

## MINNESOTA UNIFIED CERTIFICATION PROGRAM

Minnesota Department of Transportation, Metropolitan Airports Commission &  
Metropolitan Council



### AFFIDAVIT OF DBE ELIGIBILITY (No Change Affidavit) For Calendar Year \_\_\_\_\_

Name of Firm: \_\_\_\_\_  
 Mail Address: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Business Telephone: \_\_\_\_\_ Business Fax: \_\_\_\_\_  
 Tax Identification or Social Security Number: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Please submit the following documents with your Affidavit of DBE Eligibility:**

DOCUMENT	TIME PERIOD	REQUIRED	ATTACHED (Check if Yes)
<b>Firm's complete Federal Tax Return</b> (with attachments)	Past Year	Yes	
<b>DBE owners complete Individual Tax Returns:</b> (Tax returns for each qualifying DBE owner)	Past Year	Yes	
<b>Firm's Financial Statement</b>	Past Year	Yes	
<b>Personal Net Worth (PNW) Statement:</b> (For each qualifying DBE owner)	Past Year	Yes	
<b>Statement of Firm's size and gross receipts</b>	Past 3 Years	Yes	
<b>Ownership percentages and titles</b>	Past Year	Yes	
<b>Business Description</b>	Current Year	Yes	
<b>Resumes:</b> (Updated ones for all key personnel, including owners)	Current Year	Yes	
<b>Equipment List:</b> (Updated one, if appropriate to the business)	Current Year	Yes	
<b>Business and Professional licenses &amp; Minnesota Secretary of State Registration.</b>	Current Year	Yes	
<b>Current Employees:</b> (Report number of full time (FTE), part time (PT) and temporary employees per pay period)	During Past 12 Months	Yes	
<b>&lt; The following Information Should Be Submitted Only if There Have Been Changes in the Items Listed or in the Ownership, Structure and/or Operations of the DBE Firm &gt;</b>			
DOCUMENT	TIME PERIOD	ATTACHED (Check if Yes)	NO CHANGE (Check if None)
<b>New Owners:</b> (Include a description of their responsibilities, investment made to acquire ownership and documentation of the contribution)	Since last Certification		
<b>Owners/Employees involvement in another business:</b> (Indicate the other firm's name; owner/employee name; type of business and the nature of the business relationship (i.e., current owner, employee or previous owner)	Since last Certification		
<b>Supply Agreements:</b> (Updated or additional ones, if appropriate to the business).	Since last Certification		
<b>Articles of Incorporation:</b> (If amended)	Since last Certification		
<b>By Laws:</b> (If amended)	Since last Certification		
<b>Vehicle Information</b> (Trucking & Construction firms): Submit new or updated vehicle information listing the (1) Type, (2) Serial Numbers & purchase agreements on equipment; (3) Lease, rental and lease, rental & purchase agreements (e.g., if lease to own); and (4) Insurance documents on the equipment	Since last Certification		
<b>New Work areas/services:</b> (You would like to add & perform: Include NAICS Code (if known). For further information on this, you may review the NAICS website at: <a href="http://www.sba.gov/size/">http://www.sba.gov/size/</a> )	Since last Certification		
<b>Significant Changes:</b> (Explain changes in the business on a separate sheet of paper and attach to this document)	Since last Certification		

\_\_\_\_\_ (Firm's Name)

Affidavit of DBE Eligibility

Page Two

I, \_\_\_\_\_, owner of \_\_\_\_\_ (Firm's Name) swear (or affirm) that during \_\_\_\_\_ (Calendar Year) there have been no changes in the circumstances of \_\_\_\_\_ (Firm's Name), affecting its ability to meet the size, disadvantaged status, ownership, or control requirements of 49 C.F.R. Part 26 and 13 C.F.R. Part 121. I further declare that there have been no material changes in the information provided with \_\_\_\_\_ (Firm's Name) application for certification, except for any changes, which have been provided to the Minnesota Unified Certification Program and its member organizations by written notice as required under 49 C.F.R. §26.83(i).

I declare 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 group identified in 49 C.F.R. §26.5, without regard to my individual qualities. I further declare that my personal net worth does not exceed \$750,000, 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 who are not socially and economically disadvantaged.

In addition, I specifically declare that \_\_\_\_\_ (Firm's Name) continues to meet the Small Business Administration (SBA) business size criteria and the overall gross receipts cap of 49 C.F.R. Part 26. I specifically declare that \_\_\_\_\_'s (Firm's Name) average annual gross receipts (as defined by SBA rules) over the previous three fiscal years do not exceed \$\_\_\_\_\_ (insert dollar amount). I am providing the attached size and gross receipts documentation to support this declaration.

I declare under penalty of perjury that the foregoing is true and correct.<sup>1</sup> I understand any material misrepresentation is grounds for perjury and subsequent sanctions or prosecution.

