

**COUNTY OF COOK
AFFIDAVIT OF JOINT VENTURE (MBE/WBE)**

CONTRACT TITLE: _____

CONTRACT NUMBER: _____

I. Name of Joint Venture:

Address of Joint Venture:

_____ City: _____

County: _____ State: _____ Zip Code: _____

Contact Information:

Phone Number: () - _____

Fax Number: () - _____

E-Mail Address: _____ @ _____

II. Identify each (Non) MBE/WBE Joint Venture Partner(s)

Firm Name: _____

Address: _____ City: _____

County: _____ State: _____ Zip Code: _____

Contact Person: _____ Title: _____

Phone Number: () - _____

e-mail address: _____

Firm Name: _____

Address: _____ City: _____

County: _____ State: _____ Zip Code: _____

Contact Person: _____ Title: _____

Phone Number: () - _____

e-mail address: _____

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III. Identify each MBE Joint Venture Partner(s)

Firm Name: _____

Address: _____ City: _____

County: _____ State: _____ Zip Code: _____

Contact Person: _____ Title: _____

Phone Number: (____) _____ - _____

e-mail address: _____

Firm Name: _____

Address: _____ City: _____

County: _____ State: _____ Zip Code: _____

Contact Person: _____ Title: _____

Phone Number: (____) _____ - _____

e-mail address: _____

Identify each WBE Joint Venture Partner(s)

Firm Name: _____

Address: _____ City: _____

County: _____ State: _____ Zip Code: _____

Contact Person: _____ Title: _____

Phone Number: (____) _____ - _____

e-mail address: _____

Firm Name: _____

Address: _____ City: _____

County: _____ State: _____ Zip Code: _____

Contact Person: _____ Title: _____

Phone Number: (____) _____ - _____

e-mail address: _____

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IV. Describe the role(s) of each MBE and/or WBE Joint Venture Partner(s) in this Joint Venture: (condense)

MBE/WBE Firm Name:

Role in Joint Venture:

V. Attach a copy of the Joint Venture Agreement:

The Joint Venture Agreement should detail share of ownership, control, management, risk and profit for each partner, and at a minimum contain specific details as following:

- (1) The contributions of capital and equipment;
- (2) Work items to be performed by the MBE/WBE's own forces;
- (3) Work items to be performed under the supervision of the MBE/WBE Joint Venture Partners;
- (4) The commitment of management, supervisory and operative personnel employed by the MBE/WBE Joint Venture Partners to be dedicated to the performance of the project.

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VI. Ownership of the Joint Venture:

- (a) What are the Name(s), Percentage(s) of ownership and capital contribution for each (NON) MBE/WBE Joint Venture Partner?

Name of (NON) MBE/WBE: _____

(NON) MBE/WBE Ownership Percentage: _____%

Capital Contribution: _____

Name of (NON) MBE/WBE: _____

(NON) MBE/WBE Ownership Percentage: _____%

Total (NON) MBE/WBE Ownership Percentage: _____%

- (b) What are the Name(s) and Percentages(s) of ownership for each MBE Joint Venture Partner?

Name of MBE: _____

MBE Ownership Percentage: _____%

Name of MBE: _____

MBE Ownership Percentage: _____%

Total MBE Ownership Percentage: _____%

- (c) What are the Name(s) and Percentages(s) of ownership for each WBE Joint Venture Partner?

Name of WBE: _____

WBE Ownership Percentage: _____%

Name of WBE: _____

WBE Ownership Percentage: _____%

Total WBE Ownership Percentage: _____%

- (d) Total Percentage of MBE/WBE Ownership in the

Joint Venture: _____%

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VII. Capital Contributions - Dollar amounts of Initial Contributions to be detailed as follows:

- (a) Names of (NON) MBE/WBE Joint Venture Partner(s) and Dollar Amounts of Initial Contribution:

\$ _____

\$ _____

Total Dollar Amount of Initial Contributions by (NON) MBE/WBE Joint Venture Partner(s):

\$ _____

- (b) Names of MBE/WBE Joint Venture Partner(s) and Dollar Amounts of Initial Contribution:

\$ _____

\$ _____

Total Dollar Amount of Initial Contribution by MBE/WBE Joint Venture Partner(s):

\$ _____

On-Going Capital Contributions during the course of this contract must be made by each Joint Venture Partner and be based on their percentage of ownership in this Joint Venture.

VIII. Contributions of Equipment and Supplies (Identify the types of Equipment and/or Supplies to be provided by each Joint Venture Partner:

Name of (NON) MBE/WBE Firm: _____

Types of Equipment/Supplies: _____

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Name of (NON)MBE/WBE Firm: _____

Type of Equipment/Supplies: _____

Name of MBE/WBE Firm: _____

Type of Equipment/Supplies: _____

Name of MBE/WBE Firm: _____

Type of Equipment/Supplies: _____

VII. **Written Agreements:** (put at the end of this affidavit before you swear)

Please attach to this Joint Venture Affidavit ALL written agreements between any and all of the Joint Venture Partners concerning this contract.

All Joint Venture Partners signing onto this agreement do so with the understanding that any written agreements between any and all of the Joint Venture Partners must not limit or in any way restrict the Ownership and/or Control of any MBE/WBE Joint Venture Partner.

All Joint Venture Partners signing onto this agreement do also understand and agree that should the language of any written agreements between any and all of the Joint Venture Partners concerning this contract be in conflict with this affidavit, that this COUNTY OF COOK AFFIDAVIT OF JOINT VENTURE (MBE/WBE) will be the Prevailing Document.

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X. Control of and Participation in the Joint Venture:

Identify by name and firm those individuals who are, or will be, responsible for and have the authority to engage in the following management functions and policy decisions. (Indicate any limitations to their authority such as dollar limits and co-signing requirements)

- (a) Authority to enter into contracts on behalf of the Joint Venture:

<u>Firm Name:</u>	<u>Individual Name/Title</u>
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_____	_____
_____	_____

- (b) Joint Venture check signing:

<u>Firm Name:</u>	<u>Individual Name/Title</u>
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_____	_____
_____	_____

- (c) Signing, co-signing or collateralizing loans and/or acquisition of Lines of Credit:

<u>Firm Name:</u>	<u>Individual Name/Title</u>
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_____	_____
_____	_____

- (d) Acquisition and indemnification of payment and performance bonds and all insurance requirements:

<u>Firm Name:</u>	<u>Individual Name/Title</u>
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_____	_____
_____	_____

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(e) **Negotiating and signing labor agreements:**

Firm Name:

Individual Name/Title

_____	_____
_____	_____

(f) **Management of Contract Performance in the following areas:**

1. **Supervision of Field Operations:**

Firm Name:

_____	_____
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2. **Major Purchases:**

Firm Name:

Individual Name/Title

_____	_____
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3. **Estimating:**

Firm Name:

Individual Name/Title

_____	_____
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4. **Engineering:**

Firm Name:

Individual Name/Title

_____	_____
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XI. Financial Controls of the Joint Venture:

(a) **Which firm will be responsible for bookkeeping accounting of the financial records of the Joint Venture:**

Firm Name:

Individual Name/Title

_____	_____
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(b) **Identify the "Managing Partner" if any, and indicate the dollar amount of compensation, if any, the firm/individual(s) will receive from the Joint Venture**

Firm Name:

Individual Name/Title

_____	_____
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Dollar amount of compensation: \$ _____

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The undersigned affirms that the foregoing statements are true and correct and include all material information necessary to identify and explain the terms and operations of our Joint Venture and the intended participation of each Joint Venture Partner in the undertaking. Further, the undersigned covenant and agree to provide to the County current, complete and accurate information regarding actual Joint Venture work and the payment therefore and any proposed changes in any provisions of the Joint Venture Agreement and to permit the audit and examination of the books, records and files of the Joint Venture, or those of each Joint Venture Partner relevant to the Joint Venture by authorized representatives of the County or the Federal funding agency.

Any material misrepresentation will be grounds for terminating any contract which may be awarded and for initiating action under federal or state laws concerning false statements.

Note If after filing this Affidavit and before completion on the Joint Venture work on the project, there is any change in the information submitted, the Joint Venture must inform the Director of the Office of Contract Compliance of the County of Cook within ten business days of any such change.

Name of MBE/WBE Partner Firm

Name of (NON) MBE/WBE Partner Firm

Name and Title of Affiant

Name and Title of Affiant

Signature of Affiant

Signature of Affiant

On this ____ day of _____, 200_, the above signed officers

(names of affiants)

personally appeared and known to me to be the persons described in the foregoing Affidavit, acknowledged that they executed the same in the capacity therein stated and for the purpose therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Signature of Notary Public

My Commission Expires: ____ / ____ /200_ (SEAL)