



## OFFICE OF CONTRACT COMPLIANCE MBE/WBE/VBE NO CHANGE AFFIDAVIT

**Instructions:** This form must be completed in full. Where a question does not apply, please write "N/A". All documents listed on page two (2) must be submitted. **All individuals whose socio-economic status is relied upon must sign the document and the Affidavit must be notarized.**

Please check applicable box(s):    MBE                          WBE                          VBE   

Name of Firm: \_\_\_\_\_

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

City/State/County/ZipCode: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Fax Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Contact Person: \_\_\_\_\_      Title: \_\_\_\_\_

1. Specify the current principal business activities: \_\_\_\_\_

2. **Since your last certification, have any of the following changed?** If yes to any of the following, submit supporting documentation, and/or copy of resolutions detailing all changes, identifying the individuals by ethnicity and gender.

A. Owners/Partners/Members:	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
B. Officers:	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
C. Directors/Managers:	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
D. Address:	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
E. Area of Specialty:	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
F. Good Standing with the Illinois Secretary of State:	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>

3. List current number of employees of the firm.

Full time \_\_\_\_\_      Part time \_\_\_\_\_

4. List the amount of annual gross receipts of the certified company for the past five (5) fiscal years:

Year Ending: _____	Year Ending: _____	Year Ending: _____
Gross Receipts: _____	Gross Receipts: _____	Gross Receipts: _____

  

Year Ending: _____	Year Ending: _____	Year Ending: _____
Gross Receipts: _____	Gross Receipts: _____	Gross Receipts: _____

4a. List the amount of annual gross receipts for each affiliate company for the past five (5) fiscal years:

Year Ending: _____	Year Ending: _____	Year Ending: _____
Gross Receipts: _____	Gross Receipts: _____	Gross Receipts: _____

  

Year Ending: _____	Year Ending: _____	Year Ending: _____
Gross Receipts: _____	Gross Receipts: _____	Gross Receipts: _____

5. Since your last certification, identify any owner or management official of the applicant firm who has an ownership interest in any other firm. Provide information as to owner's title, address of firm, percent of ownership and product or service of the other firm.

Owner /Partners/ Members	Name and Address of Other Firm	Title in Other Firm	% of Ownership	Product or Services of Other Firm

**PLEASE MAKE SURE DOCUMENTS ARE IN CHECKLIST ORDER**

**SUBMISSION OF THE FOLLOWING DOCUMENTS ARE REQUIRED FOR CONTINUING MBE/WBE/VBE CERTIFICATION:**

1. Affidavit of Minority and/or Women Business Enterprise (MBE/WBE) Veteran Business Enterprise/Service-Disabled Veteran Business Enterprise (VBE/SDVBE). **Application Must Be Signed By An Authorized Officer of the Firm and Be Notarized.**
2. Recent signed U.S. Federal Corporate Tax Return including all Schedules, Statements and Attachments
3. Recent signed U.S. Federal Tax Return for all Affiliates including all Schedules, Statements and Attachments
4. Recent signed U.S. Federal Individual Tax Return including all Schedules, Statements and Attachments
5. Recent Minutes of the Stockholders' Meeting documenting the Election of Directors
6. Recent Minutes of the Board of Directors' Meeting documenting the Election of Officers
7. Recent Managers/Members Meeting Minutes
8. Current Personal Net Worth Statement for qualifying owner(s), which represents 51% ownership in firm
9. State of Illinois Letter of Good Standing
10. Current Licenses, Professional, Local, City and State or Statement regarding License requirements
11. MBE/DBE/WBE or SBA 8A Certification(s) or Denials
12. Most recent Income Statement and Balance Sheet

# Affidavit

I/We swear there have been no changes in the circumstance of (Firm) \_\_\_\_\_ affecting its ability to meet the minority and/or woman owned status. There have been no material changes in the information provided in the certification application, except for any changes which have been reported to the Office of Contract Compliance.

The undersigned swears that the foregoing statements are true and current and include all information necessary to identify and explain the operation of (Firm) \_\_\_\_\_ as well as the ownership thereof. The owner also affirms that the minority and/or woman owned interest in the business constitute majority control over business operations. Furthermore, the undersigned agrees to site visits and will provide upon request current, complete and accurate information regarding actual work performed on any project, the payment thereof and any proposed changes, of the foregoing arrangements and to permit the audit and examination of books, records and files of the named firm.

**I/We understand and acknowledge that to fraudulently obtain or retain certification or public monies, to willfully make a false statement to an official for the purpose of influencing certification eligibility or to obstruct or impede an official or employee who is investigating the qualification of business which has requested certification qualifies as a Class 2 felony subject to Prosecution under 720 ILCS 5/33C of the Criminal Code of the State of Illinois. ANY MATERIAL MISREPRESENTATION OF THE INFORMATION IN THIS DOCUMENT WILL BE GROUNDS FOR: (1) DE-CERTIFICATION/REMOVAL OF ELIGIBILITY; (2) DEBARMENT; (3) TERMINATING ANY CONTRACT WHICH MAY BE AWARDED; AND/OR (4) INITIATING ACTION UNDER FEDERAL OR STATE LAWS CONCERNING FALSE STATEMENTS.**

It shall be the duty of all county employees, officials, agents, contractors, sub-contractors, licensees, grantees or persons doing business seeking County contracts, to cooperate with the Office of the Independent Inspector General (OIIG) in the conduct of investigations undertaken pursuant to this division. It shall be unlawful for any person subject to this section to refuse to cooperate with the (OIIG) as required by this section. The penalty for such violation shall be governed by Section 2-291 of the County's OIIG Ordinance.

**All qualifying owners must sign below:**

_____ (Signature of Owner, Title)	_____ Date
_____ (Signature of Owner, Title)	_____ Date
_____ (Signature of Owner, Title)	_____ Date

Notary Seal: Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signed: \_\_\_\_\_

Notary Public in and for the County of \_\_\_\_\_ State: \_\_\_\_\_ **Notary Seal**

My Commission expires: \_\_\_\_\_

**Return this Affidavit to:**

Office of Contract Compliance  
118 N. Clark Street, Room 1020  
Chicago, IL 60603

**Please make sure all documents are in checklist order.  
If you have any questions, please contact the Office of Contract Compliance at (312) 603-5502**