



# “Disadvantaged Business Enterprise (DBE) Certification 101”

Presented by:

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# DBE Overview

## What is a DBE?

### I. Ownership

- An independent business that is at least 51 percent owned by a socially or economically disadvantaged individual(s)
  - Socially disadvantaged individual(s) include:
    - Women, Native Americans, African Americans, Hispanic Americans, Asian-Pacific Americans and Subcontinent Asian Americans

### II. Personal Net Worth (PNW)

- Majority owner's personal net worth must not exceed \$1.32 million

### III. Control

- The majority owner must control the management and daily operations

### IV. Size

- A for-profit business must meet the Small Business Administration's (SBA) size standard and not exceed \$28.48 million in gross annual receipts over a five-year average

# DBE Overview

Different agencies recognize different certifications



## I. DBE Certification:

- United States Department of Transportation (US DOT) assisted contracts for highway, transit, and airport projects
- Complies with Federal Regulation 49 CFR Part 26

## II. M/WBE Certification:

- Overseen and managed by state and local government contracting authorities

# DBE Overview

Firms with DBE Certification through one of these agencies are recognized by all the others



The Illinois Unified Certification Program (IL UCP) directory provides a reference source of certified DBE firms. The Directory lists firms in alphabetical order, including the NAICS\* codes and specialties. It provides a reference source to assist bidders/proposers in meeting DBE contract goals.

\*North American Industry Classification System (NAICS) Codes – classification of the specialties or services that a firm seeks to perform.



# DBE Overview

## Advantages of DBE Certification

- I. Company listed in the IL UCP DBE vendor directory
- II. An opportunity to participate on federally funded or assisted projects as prime contractors or subcontractors
- III. An identifier that can be used as a marketing tool for your business



# DBE Certification Process

## Determining Eligibility

1

The certification application, Personal Net Worth (PNW) statement and supporting documents are analyzed.

2

A site visit is conducted to verify the firm's business, which includes a tour of the facility and photographs.

3

A final determination is made on whether the firm is eligible for DBE certification and the firm is notified via email.

The DBE Program complies with the US DOT 49 CFR, Part 26, Subpart D, which provides the certification guidelines and procedures.

Process takes 60 to 90 days upon the receipt of all required documentation.

\*Due to COVID 19, some processes have been temporarily modified.



# DBE Certification Application



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## DBE Certification

[BACK TO DBE PROGRAM](#)

Pursuant to the requirements of the federal regulation 49 CFR part 26, all recipients of US DOT financial assistance must implement a "one-stop" certification process for Disadvantaged Business Enterprises (DBEs). As a result of this requirement, five US DOT-funded agencies - the Illinois Department of Transportation (IDOT), City of Chicago, CTA, Metra and Pace - have established the IL UCP.

The IL UCP is based on the concept of reciprocity among the agencies. "One-stop" shopping will be provided to applicants for the DBE program, such that an applicant need only to apply once for DBE certification, and the resulting decision will be honored by all participating agencies in the IL UCP.

As of April 1, 2020, due to temporary modifications in the procedures because of COVID-19, Metra's Office of Diversity and Business Enterprise (ODBE) is

# DBE Certification Application

## Section 1: CERTIFICATION INFORMATION



I am applying for certification as  DBE  ACDBE

### A. Basic Contact Information

(1) Contact person and Title: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) Legal name of firm: \_\_\_\_\_  
\_\_\_\_\_

(3) Phone #: ( ) - - (4) Other Phone #: ( ) - - (5) Fax #: ( ) - -

(6) E-mail: \_\_\_\_\_ (7) Firm Websites: \_\_\_\_\_

(8) Street address of firm (No P.O. Box): \_\_\_\_\_ City: \_\_\_\_\_ County/Parish: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

(9) Mailing address of firm (if different): \_\_\_\_\_ City: \_\_\_\_\_ County/Parish: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

### B. Prior/Other Certifications and Applications

(10) Is your firm currently certified for any of the following U.S. DOT programs?

DBE  ACDBE Names of certifying agencies: \_\_\_\_\_

⊗ If you are certified in your home state as a DBE/ACDBE, you do not have to complete this application for other states. Ask your state UCP about the interstate certification process.

List the dates of any site visits conducted by your home state and any other states or UCP members:

Date \_\_\_/\_\_\_/\_\_\_ State/UCP Member: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ State/UCP Member: \_\_\_\_\_

(11) Indicate whether the firm or any persons listed in this application have ever been:

(a) Denied certification or decertified as a DBE, ACDBE, 8(a), SDB, MBE/WBE firm?  Yes  No

(b) Withdrawn an application for these programs, or debarred or suspended or otherwise had bidding privileges denied or restricted by any state or local agency, or Federal entity?  Yes  No

If yes, explain the nature of the action. (If you appealed the decision to DOT or another agency, attach a copy of the decision, \_\_\_\_\_  
\_\_\_\_\_

## Section 2: GENERAL INFORMATION

A. Business Profile: (1) Give a concise description of the firm's primary activities and the product(s) or service(s) it provides. If your company offers more than one product/service, list the primary product or service first. Please use additional paper if necessary. This description may be used in our database and the UCP online directory if you are certified as a DBE or ACDBE.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) Applicable NAICS Codes for this line of work include: \_\_\_\_\_

(3) This firm was established on \_\_\_/\_\_\_/\_\_\_ (4) I/We have owned this firm since: \_\_\_/\_\_\_/\_\_\_



- Leave no blanks – If it does not apply to you or your firm, mark the section N/A
- Ensure that the contact person is the Majority Owner of the Firm
- List of NAICS Codes can be found at <https://www.census.gov/naics/>



# DBE Certification Application



- As owner of the firm, you are also considered an employee of the firm
- Include the gross receipts of any affiliate firm, if there is none, mark N/A
- Include any supporting documentation for any co-sharing of business resources

**(5) Method of acquisition** (Check all that apply):

- Started new business
  Bought existing business
  Inherited business
  Gifted  
 Merger or consolidation
  Other (explain) \_\_\_\_\_



**(6) Is your firm "for profit"?**  Yes

No → **STOP!** If your firm is NOT for-profit, then you do NOT qualify for this program and should not fill out this application.

Federal Tax ID#  
\_\_\_\_\_

**(7) Type of Legal Business Structure:** (check all that apply):

- Sole Proprietorship  
 Limited Liability Partnership  
 Partnership  Corporation  
 Limited Liability Company  Other, Describe \_\_\_\_\_

**(8) Number of employees:** Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Seasonal \_\_\_\_\_ Total \_\_\_\_\_

(Provide a list of employees, their job titles, and dates of employment, to your application).

**(9) Specify the firm's gross receipts for the last 3 years.** (Submit complete copies of the firm's Federal tax returns for each year. If there are affiliates or subsidiaries of the applicant firm or owners, you must submit complete copies of these firms' Federal tax returns).

Year _____	Gross Receipts of Applicant Firm \$ _____	Gross Receipts of Affiliate Firms \$ _____
Year _____	Gross Receipts of Applicant Firm \$ _____	Gross Receipts of Affiliate Firms \$ _____
Year _____	Gross Receipts of Applicant Firm \$ _____	Gross Receipts of Affiliate Firms \$ _____

**B. Relationships and Dealings with Other Businesses**

**(1) Is your firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office or storage space, yard, warehouse, facilities, equipment, inventory, financing, office staff, and/or employees with any other business, organization, or entity?**  Yes  No

If Yes, explain the nature of your relationship with these other businesses by identifying the business or person with whom you have any formal, informal, written, or oral agreement. Also detail the items shared

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(2) Has any other firm had an ownership interest in your firm at present or at any time in the past?**

Yes  No If Yes, explain \_\_\_\_\_

**(3) At present, or at any time in the past, has your firm:**

- (a) Ever existed under different ownership, a different type of ownership, or a different name?  Yes  No  
 (b) Existed as a subsidiary of any other firm?  Yes  No  
 (c) Existed as a partnership in which one or more of the partners are/were other firms?  Yes  No  
 (d) Owned any percentage of any other firm?  Yes  No  
 (e) Had any subsidiaries?  Yes  No  
 (f) Served as a subcontractor with another firm constituting more than 25% of your firm's receipts?  Yes  No  
 (If you answered "Yes" to any of the questions in (2) and/or (3)(a)-(f), you may be asked to provide further details and explain whether the arrangement continues).



