



# MINNESOTA UNIFIED CERTIFICATION PROGRAM

Minnesota Department of Transportation, Metropolitan Airports Commission, Metropolitan Council & City of Minneapolis

## AFFIDAVIT OF DBE ELIGIBILITY - \_\_\_\_\_(Year)

(No Change Affidavit)

Name of Business: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Physical Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Tax Identification or Social Security Number: \_\_\_\_\_

Check box if your contact information has changed

Required Documents – Submit the following documents	Time Period	Attached
<b>Business <u>complete</u> Federal Tax Return</b> with attachments	Past Year	
<b>Business Owner’s <u>complete</u> Individual Tax Returns</b> for each qualifying owner	Past Year	
<b>Firm’s Financial Statement and/or Profit Loss Statement</b>	Past Year	
<b>Personal Net Worth (PNW) Statement</b> for each qualifying owner	Past Year	
<b>Written Statement or Listing of Business Size and/or Gross Receipts</b>	Past 3 Years	
<b>Name(s), Titles and Percentage of Business Ownership</b>	Past Year	
<b>Business and Professional Licenses</b>	Current Year	
<b>Minnesota Secretary of State Registration</b>	Current Year	
<b>Current Employees:</b> (Report number of full time, part time and temporary employees per pay period)	Past Year	
Supplementary Documents – Submit additional documents if changes have occurred.	Time Period	Attached
<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 Business 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>Business Description</b>	Current Year	
<b>Resumes</b> for owners and key personnel	Current Year	
<b>Supply Agreements:</b> (Updated and/or additional agreements, 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> Additions or changes to existing work description; include NAICS Code. See NAICS website at: <a href="http://www.sba.gov/size/">http://www.sba.gov/size/</a>	Since last Certification	
<b>Significant Changes</b> Explain any changes in the business on a separate sheet of paper and attach to this document)	Since last Certification	



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Minnesota Department of Transportation, Metropolitan Airports Commission, Metropolitan Council & City of Minneapolis

## AFFIDAVIT OF DBE ELIGIBILITY \_\_\_\_\_(Year)

Name of Business: \_\_\_\_\_

I, \_\_\_\_\_, owner of \_\_\_\_\_ (Business Name) swear or affirm that during 2011-2012 there have not been any changes in circumstances, affecting this business' ability to meet the size, disadvantage 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 my 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 groups 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 \$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 whom are not socially and economically disadvantaged.

In addition, I specifically declare that \_\_\_\_\_ (Business Name) continues to meet the Small Business Administration business size criteria and the overall gross receipts cap of 49 C.F.R. Part 26. I am providing the attached size and gross receipts documentation to support this declaration. Gross receipts for the last three years are listed below:

2009	2010	2011

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>			
<b>ASSETS</b>		<b>LIABILITIES</b>	
[Indicate if Joint Assets (Jt.)]		[Indicate if Joint Liabilities(Jt.)]	
(Omit Cents)		(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	\$

**Section 5: Description of Other Income Listed in Section 3.**

**Section 6: Description of Contingent Liabilities Listed in Section 4 - Submit verification for all liabilities listed.**

<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)

**Section 8. Accounts & Notes Receivable:** 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

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

**Section 10: Stocks and Bonds.** 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

**Section 11: Real Estate Owned:** 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
<u>Type of Property</u> (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.

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## Instructions to Assist in Completing the Personal Financial Statement

If your *Personal Net Worth according to 49 CFR Part 26* exceeds the \$1,320,000 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 \$1,320,000 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.
- 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.
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 5.
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 6.
6. **Stocks and Bonds:** Enter the current market value of your stocks, bonds or other securities in Section 7. 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 8. The amount must correspond with the total "Present Market Value" amounts listed in Section 8. If the property is jointly owned, include your percentage share owned.

8. **Automobile-Present Value:** Enter the current fair market value of all automobiles owned. Provide a description in Section 9.

9. **Other 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 furniture, jewelry, artwork, etc. A complete description of these assets is required in Section 10.

10. **Ownership interest in applicant business:** Enter the current value of the applicant owner's interest in the applicant firm.

11. **Ownership interest in other businesses:** Enter the current value of the applicant owner's interest in other businesses. Include a description of these businesses and the valuation methodology in Section 11.

12. **Total Assets:** Add lines 1 through 11 to calculate total assets.

## LIABILITIES

13. **Personal Payables:** Enter the total value of all unpaid personal accounts payable that are your responsibility. Describe in Section 13 payables not listed in other sections.

14. **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 14.

15. **Installment Account (Auto):** Enter amount of the current balance of the debt that you owe for auto installment account(s). Provide details in Section 7.

16. **Installment Account (Other):** Enter amount of the present balance of the debt that you owe for other installment account(s). Provide details in Section 15.

17. **Loans on Life Insurance:** Enter the total value of all loans taken against life insurance policies.

18. **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 8. The amount must correspond with the total of the mortgage balances amounts listed in Section 8.

19. **Unpaid Taxes:** Enter the total amount of all taxes that are owed, but unpaid. A complete description is required in Section 16.

20. **Other Liabilities:** Enter the total value due on all other liabilities not classified in the previous entries. A complete description is required in Section 16.

21. **Total Liabilities:** Add lines 13 through 20 to calculate total liabilities.

22. **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.

## **EXCLUSIONS FOR AC/DBE PROGRAM**

23. **Primary Residence Value:** Enter market value for primary residence listed in Section 8.
24. **Mortgages on Primary Residence:** Enter primary mortgage balance listed in Section 8.
25. **Primary Residence Equity:** Subtract the primary mortgage balance from the market value to calculate equity.
26. **Ownership interest in applicant business:** Enter the amount listed in Section 2, Line 10 for the ownership interest in the business applying for AC/DBE certification.
27. **Recourse Assets:** Enter only “recourse” assets. These include assets that are encumbered or are to be encumbered in order to obtain financing to enter or expand a concessions business at an airport, as in a case where an asset is used as collateral for a loan. Describe these assets in Section 12 and attach a copy of the documents evidencing the loan and encumbrance of the personal asset(s).
28. **Total Excluded Assets:** Enter the total of all excluded assets from lines 25, 26 and 27.