



**ILLINOIS DEPARTMENT OF CENTRAL MANAGEMENT SERVICES
BUSINESS ENTERPRISE PROGRAM / VETERAN BUSINESS PROGRAM
AFFIDAVIT**

AFFIRMATIONS

1. Pursuant to the requirements of Illinois Administrative Code, Title 44, PART 10 and/or Part 20, I understand that I must notify CMS within thirty (30) days of any change affecting my firm's ability to meet BEP/VBP program eligibility requirements. 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.

2. I/We affirm that the Person with Disabled, Minority, Female and/or veteran 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 filling 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.

3. 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.

**Signature of individual(s) claiming ownership and control at least 51%
of the business MUST sign.**

2018 Gross Sales: _____ **2019 Gross Sales:** _____

Business Name		Business FEIN #	
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

Notary Seal: Subscribed and sworn to beforeme this _____ day of _____, 20_____

Signed: _____

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

My commission expires: _____

E-Mail this affidavit and supporting documentation to the Illinois Department of Central Management Services, Business Enterprise Program at BEP.CMS@illinois.gov