

FLORIDA UNIFIED CERTIFICATION PROGRAM



MIAMI DADE COUNTY (FDOT UCP Member)

Department of Small Business Development

111 N.W. 1st Street, 19th Floor

Miami, Florida 33128

Phone: (305)375-3111 / Fax: (305)375-3160

Disadvantaged Business Enterprise (DBE) Program Affidavit, For Continuing Eligibility

DECLARATION

This declaration executed under penalty of perjury of the laws of the United States and State of Florida.

[Print All Items]

BUSINESS NAME: _____

CONTACT PERSON: _____

ADDRESS: _____
(Include City State and Zip Code)

MAILING: (If different): _____
(Include City, State and Zip Code)

PHONE: () - _____ FAX: () - _____

E-MAIL ADDRESS: _____

You **must** include the following with this affidavit:

1. **THE MOST RECENT COMPLETE BUSINESS TAX RETURN** (You must provide a Form 1120, 1120S, 1065 or a Schedule C) (*You must provide appropriate complete business tax returns for any and all affiliate businesses*)
2. **AN UP-TO-DATE STATEMENT OF PERSONAL NET WORTH [PNW]** (copy enclosed) (A separate PNW is required for every owner claiming disadvantaged individual status)
3. **A COMPLETE CURRENT YEAR PERSONAL TAX RETURN** (A separate Form 1040 is required for every owner claiming disadvantaged individual status)
4. **CURRENT BUSINESS, OCCUPATIONAL, PROFESSIONAL LICENSE AND REQUIRED CERTIFICATIONS**
5. **SUPPORT DOCUMENTATION FOR ANY "YES," RESPONSE TO ITEMS "B" OR "C" FOUND ON THE OTHER SIDE OF THIS AFFIDAVIT.**

Failure to submit this affidavit and all required support documentation by the Anniversary Date that appears on your DBE certification letter will result in the Department initiating REMOVAL of your DBE certification.

YOU MUST ANSWER AND COMPLETE ITEMS A, B, AND C BELOW

- A. **CURRENT YEAR GROSS RECEIPTS: \$_____.**
(If you filed an IRS Tax Return Extension, you must provide a copy of the extension, and a current year income statement)
- B. **CHANGES IN OWNERSHIP THIS PAST YEAR? YES NO** (If "yes," submit proof of investment; 2 documents indicating race, gender, ethnicity and citizenship status; stock certificates, partnership agreements, Corporate Meeting Minutes etc. reflecting these changes for all new owners.)
- C. **CHANGE IN MANAGEMENT? (Includes Board of Directors)** YES NO
(If "Yes," provide the names of all new management staff, their titles and detailed resumes.)

Must Be Signed By All Disadvantaged Individual Owners

I/We understand that any misrepresentation is grounds for REMOVING DBE certification, and initiating action under Federal and/or State laws regarding the making of false statements.

I/We hereby certify there have been no changes to the information provided with this firm's most recent complete application for DBE certification, except those already made known to the Miami Dade County, Department of Small Business Development (SBD), in writing.

STATE OF _____

(Signature, Disadvantaged Owner)

COUNTY OF _____

(Signature, Disadvantaged Owner)

(Signature, Disadvantaged Owner)

(Signature, Disadvantaged Owner)

Corporate Seal:

Sworn to and subscribed before me this _____ day of _____, 20____.

Affiant(s) is/are known personally to me or has/have produced appropriate identification.

STATE OF _____

(Signature of Notary)

(Notary's Printed Name)

My Commission Expires: _____

(Use Additional Sheets, If Necessary)

COMPLETING A PERSONAL NET WORTH STATEMENT

(Personal Net Worth Statements and Related Financial Information Are Not Subject To Public Disclosure Laws)

For New Applicants:

All Owners Claiming Disadvantaged Status MUST Submit An Up-To-Date Personal Net Worth Statement, And Support It, By Providing Complete (All Schedules) Signed Copies Of Their Last Three Federal Individual Income Tax Returns (1040) Filed With The Internal Revenue Service.