# DBE Certification Application

## Section 3: MAJORITY OWNER INFORMATION



### A. Identify the majority owner of the firm holding 51% or more ownership interest.

(1) Full Name: \_\_\_\_\_ (2) Title: \_\_\_\_\_ (3) Home Phone #: \_\_\_\_\_  
 \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_

(4) Home Address (Street and Number): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 \_\_\_\_\_ - \_\_\_\_\_

(5) Gender:  Male  Female

(6) Ethnic group membership (Check all that apply): \_\_\_\_\_

Black  
 Hispanic  
 Asian Pacific  
 Native American  
 Subcontinent Asian  
 Other (specify) \_\_\_\_\_

(7) U.S. Citizenship:  U.S. Citizen  
 Lawfully Admitted Permanent Resident

(8) Number of years as owner: \_\_\_\_\_  
 (9) Percentage owned: \_\_\_\_\_ %  
 Class of stock owned: \_\_\_\_\_ Date acquired \_\_\_\_\_

(10) Initial investment to acquire ownership interest in firm:	Type	Dollar Value
<input type="checkbox"/>	Cash	\$ _____
<input type="checkbox"/>	Real Estate	\$ _____
<input type="checkbox"/>	Equipment	\$ _____
<input type="checkbox"/>	Other	\$ _____

Describe how you acquired your business:  
 Started business myself.  
 It was a gift from: \_\_\_\_\_  
 I bought it from: \_\_\_\_\_  
 I inherited it from: \_\_\_\_\_  
 Other \_\_\_\_\_

(Attach documentation substantiating your investment)

### B. Additional Owner Information

(1) Describe familial relationship to other owners and employees:  
 \_\_\_\_\_  
 \_\_\_\_\_

(2) Does this owner perform a management or supervisory function for any other business?  Yes  No  
 If Yes, identify: Name of Business: \_\_\_\_\_ Function/Title: \_\_\_\_\_

(3)(a) Does this owner own or work for any other firm(s) that has a relationship with this firm? (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)  Yes  No  
 Identify the name of the business, and the nature of the relationship, and the owner's function at the firm:  
 \_\_\_\_\_  
 \_\_\_\_\_

(b) Does this owner work for any other firm, non-profit organization, or engage in any other activity more than 10 hours per week? If yes, identify this activity: \_\_\_\_\_

(4)(a) What is the personal net worth of this disadvantaged owner applying for certification? \$ \_\_\_\_\_

(b) Has any trust been created for the benefit of this disadvantaged owner(s)?  Yes  No  
 (If Yes, you may be asked to provide a copy of the trust instrument).

(5) Do any of your immediate family members, managers, or employees own, manage, or are associated with another company?  Yes  No If Yes, provide their name, relationship, company, type of business, and indicate whether they own or manage the company: (Please attach extra sheets, if needed): \_\_\_\_\_  
 \_\_\_\_\_



- Ensure that the initial investment matches your supporting documentation
- Include a stated explaining any managerial work or ownership done for another firm
- Include a copy of the trust agreement

# DBE Certification Application

## Section 3: OWNER INFORMATION, Cont'd.



A. Identify all individuals, firms, or holding companies that hold LESS THAN 51% ownership interest in the firm (Attach separate sheets for each additional owner)

(1) Full Name: \_\_\_\_\_ (2) Title: \_\_\_\_\_ (3) Home Phone #: \_\_\_\_\_  
 (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(4) Home Address (Street and Number): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 \_\_\_\_\_ - \_\_\_\_\_

(5) Gender:  Male  Female

(6) Ethnic group membership (Check all that apply)

- Black
- Hispanic
- Asian Pacific
- Native American
- Subcontinent Asian
- Other (specify) \_\_\_\_\_

(7) U.S. Citizenship:

- U.S. Citizen
- Lawfully Admitted Permanent Resident

(8) Number of years as owner: \_\_\_\_\_  
 (9) Percentage owned: \_\_\_\_\_ %  
 Class of stock owned: \_\_\_\_\_ Date acquired \_\_\_\_\_

(10) Initial investment to acquire ownership interest in firm:

Type	Dollar Value
Cash	\$ _____
Real Estate	\$ _____
Equipment	\$ _____
Other	\$ _____

Describe how you acquired your business:

- Started business myself.
- It was a gift from: \_\_\_\_\_
- I bought it from: \_\_\_\_\_
- I inherited it from: \_\_\_\_\_
- Other \_\_\_\_\_

(Attach documentation substantiating your investment)

## B. Additional Owner Information

(1) Describe familial relationship to other owners and employees:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(2) Does this owner perform a management or supervisory function for any other business?  Yes  No  
 If Yes, identify: Name of Business: \_\_\_\_\_ Function/Title: \_\_\_\_\_

(3)(a) Does this owner own or work for any other firm(s) that has a relationship with this firm? (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)  Yes  No  
 Identify the name of the business, and the nature of the relationship, and the owner's function at the firm:

\_\_\_\_\_  
 \_\_\_\_\_

(b) Does this owner work for any other firm, non-profit organization, or engage in any other activity more than 10 hours per week? If yes, identify this activity: \_\_\_\_\_

(4)(a) What is the personal net worth of this disadvantaged owner applying for certification? \$ \_\_\_\_\_

(b) Has any trust been created for the benefit of this disadvantaged owner(s)?  Yes  No  
 (If Yes, you may be asked to provide a copy of the trust instrument).

(5) Do any of your immediate family members, managers, or employees own, manage, or are associated with another company?  Yes  No If Yes, provide their name, relationship, company, type of business, and indicate whether they own or manage the company: (Please attach extra sheets, if needed): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_



- If no other owners, mark this section N/A
- Ensure to list the other owner's ethnic group
- If the firm is owned 50/50, each owner needs to fill out an owner information form and Personal Net Worth Statement

# DBE Certification Application

## Section 4: CONTROL



**A. Identify your firm's Officers and Board of Directors** (If additional space is required, attach a separate sheet):

	Name	Title	Date Appointed	Ethnicity	Gender
(1) Officers of the Company	(a)				
	(b)				
	(c)				
	(d)				
(2) Board of Directors	(a)				
	(b)				
	(c)				
	(d)				

**(3) Do any of the persons listed above perform a management or supervisory function for any other business?**

Yes  No If Yes, identify for each:

Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Business: \_\_\_\_\_ Function: \_\_\_\_\_

Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Business: \_\_\_\_\_ Function: \_\_\_\_\_

**(4) Do any of the persons listed in section A above own or work for any other firm(s) that has a relationship with this firm?** (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)

Yes  No

If Yes, identify for each:

Firm Name: \_\_\_\_\_ Person: \_\_\_\_\_

Nature of Business Relationship: \_\_\_\_\_



- If your firm is a corporation, ensure that the Board of Director here, match the number of directors required listed in the firm's Bylaws
- If the firm is does not have another owner, list n/a in the minority owner section

## B. Duties of Owners, Officers, Directors, Managers, and Key Personnel

**1. Complete for all Owners who are responsible for the following functions of the firm** (Attach separate sheets as needed).

A= Always F = Frequently	S = Seldom N = Never	Majority Owner (51% or more)				Minority Owner (49% or less)			
		Name: _____	Title: _____	Percent Owned: _____		Name: _____	Title: _____	Percent Owned: _____	
Sets policy for company direction/scope of operations	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>
Bidding and estimating	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>
Major purchasing decisions	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>
Marketing and sales	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>
Supervises field operations	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>
Attend bid opening and lettings	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>
Perform office management (billing, accounts receivable/payable, etc.)	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>
Hires and fires management staff	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>
Hire and fire field staff or crew	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>
Designates profits spending or investment	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>
Obligates business by contract/credit	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>
Purchase equipment	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>
Signs business checks	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N <input type="checkbox"/>

# DBE Certification Application

2. Complete for all Officers, Directors, Managers, and Key Personnel who are responsible for the following functions of the firm. (Attach separate sheets as needed).



A= Always F = Frequently S = Seldom N = Never	Officer/Director/Manager/Key Personnel				Officer/Director/Manager/ Key Personnel			
	Name:	Title:	Race and Gender:	Percent Owned:	Name:	Title:	Race and Gender:	Percent Owned:
Sets policy for company direction/scope of operations	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Bidding and estimating	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Major purchasing decisions	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Marketing and sales	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Supervises field operations	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Attend bid opening and lettings	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Perform office management (billing, accounts receivable/payable, etc.)	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Hires and fires management staff	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Hire and fire field staff or crew	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Designates profits spending or investment	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Obligates business by contract/credit	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Purchase equipment	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>
Signs business checks	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	N <input type="checkbox"/>

Do any of the persons listed in B1 or B2 perform a management or supervisory function for any other business? If Yes, identify the person, the business, and their title/function:

Do any of the persons listed above own or work for any other firm(s) that has a relationship with this firm? (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.) If Yes, describe the nature of the business relationship:

