



**OFFICE OF CONTRACT COMPLIANCE
MBE/WBE/VBE
RE-CERTIFICATION AFFIDAVIT**

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

Name of Firm: _____

Address: _____

City/State/Zip Code: _____

Telephone Number: (_____) _____ - _____ Fax Number: (_____) _____ - _____

E-mail: _____ Website: _____

Primary Owner: _____ Title: _____

Please check applicable box(s): MBE WBE VBE

Gender:

- Male
 Female

Race/Ethnicity:

- African-American or Black
 Hispanic American
 Asian-Pacific American
 Native American
 Caucasian

Type of Firm:

- Corporation
 Sole Proprietorship
 Partnership
 Limited Liability Co. (LLC)
 Other _____



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: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| B. Officers: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| C. Directors/Managers: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| D. Address: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| E. Area of Specialty: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| F. Good Standing with the Illinois Secretary of State: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| G. Bank Resolutions/Signature Cards: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

3. List the amount of annual gross receipts for the previous 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: _____

4. List any loans and/or lines of credit made to the firm since your last certification, indicating the loan source and the amount.

_____ \$ _____
 Loan Source Amount

5. List current number of employees of the firm.

Full time _____ Part time _____

6. Are you currently licensed to do business in Illinois? (Veteran Revalidation): **Yes** **No**

7. If your firm is a supplier or distributor, indicated the average monthly dollar value of inventory: \$ _____

8. 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

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: (If necessary attach additional sheet)

(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 _____, 2__.

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 60602

PLEASE MAKE SURE ALL DOCUMENTS ARE IN CHECKLIST ORDER

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

- 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.**
- Copy of (1) One Contract (Cover Page, Scope of Service and Executed Signature Page), Purchase Order or Invoice
- Copy of Last Year's W-2 and/or 1099 Form for all Owners, Directors, Officers and Check Signers
- Signed copy of all Current Lease(s) and/or Recent tax bill or deed to property
- Recent signed U.S. Federal Corporate Tax Return including all Schedules, Statements and Attachments
- Recent signed U.S. Federal Tax Return for all Affiliates including all Schedules, Statements and Attachments
- Recent signed U.S. Federal Individual Tax Return including all Schedules, Statements and Attachments
- Recent Minutes of the Stockholders' Meeting documenting the Election of Directors
- Recent Minutes of the Board of Directors' Meeting documenting the Election of Officers
- Current Managers/Members Meeting Minutes
- Current Personal Net Worth Statement for qualifying owner(s), which represents 51% ownership in firm
- State of Illinois Letter of Good Standing
- Current Licenses, Professional, Local City and State or Statement regarding License requirements
- Most recent Year-End Balance Sheet and Income Statement
- Current Bank Resolutions and/or Bank Signature Cards
- Current Payroll Register or statement regarding current payroll (four (4) weeks)
- Agreement/letter from manufacturer stating that firm is an authorized distributor/supplier
- MBE/DBE/WBE or SBA 8A Certification(s) or Denials
- Proof of Bonding Capacity and/or Insurance Certificate
- Signed Copy of each Loan Agreement obtained since certification
- Copy of any Amendments to the Articles of Incorporation, Partnership Agreement, Articles of Organization, By-Laws or Operating Agreement
- Copy of any Amendments to the Assumed Name Certificate
- Copies of all newly issued and/or cancelled Stock Certificates (Front and Back)
- Copy of any amendments to Stock Ledger

NOTE: For any additional specialty area(s) where the firm was not previously certified, submit the necessary documentation, (licenses, resumes, previous contracts, etc.) demonstrating ability to perform a commercially useful function in such area(s)

If you have any questions, please contact the Office of Contract Compliance at (312) 603-5502

Revised 1/8/2014