For Continuing Eligibility:

All Owners Claiming Disadvantaged Status MUST Submit An Up-To-Date Personal Net Worth Statement, And Support It, By Providing A Complete (All Schedules) Signed Copy Of Their Most Recent Federal Individual Income Tax Return (1040) Filed With The Internal Revenue Service.

Each Owner Claiming Disadvantaged Status Must Provide His Or Her Own Individual Personal Net Worth Statement And Complete Personal Tax Returns.

Married Owners, Both Claiming Disadvantaged Status, Must Provide Individual Personal Net Worth Statements. Joint Statements Are Not Acceptable. However, A Single Set Of Complete "Joint" Tax Returns Is Acceptable In This Situation.

Read The Descriptions Provided In The Heading Of Each Section.

You must complete each asset and liability section (1 through 12) transferring the total from each section to the Summary Page. For any section where no asset or liability exists, you must indicate "Not Applicable," and enter zero(s). If you require more space in any section, attach additional sheets, and reference the appropriate section number and heading.

If you hold any asset or liability jointly, you, the disadvantaged individual, need only reflect the value of your individual share.

"Owner Equity In Primary Residence" Is The Current Fair Market Value Of Your Primary (Homestead) Residence, Less The Total Dollar Amount Of All Outstanding Mortgages, Loans Or Other Financial Lien Amounts Against This Property And Any Improvements Thereon. Do Not Include The Resulting Dollar Amount, As Either An Asset Or A Liability, In Calculating Your Personal Net Worth. Do Not Include The Total Dollar Amount Of All Outstanding Mortgages, Loans Or Other Financial Lien Amounts Against Your Primary Residence, As A Liability, In Calculating Your Personal Net Worth.

Do Not Include The Current Fair Market Value Of The DBE Applicant Business As An Asset.

Do Not Include The Total Dollar Amount Of All Mortgages, Loans, Lines Of Credit And Other Financial Lien Amounts Against The Applicant Business, Even If You Are Personally Liable For Repayment Should The Business Default, As A Liability.

Name: _____

SECTION 1: CASH ON HAND & IN BANKS

This is the total amount of your cash on hand, including funds deposited in U.S and Foreign financial institutions. This includes, but is not limited to, funds accumulated in savings accounts, checking accounts, certificates of deposit and money market accounts.

NAME OF FINANCIAL INSTITUTION	ACCOUNT TYPE	OWNERSHIP %	AMOUNT
			\$

TOTAL CASH (Transfer to Summary Page Line 1): \$ _____

SECTION 2: IRA OR OTHER RETIREMENT ACCOUNTS

Individual and other retirement accounts include any fund representing an IRA, an employer/employee funded program such as a 401K or any other retirement plan. This includes the individual and employer contributions made to the plan.

NAME OF COMPANY OR INSTITUTION HOLDER	CURRENT VALUE

TOTAL RETIREMENT ACCOUNTS (Transfer to Summary Page Line 2) \$ _____

SECTION 3: LIFE INSURANCE - CASH SURRENDER VALUE

The CASH SURRENDER VALUE of any life insurance policies you own. Indicate any loans against these policies.

NAME OF INSURANCE COMPANY	CASH VALUE	LOAN AMOUNT
	\$	\$
	\$	\$
	\$	\$

TOTAL CASH VALUE (Transfer to Summary Page Line 3) \$ _____

TOTAL LOANS OUTSTANDING (Transfer to Summary Page Line 13) \$ _____

SECTION 4: STOCKS, BONDS, AND OTHER SECURITIES

The value of your stocks, bonds, securities, and any other investments not covered in previous sections. **DO NOT INCLUDE THE VALUE OF STOCK IN THE APPLICANT BUSINESS.**

TRUSTEE OR BROKERAGE ACCOUNT	OWNERSHIP %	MARKET VALUE
		\$
		\$
		\$

TOTAL STOCKS, BONDS, & SECURITIES (Transfer to Summary Page Line 4) \$ _____

SECTION 5: CURRENT FAIR MARKET VALUE OF OTHER BUSINESS INTERESTS

If you own more than 5% of any other business, you must declare the current fair market value of your interest in each of these businesses. Use the most recent financial statement to determine the value of your ownership interest(s).