C. Inventory: Indicate your firm's inventory in the following categories (Please attach additional sheets if needed):=

## 1. Equipment and Vehicles

Make and Model	Current Value	Owned or Leased by Firm or Owner?	Used as collateral?	Where is item stored?
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____

## 2. Office Space

Street Address Owned or Leased by Firm or Owner? Current Value of Property or Lease



- This section should be filled out for any managers or key personnel of the firm
- If the firm only has office equipment, mark n/a here
- If the firm is located at the owner home, list the information for the home

# DBE Certification Application

### 3. Storage Space *(Provide signed lease agreements for the properties listed)*



Street Address	Owned or Leased by Firm or Owner?	Current Value of Property or Lease

D. Does your firm rely on any other firm for management functions or employee payroll?  Yes  No

### E. Financial/Banking Information *(Provide bank authorization and signature cards)*

Name of bank: \_\_\_\_\_ City and State: \_\_\_\_\_  
 The following individuals are able to sign checks on this account: \_\_\_\_\_

Name of bank: \_\_\_\_\_ City and State: \_\_\_\_\_  
 The following individuals are able to sign checks on this account: \_\_\_\_\_

**Bonding Information:** If you have bonding capacity, identify the firm's bonding aggregate and project limits:  
 Aggregate limit \$ \_\_\_\_\_ Project limit \$ \_\_\_\_\_



- If applicable, provide a copy of any bonding letter
- If applicable, provide copies of any loan agreements for outstanding loans
- Ensure that the firm has all the licenses or permits required by the State or City or Village that the firm is in

### F. Identify all sources, amounts, and purposes of money loaned to your firm including from financial institutions. Identify whether you the owner and any other person or firm loaned money to the applicant DBE/ACDBE. Include the names of any persons or firms guaranteeing the loan, if other than the listed owner. *(Provide copies of signed loan agreements and security agreements).*

Name of Source	Address of Source	Name of Person Guaranteeing the Loan	Original Amount	Current Balance	Purpose of Loan
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

### G. List all contributions or transfers of assets to/from your firm and to/from any of its owners or another individual over the past two years *(Attach additional sheets if needed):*

Contribution/Asset	Dollar Value	From Whom Transferred	To Whom Transferred	Relationship	Date of Transfer
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

### H. List current licenses/permits held by any owner and/or employee of your firm *(e.g. contractor, engineer, architect, etc.) (Attach additional sheets if needed):*

Name of License/Permit Holder	Type of License/Permit	Expiration Date	State
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

# DBE Certification Application



I. List the three largest contracts completed by your firm in the past three years, if any:

	Name of Owner/Contractor	Name/Location of Project	Type of Work Performed	Dollar Value of Contract
1.				
2.				
3.				

J. List the three largest active jobs on which your firm is currently working:

	Name of Prime Contractor and Project Number	Location of Project	Type of Work	Project Start Date	Anticipated Completion Date	Dollar Value of Contract
1.						
2.						
3.						

Additional Information:




- Provide a copy of the three largest active contracts the firm is currently working on
- If the firm is not currently working on a project, provide a signed statement explaining the reason

# DBE Certification Application

## SECTION 5 - AIRPORT CONCESSION

(ACDBE APPLICANTS ONLY)



A. I am applying for ACDBE certification to: (check all that apply)

Operate a concession at an airport  Supply a good or service to an airport concessionaire

B. Does the applicant firm own/operate any off-airport locations?  Yes  No *If Yes, identify the following*

Type of Business (e.g., F&B, News & Gift, Retail, Duty Free, Advertising, etc.)	Lease Term (years)	Lease Start Date	Address / Location	Annual Gross Receipts Generated

C. Does the applicant firm currently own/operate any airport concession locations?  Yes  No *If Yes, supply the following information:*

Airport Name	Concession Type (e.g., F&B, News & Gift, Retail, Duty Free, Advertising, etc.)	Number of Leases	Number of Locations	Annual Gross Receipts Generated	Lease Type (e.g. Direct Lease, Subcontract Management Agreement, etc. enter all that apply to the leases listed)



- If your firm is wishing to received ACDBE certification, you will have to apply to the City Of Chicago
- If your firm is not wishing to apply for ACDBE certification, mark n/a on this page

D. Does the applicant firm have any affiliates?  Yes  No *If Yes, provide the following information concerning any locations owned/operated by affiliate firms.*

Airport Name	Concession Type (e.g., F&B, News & Gift, Retail, Duty Free, Advertising, etc.)	Number of Leases	Number of Locations	Annual Gross Receipts Generated	Lease Type (e.g. Direct Lease, Subcontract Management Agreement, etc. enter all that apply to the leases listed)

E. Is the ACDBE applicant firm a participant in any joint ventures?  Yes  No *If Yes, attach all original and any amended Joint Venture Agreements and any amendments to the agreements.*



# DBE Certification Application

I \_\_\_\_\_ (full name printed), swear or affirm under penalty of law that I am \_\_\_\_\_ (title) of the applicant firm \_\_\_\_\_ and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

I recognize that the information submitted in this application is for the purpose of inducing certification approval 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 application, and I authorize such agency to contact any entity named in the application, 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 of certification.

If awarded a contract, subcontract, concession lease or sublease, 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 (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to provide written notice to the recipient agency or Unified Certification Program of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership changes, address/telephone number, personal net worth exceeding \$1.32 million, etc.).

I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

I certify that I am a socially and economically disadvantaged individual who is an owner of the above-referenced firm seeking certification as a Disadvantaged Business Enterprise or Airport Concession Disadvantaged Business Enterprise. In support of my application, I certify 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):

- Female  Black American  Hispanic American  
 Native American  Asian-Pacific American  
 Subcontinent Asian American  Other (specify)  
\_\_\_\_\_

I certify 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 certify that my personal net worth does not exceed \$1.32 million, 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.

I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

Signature \_\_\_\_\_ (DBE/ACDBE Applicant) \_\_\_\_\_ (Date)

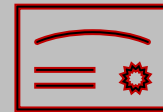
## NOTARY CERTIFICATE

## **AFFIDAVIT OF CERTIFICATION**

*This form must be signed and notarized for each owner upon which disadvantaged status is relied.*



**A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.**



- Make sure this page is signed and notarized
- If the firm is owned 50/50, each owner needs to fill out, sign, and notarize a page

# DBE Certification Application

## UNIFORM CERTIFICATION APPLICATION SUPPORTING DOCUMENTS CHECKLIST



In order to complete your application for DBE or ACDBE certification, you must attach copies of all of the following REQUIRED documents. A failure to supply any information requested by the UCP may result in your firm denied DBE/ACDBE certification.

### Required Documents for All Applicants

- Résumés (that include places of employment with corresponding dates), for all owners, officers, and key personnel of the applicant firm
- Personal Net Worth Statement for each socially and economically disadvantaged owners who the applicant firm relies upon to satisfy the Regulation's 51% ownership requirement.
- Personal Federal tax returns for the past 3 years, if applicable, for each disadvantaged owner
- Federal tax returns (and requests for extensions) filed by the firm and its affiliates with related schedules, for the past 3 years.
- Documented proof of contributions used to acquire ownership for each owner (e.g., both sides of cancelled checks)
- Signed loan and security agreements, and bonding forms
- List of equipment and/or vehicles owned and leased including VIN numbers, copy of titles, proof of ownership, insurance cards for each vehicle.
- Title(s), registration certificate(s), and U.S. DOT numbers for each truck owned or operated by your firm
- Licenses, license renewal forms, permits, and haul authority forms
- Descriptions of all real estate (including office/storage space, etc.) owned/leased by your firm and documented proof of ownership/signed leases
- Documented proof of any transfers of assets to/from your firm and/or to/from any of its owners over the past 2 years
- DBE/ACDBE and SBA 8(a), SDB, MBE/WBE certifications, denials, and/or decertification's, if applicable; and any U.S. DOT appeal decisions on these actions.
- Bank authorization and signatory cards
- Schedule of salaries (or other remuneration) paid to all officers, managers, owners, and/or directors of the firm
- List of all employees, job titles, and dates of employment
- Proof of warehouse/storage facility ownership or lease arrangements

### Partnership or Joint Venture

- Original and any amended Partnership or Joint Venture Agreements

### Corporation or LLC

- Official Articles of Incorporation (signed by the state official)
- Both sides of all corporate stock certificates and your firm's stock transfer ledger
- Shareholders' Agreement(s)
- Minutes of all stockholders and board of director's meetings
- Corporate by-laws and any amendments
- Corporate bank resolution and bank signature cards
- Official Certificate of Formation and Operating Agreement with any amendments (for LLCs)

### Suppliers

- List of product lines carried and list of distribution equipment owned and/or leased

### Optional Documents to Be Provided on Request

The certifying agency to which you are applying may require the submission of the following documents. If requested to provide these document, you must supply them with your application or at the on-site visit.

