



ILLINOIS DEPARTMENT OF CENTRAL MANAGEMENT SERVICES
BUSINESS ENTERPRISE PROGRAM
RECOGNITION CERTIFICATION AFFIDAVIT

Name of Firm: _____ FEIN #: _____
Address: _____
City, State, Zip Code: _____
Telephone number: _____ Fax Number: _____
Cell phone number : _____
Contact person: _____ Title/Position: _____
E-Mail: _____

1. Date the business was established: _____

2. Legal Structure (Check One):

- ☐ Sole Proprietorship ☐ Limited Liability Partnership
☐ Partnership ☐ Limited Liability Company
☐ Corporation ☐ Limited Liability Corporation

3. Check and supply a copy of a certificate or certificate letter from one of the following entities listed below:

- ☐ 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)

4. Check the certification status firm is applying for:

- ☐ Minority Business Enterprise (MBE)
☐ Female Business Enterprise (FBE)
☐ Persons with Disabilities Business Enterprise (PBE)

5. Identify all partners, proprietors, and stockholders by name, gender, race/ethnic group, and percentage of ownership. For ethnic 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	% of Ownership

6. Provide 3 years of your firm's U.S. Federal & State Corporate Income Tax Returns with all attachments and schedules for the applicant firm and all affiliate firms for the past three years.

7. What were the annual gross sales of the firm based on your U.S. Federal Income Tax Returns for the applicant firm, including all affiliate, for each of the last three (3) most recent fiscal years?

Applicant Firm

Supply 3 years of U.S. Federal & State Corporate Income Tax Returns with all attachments and schedules

_____ 1st year: \$ _____ _____ 2nd year: \$ _____ _____ 3rd year \$ _____

8. Do you have any ownership in any other firms? ☐ **YES** ☐ **NO** If yes, please disclose the following information in the box below and supply 3 years of U.S. Federal & State Corporate Income Tax Returns with all attachments and schedules for affiliates.

Owner Name	Name and Address of other firm	Ethnic Group	Gender	% of Ownership

This affidavit and supporting documentation should be delivered to the Illinois Department of Central Management Services, Business Enterprise Program, 100 West Randolph Suite 4-400, Chicago Illinois 60601.



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Affiliates Firm(s)			
Supply 3 years of U.S. Federal & State Corporate Income Tax Returns with all attachments and schedules			
Name of firm:		Date established:	
Year One	\$	Year Two:	\$
Name of firm:		Date established:	
Year One	\$	Year Two:	\$
Name of firm:		Date established:	
Year One	\$	Year Two:	\$

9. 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.

10. 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.

11. 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 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. **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.**

All individuals claiming ownership must sign below

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 before me this _____ day of _____, 20_____.

Signed: _____

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

My commission expires: _____

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.

This affidavit and supporting documentation should be delivered to the Illinois Department of Central Management Services, Business Enterprise Program, 100 West Randolph Suite 4-400, Chicago Illinois 60601.