NAME OF BUSINESS	CURRENT VALUE OF YOUR OWNERSHIP
1.	\$
2.	\$
3.	\$

TOTAL VALUE OF OWNERSHIP (Transfer to Summary Page Line 5) \$ _____

Name: _____

SECTION 6: REAL ESTATE

DO NOT LIST YOUR PRIMARY RESIDENCE OR ANY MORTGAGE OR OTHER LOAN(S) AGAINST YOUR PRIMARY RESIDENCE. List all other residential and business property at current market value. This includes, but is not limited to, rental homes, condominiums, beach homes, and second homes as investments, personal property leased or rented for business purposes, farm properties or any other income producing land or property. List all mortgages against these real properties. (Use additional sheet, as necessary. Identify all lending institutions on a separate sheet)

ADDRESS (Include City and State)	TYPE OF USE	OWNERSHIP %	MARKET VALUE	MORTGAGE BALANCE

TOTAL REAL ESTATE (Transfer to Summary Page Line 6) \$ _____

MORTGAGE LOAN(S) (Transfer to Summary Page Line 14) \$ _____

SECTION 7: PERSONAL VEHICLES

List all personal autos, trucks, boats, and recreational vehicles owned at current market value. Include personally owned vehicles leased or rented to businesses or other individuals. Include any loan balances against these personal vehicles.

YEAR AND DESCRIPTION	OWNERSHIP %	CURRENT VALUE	NOTE BALANCE

TOTAL VALUE (Transfer to Summary Page Line 7) \$ _____

TOTAL LOAN BALANCE (Transfer to Summary Page Line 12) \$ _____

SECTION 8: OTHER PERSONAL PROPERTY

YOU MUST DECLARE ALL OTHER PERSONAL PROPERTY, which includes, but is not limited to, household goods, computers, electronic equipment, jewelry, antiques and collectibles, etc. at their current market value. You must retain your compilation list, but you need only provide the total below. Calculate only the value of your share of ownership. For example, if the total value is \$100, and your share is one-half, you would list \$50 as the Total.

DESCRIPTION	AMOUNT

TOTAL OTHER PERSONAL PROPERTY (Transfer to Summary Page Line 8) \$ _____

SECTION 9: OTHER ASSETS

The market value of any other assets you own that do not fit into one of the foregoing sections.

DESCRIPTION OF ASSETS	VALUE

TOTAL OTHER ASSETS (Transfer to Summary Page Line 9) \$ _____

Name: _____

SECTION 10: ACCOUNTS PAYABLE

These include credit card debt, store accounts and other personal obligations, not associated with the applicant firm, payable by you personally. Do not include payables listed in other sections.

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT

TOTAL ACCOUNTS PAYABLE (Transfer to Summary Page Line 10) \$ _____

SECTION 11: NOTES PAYABLE

Include the current balance(s) of any personal loan(s) not reflected elsewhere in this document and any other personal debt guaranteed by your signature. Shareholder loans must be in the form of a written agreement, with defined interest and a repayment schedule. **DO NOT INCLUDE BUSINESS RELATED NOTES FOR WHICH YOU ARE, IN ANY WAY, PERSONALLY RESPONSIBLE.**

DESCRIPTION OF LOAN	AMOUNT

TOTAL NOTES PAYABLE (Transfer to Summary Page Line 11) \$ _____

SECTION 12 UNPAID TAXES

Include your portion of any current obligation for unpaid taxes, i.e. Federal, State, or County property assessments. **WE MAY REQUEST EVIDENCE OF THIS OBLIGATION.**

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT

TOTAL UNPAID TAXES (Transfer to Summary Page Line 15) \$ _____

SECTION 13: OTHER LIABILITIES

Include your share of any liability not previously accounted for in this statement. **DO NOT LIST ANY CONTINGENT OR DEFERRED LIABILITIES. DO NOT LIST ANY APPLICANT BUSINESS LIABILITIES.**

DESCRIPTION	AMOUNT

TOTAL OTHER LIABILITIES (Transfer to Summary Page Line 16) \$ _____

A. In the last two years, has this owner transferred any asset to the spouse, or other individual, or has this owner established any trust accounts? Yes No (If "Yes," provide a statement describing the items transferred and market cost. Provide a copy of written documents applicable.)

