



SMALL BUSINESS ENTERPRISE (SBE)
NO CHANGE AFFIDAVIT

If a question does not apply write "N/A"

Name of Firm: _____

Address: _____

City/State/Zip Code: _____

Telephone No.: () - Fax No.: () -

E-mail: Federal Employer ID No.:

Contact Person: Title:

List annual gross receipts for the last three years:

Year \$ Year \$ Year \$

List annual number of employees for the last three years:

Year Employee No. Year Employee No. Year Employee No.

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.

Table with 5 columns: Owner/Manager, Name and Address of Other Firm, Title in Other Firm, % of Ownership, Product or Service of Firm

SUBMISSION OF THE FOLLOWING DOCUMENTS IS REQUIRED FOR CONTINUING SBE CERTIFICATION STATUS:

- Affidavit must be signed by all individuals whose economic status is relied upon for certification (51% SBE ownership required). Affidavit must be notarized.
Signed copy of current year business tax returns, including all schedules/attachments, (e.g., 1120s, 1065s, 1040/Schedule C) must be submitted with the affidavit.
Copies of current business, professional, construction trade licenses and/or permits.
Trucking Firms - copies of current Intrastate CAB Card(s).

NOTE: At Pace's discretion, a firm may be required to undergo an enhanced review process to confirm that the firm's majority owner(s) continue to meet the personal net worth criteria as found in 49 CFR 26.67(2)(i). Please note, should an enhanced review be necessary, a Personal Financial Statement with supporting documentation and an onsite review will be required.

Upon penalty of perjury, the undersigned certifies that he/she is the _____
(Title in Firm)

of _____ and that he/she is authorized by the firm to execute this affidavit in its
(Firm Name)
behalf and attests to the accuracy and truthfulness of the information on the affidavit and its supporting documentation. Affiant(s) also understands that information provided herein may be audited, shared or verified by other means with other city, state or federal agencies as provide by law.

The affiant(s) also affirms that the disadvantaged, interest in the business constitutes 51% majority control over business operations and further affirms that there have been no changes in the circumstances of _____
(Firm Name)

affecting its ability to meet size, disadvantaged status, ownership, or control requirements of 49 CFR Part 26, including in §26.67 (2) (i) which states the personal net worth of each disadvantaged owner computed individually, does not exceed **\$1.32 million**. There have been no material changes in the information provided with the original application for verification except for any changes in which you have provided written notice. The applicant and its affiliates continue to meet the Small Business Administration (SBA) criteria for being a small business concern and its average annual gross receipts (pursuant to SBA, NAICS size limits), in addition to ensuring the firm’s previous three fiscal years, does not exceed the USDOT, **\$28.48 million size limit**. The undersigned also agrees to inform in writing of any circumstances affecting its ability to meet size, disadvantaged status, ownership or control requirements of this part or any material change in the information provided in your application form. Change notices must take the form of a notarized affidavit, sworn to by the applicant, executed under penalty of perjury of the laws of the United States. **Applicant must provide written notification within 30 days of occurrence of the change.** Failure to make timely notification of such changes will deem the firm to have failed to cooperate.

Under SEC 26.107 of 49 CFR Part 26: If at any time the Department or a Recipient has reason to believe that any firm that does not meet the eligibility criteria of Verification Standards, and attempts to participate in a DOT assisted program as a SBE on the basis of false, fraudulent, or deceitful statements or representation or under circumstances indicating a serious lack of business integrity or honesty, the Department may initiate suspension or debarment proceedings against you under 49 CFR Part 29. The Department may also take enforcement action under 49 CFR Part 31, Program Fraud and Civil Remedies, against any participant in the SBE program whose conduct is subject to such action. The Department may refer to the Department of Justice, for prosecution under U.S.C. 1001 or other applicable provisions of law, any person who makes a false or fraudulent statement in connection with participation of a SBE in any DOT assisted program or otherwise violates applicable Federal statutes.

I/We understand and acknowledge that to fraudulently obtain or retain verification or public monies, to willfully make a false statement to an official for the purpose of influencing verification eligibility or to obstruct or impede an official or employee who is investigating the qualification of a business which has requested verification is 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 INFORMATION IN THIS DOCUMENT WILL BE GROUNDS FOR: (1) DENIAL OF VERIFICATION (2) DEVERIFICATION/REMOVAL OF ELEGIBILITY (3) DEBARMENT (4) TERMINATING ANY CONTRACT WHICH MAY BE AWARDED AND (5) INITIATING ACTION UNDER FEDERAL OR STATE LAWS CONCERNING FALSE STATEMENTS.**

(Signature of Owner, Title) (Date) _____

(Signature of Owner, Title) (Date)

(Signature of Owner, Title) (Date)

(Signature of Owner, Title) (Date)

Notary Seal: Subscribed and sworn to before me this _____ date of _____, 20_____.

Signed: _____ Notary Public in and for the County of: _____

State: _____ My commission expires: _____

Notary Seal: