

# ILLINOIS UNIFIED CERTIFICATION PROGRAM DBE DECLARATION OF ELIGIBILITY

| If a question does not app                                  | ply write "N/A" |                          |              |                        |                   |                               |  |  |
|---|-----------------|--------------------------|--------------|------------------------|-------------------|-------------------------------|--|--|
| Name of Firm:   |                 |                          |              |                        |                   |                               |  |  |
|   |                 |                          |              |                        |                   |                               |  |  |
| City/State/Zip Code:  |                 |                          |              |                        |                   |                               |  |  |
| Telephone No.: ( )  |                 |                          |              | Fax No.: ( )           |                   |                               |  |  |
| E-mail:   |                 | Federal Employer ID No.: |              |                        |                   |                               |  |  |
| Contact Person:   | Title:          |                          |              |                        |                   |                               |  |  |
| List annual gross r   | eceipts for the | last three               | years:       |                        |                   |                               |  |  |
| Year \$   |                 | Year _                   |              | \$                     | Year              | \$                            |  |  |
| List annual numbe   | r of employees  | for the las              | t three yea  | ırs:                   |                   |                               |  |  |
| Year Employee No  |                 | Year                     | Employee No. |                        | Year              | Employee No.                  |  |  |
| Identify any owner other firm. Provide or service of the of | e information a |                          |              |                        |                   |                               |  |  |
| Owner/Manager   |                 | and Addres<br>Other Firm | SS           | Title in Other<br>Firm | % of<br>Ownership | Product or<br>Service of Firm |  |  |
|   |                 |                          |              |                        |                   |                               |  |  |
|   |                 |                          |              |                        |                   |                               |  |  |
|   |                 |                          |              |                        |                   |                               |  |  |

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

- Affidavit must be signed by all individuals whose socio and economic status is relied upon for certification (51% DBE ownership required).
- 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.



OMB APPROVAL NO: 2105-0586 EXPIRATION DATE: 05/31/2027

#### **DECLARATION OF ELIGIBILITY**

This form must be signed by EACH OWNER upon whose disadvantaged status the firm relies for certification.

A FALSE STATEMENT OR MATERIAL OMISSION MADE IN CONNECTION WITH THIS SUBMISSION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, DECERTIFICATION, OR SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE UNDER FEDERAL AND STATE LAW.

| l(full   | I name printed), declare    |
|--|-----------------------------|
| under penalty of perjury that I am   | n(title) of the             |
| firm   | , all of the foregoing      |
| information and statements sul   | bmitted for eligibility are |
| true, correct, and complete to th  | ne best of my knowledge     |
| The responses include all mater  |                             |
| to fully and accurately identify ar<br>capabilities and pertinent history<br>as the ownership, control, and af | of the named firm as wel    |

I recognize that the information submitted in this material is for the purpose of inducing certification by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the material, and I authorize such agency to contact any entity named in certification material, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates inspection of its places(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial or decertification.

If awarded a contract, subcontract, concession lease or sublease, as detailed in § 26.55, I agree to promptly and directly provide the prime contractor, if any, and the Department, recipient agency, or federal funding agency, on an ongoing basis, current, complete and accurate information regarding my firm's (1) commercially useful ID function (CUF) performed on the project or concession THI lease; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to notify the certifying agency of a material change in circumstances that affects my firm's eligibility within 30 days of its occurrence, explain the change fully, and include a duly executed Declaration of Eligibility (this form) with the notice.

I acknowledge and agree that any misrepresentations in certification materials or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or

e decertification: suspension and debarment: and for e initiating action under federal and/or state law.

I declare that I am a socially and economically disadvantaged individual who is an owner of the abovereferenced firm seeking certification as a Disadvantaged Business Enterprise or Airport Concession Disadvantaged Business Enterprise. In support of my application, I declare that I am a member of one or more of the following groups, and that I have held myself out as a member of the group(s): (Check all that apply):

> Women Black American Hispanic American Native American Asian Pacific American Subcontinent Asian American Other pursuant to 49 CFR § 26.67(d)

I declare that I am socially disadvantaged because I have been subjected to racial or ethnic prejudice or cultural bias, or have suffered the effects of discrimination, because of my identity as a member of one or more of the groups identified above, without regard to my individual qualities.

I further declare that my personal net worth does not exceed the DBE program's limit posted https://www.transportation.gov/DBEPNW, and that I am economically disadvantaged because My ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged.

### PURSUANT TO 28 USC § 1746:

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| E UNITED ST | ER PENALTY OF PER<br>TATES OF AMERICA<br>ECT. EXECUTED ON | THAT THE F |   |  |
|-------------|---|------------|---|--|
| SIGNATURE   |   |            |   |  |
| (OWNER)     |   |            | - |  |