

**DISADVANTAGED BUSINESS ENTERPRISE PROGRAM
TITLE 49 OF THE CODE OF FEDERAL REGULATIONS, PART 26**

ANNUAL DECLARATION

The purpose of the annual declaration is to verify continued eligibility in the program and identify owner or company changes that may effect DBE certification. This information is required to maintain or renew DBE certification.

PLEASE NOTE: You cannot submit this declaration of no change if, this year, there has been any change in circumstances affecting your ability to meet the size, disadvantaged status, ownership, or control requirements of the DBE program or any material change in the information provided in your application form that you have not yet reported to Ohio UCP, as required by 49 CFR part 26.83(i). If such a change has occurred, you must submit a separate notice to us concerning that change immediately.

To complete this document:

1. Enter the Company Information in Section 1.
2. Check the appropriate box for documents in Section 2.
3. Provide supporting documents as required.
4. Sign and date the Declaration.
5. Submit the entire document with supporting documents to your certifying agent by the due date.

SECTION 1: COMPANY INFORMATION

1. Legal name of business:		2. Other names used by business:	
3. Website (<i>if have one</i>):		4. Federal tax ID:	
5. Company phone #:	6. Mobile phone #:	7. Company fax #:	
8. E-mail address:		9. County (only if an Ohio company)	
10. Street address of company (<i>No P.O. box</i>):		City:	State: Zip:
11. Mailing address of company (<i>if different</i>):		City:	State: Zip:

SECTION 2: SUPPORTING DOCUMENTS CHECKLIST

In order to complete your annual declaration for continued DBE certification, you must attach copies of all of the following documents as they apply to you and your company. Send individual taxes ONLY if your firm's business structure requires it (i.e. Sole Proprietor, Managing Member LLC, etc.)

All Applicants

- Signed Federal Business Taxes for the past year (copies of all schedules and forms referenced by the tax returns must be included).
- If appropriate, Signed Federal Individual Taxes for the past year (i.e. Sole Proprietor or S-Corp, copies of all schedules and forms referenced by the tax returns must be included).

DECLARATION

I declare, that as an owner, I have full knowledge of the operation of my firm and that to the best of my knowledge and belief, the information previously submitted to the Ohio Unified Certification Program to support my firm's certification as a Disadvantaged Business Enterprise, is unchanged. The gross income for my firm for the past fiscal year is as shown below.

I declare that the firm meets the Small Business Administration (SBA) criteria for being a small business concern and its number of employees and average annual gross receipts (as defined by the SBA rules) over the firm's previous three fiscal years do not exceed the work type limit.

Legal name of business:	
Firm's Gross Income for the previous calendar year:	

I declare that each owner on whom the firm is relying for certification in the program does not exceed the personal net worth limit of \$1.32 million. (Attach additional signature pages for each disadvantaged owner).

I recognize and accept the statements above governing the consideration of this declaration and the maintenance of my firm's certified status. I agree to provide written notice to the recipient agency or Unified Certified Program (UCP) of any material change in the information contained in the original application within 30 days of such change (e.g., ownership, address, telephone number, etc.). By my signature, I declare that I have read and understand this statement and that I have the authority to sign this declaration and that the responses, foregoing statements, and accompanying documents are true, complete, and correct and include all materials requested under penalty of perjury under the laws of the United States; and further that a material or false statement or omission made in connection with the application is sufficient cause for denial of certification, revocation of a prior approval, initiation of suspension or debarment proceedings, and may subject the person and/or entity making the false statement to any and all civil and criminal penalties available pursuant to applicable federal and state laws.

Name of Firm: _____

Authorized Representative _____

Print Name and Title: _____

Signature: _____ Date: _____

<i>OFFICE USE ONLY</i>			
<i>Due Date</i>		<i>Date Reviewed</i>	
<i>Certifying Agent</i>			
<i>Certifying Agency</i>			