox"/> Philadelphia | <input type="checkbox"/> Venango      |
| <input type="checkbox"/> Allegheny | <input type="checkbox"/> Cameron    | <input type="checkbox"/> Dauphin    | <input type="checkbox"/> Indiana    | <input type="checkbox"/> McKean       | <input type="checkbox"/> Pike         | <input type="checkbox"/> Warren       |
| <input type="checkbox"/> Armstrong | <input type="checkbox"/> Carbon     | <input type="checkbox"/> Delaware   | <input type="checkbox"/> Jefferson  | <input type="checkbox"/> Mercer       | <input type="checkbox"/> Potter       | <input type="checkbox"/> Washington   |
| <input type="checkbox"/> Beaver    | <input type="checkbox"/> Centre     | <input type="checkbox"/> Elk        | <input type="checkbox"/> Juniata    | <input type="checkbox"/> Mifflin      | <input type="checkbox"/> Schuylkill   | <input type="checkbox"/> Wayne        |
| <input type="checkbox"/> Bedford   | <input type="checkbox"/> Chester    | <input type="checkbox"/> Erie       | <input type="checkbox"/> Lackawanna | <input type="checkbox"/> Monroe       | <input type="checkbox"/> Snyder       | <input type="checkbox"/> Westmoreland |
| <input type="checkbox"/> Berks     | <input type="checkbox"/> Clarion    | <input type="checkbox"/> Fayette    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Montgomery   | <input type="checkbox"/> Somerset     | <input type="checkbox"/> Wyoming      |
| <input type="checkbox"/> Blair     | <input type="checkbox"/> Clearfield | <input type="checkbox"/> Forest     | <input type="checkbox"/> Lawrence   | <input type="checkbox"/> Montour      | <input type="checkbox"/> Sullivan     | <input type="checkbox"/> York         |
| <input type="checkbox"/> Bradford  | <input type="checkbox"/> Clinton    | <input type="checkbox"/> Franklin   | <input type="checkbox"/> Lebanon    | <input type="checkbox"/> Northampton  | <input type="checkbox"/> Susquehanna  |                                       |
| <input type="checkbox"/> Bucks     | <input type="checkbox"/> Columbia   | <input type="checkbox"/> Fulton     | <input type="checkbox"/> Lehigh     | <input type="checkbox"/> Northumber'd | <input type="checkbox"/> Tioga        |                                       |
| <input type="checkbox"/> Butler    | <input type="checkbox"/> Crawford   | <input type="checkbox"/> Greene     | <input type="checkbox"/> Luzerne    | <input type="checkbox"/> Perry        | <input type="checkbox"/> Union        |                                       |

### County Map of Pennsylvania