\_\_\_\_\_  
Print Name of Owner

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Owner

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

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

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

On this \_ day of \_\_\_\_\_ before me appeared \_\_\_\_\_ to be personally known, whom being duly sworn, did execute the foregoing affidavit.

\_\_\_\_\_  
Notary Public

<sup>1</sup> Knowingly and willfully providing false information to the Federal government is a violation of 18 U.S.C. Section 1001 and could subject you to fines, imprisonment or both.



## Minnesota Unified Certification Program Disadvantaged Business Enterprise

### Personal Net Worth Statement

As of \_\_\_\_\_

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.

#### Section 1: Application Information

Name		Business Phone	
Residence Address		Residence Phone	
City, State and Zip Code			
Name of Business			

<b>Section 2: Assets &amp; Liabilities</b>			
<u>ASSETS</u>		<u>LIABILITIES</u>	
[Indicate if Joint Assets (Jt.)]	(Omit Cents)	[Indicate if Joint Liabilities(Jt.)]	(Omit Cents)
1. Cash on hand and in bank(s)	\$	12. Accounts Payable	\$ (Complete Section 14)
2. Savings Accounts	\$	13. Notes Payable to Banks & Others	\$ (Complete Section 15)
3. IRA or Other Retirement Accounts	\$ (Describe in Section 7)	14. Installment Account (Auto) Monthly Payments	\$ (Complete Section 16)
4. Accounts & Notes Receivable	\$ (Complete Section 8)	15. Installment Account (Other) Monthly Payments	\$ (Complete Section 17)
5. Life Insurance-Cash Surrender Value Only	\$ (Complete Section 9)	16. Loan on Life Insurance	\$
6. Stocks and Bonds	\$ (Complete Section 10)	17. Mortgages on Real Estate	\$ (Complete Section 11)
7. Real Estate	\$ (Complete Section 11)	18. Unpaid Taxes	\$ (Describe in Section 18)
8. Automobile(s)-Present Value	\$ (Complete Section 12)	19. Other Liabilities	\$ (Describe in Section 19)
9. Other Personal Property	\$ (Complete Section 13-a)		
10. Other Assets	\$ (Complete Section 13-b)	20. <b>Total Liabilities</b> (Add Lines 12-19)	\$
11. <b>Total Assets</b> (Add lines 1-10)	\$	21. <b>TOTAL NET WORTH</b> (Subtract Line 11 from Line 20)	\$

<b>Section 3: Source of Income</b>		<b>Section 4: Contingent Liabilities</b> (Describe in Section 6)	
Salary	\$	As Endorser or Co-Maker	\$
Net Investment Income	\$	Legal Claims and Judgments	\$
Real Estate Income	\$	Provision for Federal Income Tax	\$
Other Income	\$ (Describe in Section 5)	Other Special Debt	\$

<b>Section 5: Description of Other Income Listed in Section 3.</b>

<b>Section 6: Description of Contingent Liabilities Listed in Section 4 - Submit verification for all liabilities listed.</b>

<b>Section 7: IRA or Other Retirement Account(s)</b>			
Name of Financial Institution	Current Value	Estimated Taxes & Penalties (If Withdrawn as of the date of this PNW Statement)	Value Net of Estimated Taxes & Penalties (Include Amount in Sec.2, Line 3)

<b>Section 8. Accounts &amp; Notes Receivable:</b> Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.					
Name and Address of Borrower	Original Balance	Current Balance	Payment Amount	Payment Frequency	Explanation for Receivable

<b>Section 9: Life Insurance Held</b> – Give face amount & cash surrender value of policies. List name of insurance company and beneficiaries.

<b>Section 10: Stocks and Bonds.</b> Do not include the value of stock in the Applicant business. Use attachments 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

<b>Section 11: Real Estate Owned:</b> List each parcel separately. Indicate if jointly owned and/or percentage of ownership interest. Use attachments if necessary. Identify attachments as part of this PNW Statement and sign them.			
	Property A	Property B	Property C
Type of Property (E.g.- Residential, Condo, Timeshare, Commercial, etc.)			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Percentage Share Owned			

Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment Per Month/Year (Specify)			
Status of Mortgage			

**< Continued Below >**

**Section 11: Continued - Real Estate Owned.** (List additional properties owned below)

	Property D	Property E	Property F
Type of Property (E.g.- Residential, Condo, Timeshare, Commercial, etc.)			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Percentage Share Owned			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment Per Month/Year (Specify)			
Status of Mortgage			

**Section 12. Automobiles Owned:** (Attachment additional sheets if needed. Sign and indicate that they are a part of this PNW Statement)

Year, Make & Model	Year Purchased	Original Cost	Current Value	Original Loan Amount	Loan Balance

**Section 13: Other Personal Property and Other Assets.** (Describe and list the value of personal property and other assets. Indicate if any is pledged as security and state name and address of lien holder, amount of lien, payment terms, and if delinquent, describe delinquency)

- (a) Personal Property: - (Include household goods, furniture, clothing, jewelry, etc.)
  