- Proof of citizenship
- Insurance agreements for each truck owned or operated by your firm
- Audited financial statements (if available)
- Trust agreements held by any owner claiming disadvantaged status
- Year-end balance sheets and income statements for the past 3 years (or life of firm, if less than three years)



- If any of the items requested do not apply to your organization, provide a signed statement listing the items not applicable
- An optional document that will be requested is the year-end balance sheet and income statements for the past 3 years

# Personal Net Worth Statement



- Complete this form to only include what is personally owned by individual applying for DBE certification
- If the assets or liability is co-owned, please make a note and on this page only include your portion
- If an item required additional information, complete each section as listed by the item
- The real estate portion should not include any amounts related to the owner's primary residence
- Ensure that the Net Worth is calculated (Total Assets – Total Liabilities = Net Worth)

ASSETS		LIABILITIES	
(Omit Cents)		(Omit Cents)	
Cash and Cash Equivalents	\$	Loan on Life Insurance (Complete Section 5)	\$
Retirement Accounts (IRAs, 401Ks, 403Bs, Pensions, etc.) (Report full value minus tax and interest penalties that would apply if assets were distributed today) (Complete Section 3)	\$	Mortgages on Real Estate Excluding Primary Residence Debt (Complete Section 4)	\$
Brokerage, Investment Accounts	\$	Notes, Obligations on Personal Property (Complete Section 6)	\$
Assets Held in Trust	\$	Notes & Accounts Payable to Banks and Others (Complete Section 2)	\$
Loans from You to the Firm, Other Entities, Individuals, & Other Receivables (Complete Section 6)	\$	Other Liabilities (Complete Section 8)	\$
Real Estate Excluding Primary Residence (Complete Section 4)	\$	Unpaid Taxes (Complete Section 8)	\$
Life Insurance (Cash Surrender Value Only) (Complete Section 5)	\$		
Other Personal Property and Assets (Complete Section 6)	\$		
Business Interests Other Than the Applicant Firm (Complete Section 7)	\$		
Total Assets	\$	Total Liabilities	\$
		<b>NET WORTH</b>	

# Personal Net Worth Statement

## Section 2. Notes Payable to Banks and Others

Name of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

## Section 3. Brokerage and custodial accounts, stocks, bonds, retirement accounts. (Full Value) (Use attachments if necessary).

Name of Security / Brokerage Account / Retirement Account	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

## Section 4. Real Estate Owned (Including Primary Residence, Investment Properties, Personal Property Leased or Rented for Business Purposes, Farm Properties, or any Other Income Producing property). (List each parcel separately. Add additional sheets if necessary).

	Primary Residence	Property B	Property C
Type of Property			
Address			
Date Acquired and Method of Acquisition (purchase, inherit, divorce, gift, etc.)			
Names on Deed			
Purchase Price			
Present Market Value			
Source of Market Valuation			
Name of all Mortgage Holders			
Mortgage Acc. # and balance (as of date of form)			
Equity line of credit balance			
Amount of Payment Per Month/Year (Specify)			

## Section 5. Life Insurance Held (Give face amount and cash surrender value of policies, name of insurance company and beneficiaries).

Insurance Company	Face Value	Cash Surrender Amount	Beneficiaries	Loan on Policy Information



- Complete each corresponding section with the information that matches page 1 of the Personal Net Worth Statement
- The primary residence should be listed on section 4, but the amount is not included on page 1)

# Personal Net Worth Statement

## Section 6. Other Personal Property and Assets (Use attachments as necessary)

Type of Property or Asset	Total Present Value	Amount of Liability (Balance)	Is this asset insured?	Lien or Note amount and Terms of Payment
Automobiles and Vehicles (including recreation vehicles, motorcycles, boats, etc.) Include personally owned vehicles that are leased or rented to businesses or other individuals.				
Household Goods / Jewelry				
Loans from Owner to Firm, Other Entities, Individuals				
Other (List)				
Accounts and Notes Receivables				

## Section 7. Value of Other Business Investments, Other Businesses Owned (excluding applicant firm) Sole Proprietorships, General Partners, Joint Ventures, Limited Liability Companies, Closely-held and Public Traded Corporations

--

## Section 8. Other Liabilities and Unpaid Taxes (Describe)

--

## Section 9. Transfer of Assets: Have you within 2 years of this personal net worth statement, transferred assets to a spouse, domestic partner, relative, or entity in which you have an ownership or beneficial interest including a trust? Yes No If yes, describe.

