



BUSINESS ENTERPRISE PROGRAM RECOGNITION CERTIFICATION AFFIDAVIT

Use this checklist to avoid some common mistakes that delay the qualification process.

1. Is this your first time applying with CMS\BEP?	<input type="checkbox"/> Yes If Yes , STOP . You must complete the Small Business Set-Side application. Click here to get the application. <input type="checkbox"/> No If No , continue with the next step.
2. Has the application been signed by all individuals claiming ownership in the firm?	<input type="checkbox"/> Yes If Yes , continue with the next step. <input type="checkbox"/> No If No , your file is not complete.
3. Do you have a current valid certificate from one of the agencies listed in question 4 of the application?	<input type="checkbox"/> Yes If Yes , continue with the next step. <input type="checkbox"/> No If No , your file is not complete.
4. Has the application been notarized?	<input type="checkbox"/> Yes If Yes , you may continue with the application process. <input type="checkbox"/> No If No , your file will not be processed as a complete application.
5. Have you supplied the most current signed Federal or file extension income tax return with all attachments?	<input type="checkbox"/> Yes If Yes , continue with the next step. <input type="checkbox"/> No If No , your file will not be processed as a complete application.
6. Do you have ownership and interest in any other business (affiliate) supply Federal income tax returns with all attachments?	<input type="checkbox"/> Yes If Yes , you must supply copies with all attachments of affiliate business. <input type="checkbox"/> No
7. Have copies of current local, county and state business license(s), permit(s), and professional license(s). (e.g. architect, engineer, plumber, and all financial investment subject to Illinois Department of Financial Professional Regulations and other agencies)?	<input type="checkbox"/> Yes If Yes , you must supply copies of all business license(s), permit(s), and professional license(s). (e.g., contractors, architect or engineer's license as required by law). <input type="checkbox"/> No
8. Are your annual gross sales over \$75 million?	<input type="checkbox"/> Yes If Yes , Stop your firm does not qualify subject to Section 10.64 Sales Limitation . <input type="checkbox"/> No If No , Continue the application process.

Failure to respond to all questions on this affidavit and provide all requested documentation may result in the loss or denial of your firm's certification.



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Name of Firm: _____ FEIN #: _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____
 Phone: _____ Fax: _____ Cell: _____
 Owner Name: _____ Title/Position: _____
 E-Mail: _____ Website URL: _____

1. Date the business was established: _____ List the firm's **most recent** annual gross sales: _____
2. Certification status of applicant firm: **CHECK ONE BOX ONLY**
 - Minority Business Enterprise (MBE)
 - Female Business Enterprise (FBE)
 - Persons with Disabilities Business Enterprise (PBE)
 - Female-Minority-owned/controlled Business Enterprise (FMB)
3. Legal Structure (**Check One**):
 - Sole Proprietorship
 - Limited Liability Partnership
 - Partnership Limited
 - Liability Company
 - Corporation Limited
 - Liability Corporation
4. Entities with which your firm holds a current valid certificate. (**Check All That Apply**)
Submit the most current certificate or certification letter.
 - City of Chicago
 - Illinois Department of Transportation (IDOT)
 - Cook County
 - Chicago Transportation Authority (CTA)
 - PACE
 - Chicago Minority Business Development Council (CMBDC)
 - METRA
 - Women's Business Development Center (WBDC)
5. List all Owners, Proprietors, Partners and Stockholders. Ethnic/Racial Groups Code: **(B)** Black/African Americans, **(H)** Hispanic Americans, **(NA)** Native Americans, **(AP)** Asian-Pacific Americans, **(AI)** Asian-Indian Americans, and **(W)** White.

Owner Name	Title/Position	Ethnic Group	Gender	Date of Ownership	% of Ownership

6. **Submit most recent Federal income tax returns; include all attachments and schedules for the applicant firm.**
7. Does your firm's business require a professional licenses or licenses for any employee's? Yes No
If Yes, please list the firm's current local, county, and state business license(s), permits(s), and professional license(s). (e.g., contractor, electrical, plumber, investment, architect or engineer's) registration as required by law. **Submit copies of any license registrations, licenses, certificates or pending license applications obtained since your last State of Illinois BEP certification.**

Name of Qualifying Individual/Firm	License Name	Expiration Date	License Number	Any Limitations

This affidavit and supporting documentation should be delivered to the Illinois Department of Central Management Services, Business Enterprise Program, 100 West Randolph Suite 4-100, Chicago Illinois 60601.



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8. Do you have any ownership in any other firms: Yes No

If **Yes**, complete the chart below: **Submit most recent Federal Income tax returns; include all attachments and schedules for any affiliate.**

Name of Affiliate	Address	Date Established	Gross Sales

9. List all the names of the owners of the affiliate firm(s). Complete the chart below.

Owner Name	Title/Position	Ethnic Group	Gender	Date of Ownership	% of Ownership

10. Submit most recent Federal Income tax returns; include all schedules and attachments for any affiliate firm(s).

11. Pursuant to the requirements of Illinois Administrative Code, Title 44, Section 10.90, I understand that I must notify CMS within thirty (30) days of any change affecting my firm's ability to meet BEP program eligibility requirements.

12. 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 investing the qualifications of a business which has requested certification is a Class 2 felony subject to prosecution under Chapter 38, Article 33C of the Criminal Code of the State of Illinois.

13. I/We affirm that the Disabled, Minority or Female interest in the business constitute the majority control over business operations. Further, the undersigned agrees to provide written changes in the submitted information after the filing of this application and before the work of this firm is completed on any agency awarded contract. The agency must be informed in writing of the change, and failure to do so may result in decertification or denial of certification. The firm must further provide, upon request, information of any work performed on any specified project regarding type of work performed, its duration, amount of payment to the firm, and to permit the audit and examination of books, records and files of the named firm.

14. ANY MATERIAL MISREPRESENTATION OF INFORMATION IN THIS DOCUMENT WILL BE GROUNDS FOR: (1) DENIAL OF CERTIFICATION (2) DECERTIFICATION (3) DEBARMENT (4) TERMINATING ANY CONTRACT(S) THAT MAY BE AWARDED AND (5) INITIATING ACTION UNDER FEDERAL AND/OR STATE LAWS CONCERNING FALSE STATEMENTS.

Print Name	Print Title	Signature Of Owner	Date
Print Name	Print Title	Signature Of Owner	Date
Print Name	Print Title	Signature Of Owner	Date
Print Name	Print Title	Signature Of Owner	Date

17. Notary Seal: Subscribed and sworn to before me this _____ day of _____, 20____.

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

My commission expires: _____

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