**NET WORTH SUMMARY PAGE
FLORIDA UNIFIED CERTIFICATION PROGRAM**

PERSONAL NET WORTH OF _____
(PRINTED NAME OF INDIVIDUAL)

AS OF: _____
(DATE)

ASSETS **DOLLAR VALUE**

- | | |
|---|-----------------|
| 1. Cash (Total Section 1) | \$ _____ |
| 2. Retirement Accounts (Total Section 2) | _____ |
| 3. Life Insurance (Total Section 3) | _____ |
| 4. Stocks, Bonds, and Other Securities (Total Section 4) | _____ |
| 5. Fair Market Value of Other Business(s) (Total Section 5) | _____ |
| 6. Real Estate (Total Section 6) | _____ |
| 7. Personal Vehicles (Total Section 7) | _____ |
| 8. Other Personal Property (Total Section 8) | _____ |
| 9. Other Assets (Total Section 9) | _____ |
| TOTAL ASSETS | \$ _____ |

LIABILITIES **DOLLAR VALUE**

- | | |
|--|-----------------|
| 10. Accounts Payable (Total Section 10) | \$ _____ |
| 11. Notes Payable (Total Section 11) | _____ |
| 12. Notes on Personal Vehicles (Total Section 7) | _____ |
| 13. Loans against Life Insurance (Total Section 3) | _____ |
| 14. Real Estate Mortgage(s) (Total Section 6) | _____ |
| 15. Unpaid Taxes (Total from Section 12) | _____ |
| 16. Other Liabilities (Total Section 13) | _____ |
| TOTAL LIABILITIES | \$ _____ |

NET WORTH (Total Assets, Minus Total Liabilities) **\$ _____**



Department of Small Business Development (SBD)

Business Assistance Quick Profile & Planning Survey

Please return with your new or re-certification documentation

<p>Tell Us About Your Business Are you certified in Miami-Dade County's Local Small Business Program(s)?</p> <p>Yes _____ No _____</p>	<p>Do you need assistance? Yes _____ No _____</p> <p>If yes, please check desired services:</p>
<p>Name of Business: _____</p> <p>Your Name: _____</p> <p>Contact Telephone number(s): Business: _____ Cell: _____</p> <p>Business Address: _____ Street City State Zip</p> <p>Commissioner District # _____ http://www.miamidade.gov/commiss/ E-Mail Address: _____</p> <p>How long have you been in business? Less than 1 year _____ 1 – 3 years _____ More than 3 years _____</p> <p>Type of Business: Construction _____ Goods & Services _____ Architect/Engineer _____ Retail _____ Distribution _____ Manufacturing _____ Technology _____ # of Employees _____</p> <p>Bonding Capacity: _____</p> <p>Legal Structure of Business Sole Proprietary _____ Partnership _____ Limited Liability Corporation _____ S-Corporation _____ C-Corporation _____</p>	<p>Business Counseling _____ Workshop/Classes _____ Business Plan _____ Marketing _____ Credit Repair _____ Legal Counseling _____ Financing _____ Accounting _____ Bonding _____ Employee Recruitment _____ Tax Credit Information _____ Insurance (Health/Other) _____ Other _____</p> <p>Are you interested in participating in periodic Roundtable Mentoring Sessions with other small business owners? Yes _____ No _____</p> <p>Do you belong to a Chamber of Commerce or Industry Association/Organization? Yes _____ No _____ If yes, please indicate below: _____ _____</p> <p>Green/LEED Certified? Yes ___ No ___ Certification Type _____ Need more information? Yes ___ No ___</p>