--

I declare under penalty of perjury that the information provided in this personal net worth statement and supporting documents is complete, true and correct. I certify that no assets have been transferred to any beneficiary for less than fair market value in the last two years. I recognize that the information submitted in this application is for the purpose of inducing certification approval 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 application and this personal net worth statement, and I authorize such agency to contact any entity named in the application or this personal financial statement, including the names 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 acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

**NOTARY CERTIFICATE:**  
(Insert applicable state acknowledgment, affirmation, or oath)

Signature (DBE/ACDBE Owner) \_\_\_\_\_ Date \_\_\_\_\_



- Make sure this page is signed and notarized
- If the firm is owned 50/50, each owner needs to fill out, sign, and notarize their own Personal Net Worth Statement
- List any affiliate business(es) owned on section 7

# Contract Opportunities



## Purchasing & Procurement

To current and potential vendors: Thank you for your interest in doing business with Metra as either a prime contractor or subcontractor.

As of Jan. 22, 2022, Metra is requiring vaccinations of all vendors with employees, subcontractors, or other individuals who regularly come in direct contact with Metra staff or customers and/or who regularly work on Metra property. Please click [here](#) to view the memo from Metra CEO/Executive Director Jim Derwinski and click [here](#) to download the required Vaccination Certification Form For Vendors.

Due to the pandemic, and in the interest of maintaining social distancing, Metra is conducting public bid openings via live Webcast only.

Metra will continue to conduct Bid Openings at the location, date and time as specified in the individual solicitations. All interested parties wishing to view the live public bid openings can go to:

<https://metra.com/webcasts>

Click on "Metra Bid Opening Session xx/xx/2020"

The bid results will continue to be posted on Metra's website shortly after the bids have been read.

All bidders are responsible for the timely submission of bids. No public attendees will be granted access to the live bid opening.

If you have any questions regarding the change to the format, please contact the Procurement Agent listed on the specific Invitation for Bid.

Metra appreciates your understanding of this change to the bid opening format.

IFBs | RFPs/IJQs/RFIs | SBE IFBs | Bid Tabs | Procurement Awards

### Invitations for Bids (IFBs)

Firms interested in doing business with Metra are urged to regularly check this page for notices. Available bid opportunities are listed below.

All submittals must be returned to the below address prior to the time and date specified to be deemed responsive.

You must be signed into My Metra for Business to download.

## Annual Procurement Plan

The Procurement Plan, updated quarterly, identifies potential contracting opportunities for goods and services anticipated by Metra Departments such as Engineering, Mechanical, Fleet and Facility Management, Finance, Information Systems and Materials and Stores. This document also includes information about vendor registrations and how Metra ensures that small, minority and women-owned businesses have equal opportunity to receive and participate in Metra contracts. Review [Metra's Annual Procurement Plan](#) here.



# How To Register As A Vendor

METRA.COM



MAIN MENU



BUSINESS OPPORTUNITIES AND  
RESOURCES



PURCHASING & PROCUREMENT

## Vendor Registration

Register your business as a Metra vendor to be included for consideration for upcoming solicitations.

A completed [Vendor Registration Form](#) is required for your firm to be entered in Metra's Vendor Database. Upon receipt of this information, we will enter your firm into our vendor database under the appropriate commodity listing(s). These listings are used by our buyers/contracting agents in preparing solicitations.

**The process is simple. Just follow the steps below to register:**

### Step 1: Gather your company's information

- General company information
- Sales information
- Officer, owner or partner information
- Asset information
- Corporate affiliates
- Business references
- Employee information

### Step 2: Complete the Vendor Registration Form

- [Electronic Form](#)
- [Printable Forms \(PDF\)](#)

### Step 3: Submit Completed Form to Metra

- Electronic Vendor Registration Form - Click "Submit" at the end of the online form.
- Printable Vendor Registration Forms - Please return the completed forms to the following address:

Metra  
Materials Management Department  
Attn: Asst. Materials Coordinator  
547 W. Jackson Blvd., Ste. 1100, East  
Chicago, IL 60661

**Note:** Please include the correct NAICS codes relating to the business or services provided to ensure you will receive solicitations from the Procurement Department.



# QUESTIONS

## Contact Information

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