- (b) Other Assets: (Include other assets such as recreational equipment/vehicles, collections, antiques, artwork, etc.)

**Section 14. Accounts Payable.:** Describe and list the balance and due dates for any accounts payable.

--



## Instructions for Completing the Personal Net Worth (PNW) Statement

If your Personal Net Worth according to 49 CFR Part 26 exceeds the \$750,000 cap you are not considered to be economically disadvantaged for determination of, eligibility for DBE certification. If the Personal Net Worth according to 49 CFR Part 26 of the majority owner(s) exceeds the \$750,000 cap at any time after your firm is certified, the firm is no longer eligible for certification. Should that occur, it is your responsibility to contact your certifying agency in writing to advise that your firm no longer qualifies.

### **General Instructions**

- You must fill out all line items on the Personal Financial Statement to the best of your ability.
- If necessary, use additional sheet(s) of paper to report all information and details. Indicate that the additional sheets are part of the PNW Statement, and sign and date them.
- If you have any questions about completing this form, please contact the certifying agency to which you are applying.

### **Specific Instructions**

#### **SECTION 1**

##### **DATE AND CONTACT INFORMATION**

Be sure to include the “as of” date in the upper right corner of the first page and your contact information.

#### **SECTION 2**

##### **ASSETS**

All assets must be reported at their current estimated fair market values as of the date of your statement. ***Applicant’s cost value for real estate, for example, is not acceptable. The applicant is not required to incur a cost to obtain a professional appraisal.***

1. **Cash on hand & in Banks:** Enter the total amount of cash on-hand and in bank accounts other than savings.
2. **Savings Accounts:** Enter the total amount in all savings accounts.
3. **IRA, 401 k, or other Retirement Account:** Enter the total present value of all IRAs and other retirement accounts, including any deferred compensation and pension plans from Section 4. The value of the assets in these accounts should be reduced by the estimated amount of any income taxes and penalties that would be paid if the assets were to be withdrawn as of the date of this personal financial statement. Describe these accounts in Section 7.
4. **Accounts & Notes Receivable:** Enter the total value of all monies owed to you personally, if any. This should include shareholder loans to the applicant firm, if any. Provide a description in Section 8.
5. **Life Insurance-Cash Surrender Value Only:** Enter the cash surrender value of any life insurance policies. This amount should not be the amount a beneficiary would receive upon your death, also known as face value. A complete description is required in Section 9.
6. **Stocks and Bonds:** Enter the current market value of your stocks, bonds or other securities in Section 10. Your share of the market value will be included in Section 2, Line 6. Do not include the value of stock in the applicant business.
7. **Real Estate:** Enter the current fair market value of **all** real estate owned. A complete listing and description of all real estate owned is required in Section 11. The amount must correspond with the total “Present Market Value” amounts listed in Section 11. If the property is jointly owned, include the percentage share you own.
8. **Automobile-Present Value:** Enter the current fair market value of all automobiles owned. Provide a description in Section 12.

9. **Personal Property and Assets:** Enter the current fair market value of all other personal property owned, but not included in the previous entries. This should include household goods, furniture, clothing, jewelry, etc. A complete description of these assets is required in Section 13(a).
10. **Other Assets:** Enter the current fair market value of all other assets in Section 13(b). This should include items such as recreational vehicles/equipment, sports equipment, collections, antiques, artwork, etc. A complete description of these other assets is required in Section 13(b).
11. **Total Assets:** Add lines 1 through 11 to calculate total assets.

## **LIABILITIES**

12. **Accounts Payables:** Enter the total value of all unpaid personal accounts payable that are your responsibility. Describe in Section 14 payables not listed in other sections.
13. **Notes Payable to Bank and Others:** Enter the total amount due on all notes payable to banks and others. This should not, however, include any mortgage balances or accounts included elsewhere on the form. A complete description of all notes payable to banks and others is required in Section 15.
14. **Installment Account (Auto):** Enter amount of the current balance of the debt that you owe for auto installment account(s). Provide details in Section 16.
15. **Installment Account (Other):** Enter amount of the present balance of the debt that you owe for other installment account(s). Provide details in Section 17.
16. **Loans on Life Insurance:** Enter the total value of all loans taken against life insurance policies.
17. **Mortgages on Real Estate:** Enter the total balance on all mortgages payable on real estate. A complete breakdown of all mortgages on real estate is required in Section 11. The amount must correspond with the total of the mortgage balances amounts listed in Section 11.
18. **Unpaid Taxes:** Enter the total amount of all taxes that are owed, but unpaid. A complete description is required in Section 18.
19. **Other Liabilities:** Enter the total value due on all other liabilities not classified in the previous entries. A complete description is required in Section 19.
20. **Total Liabilities:** Add lines 12 through 20 to calculate total liabilities.
21. **Net Worth:** To compute Net Worth, add all liabilities and put that figure in the Total Liabilities line. Then subtract Total Liabilities from Total Assets to get your Net Worth.