

**DISADVANTAGED BUSINESS ENTERPRISE (DBE)
ANNUAL DECLARATION OF ELIGIBILITY (DOE)**

Participation in the Disadvantaged Business Enterprise (DBE) Unified Certification Program (UCP) requires that certified firms submit a DOE annually on the anniversary of their DBE certification. All required documents must be signed, dated, and submitted with this DOE. **DO NOT BIND OR STAPLE ANY PAGES YOU SEND TO MDOT.**

Please complete the following DOE, and return it along with documented evidence of your firm's gross receipts. Such evidence may include (but are not limited to): most recent federal business income tax returns, audited financial statements, a CPA's signed attestation etc.

All required documents must be submitted along with this signed and dated DOE to determine continued DBE eligibility.

**** FOR YOUR SECURITY AND PROTECTION ****

Please use a black pen or marker to REMOVE all SOCIAL SECURITY NUMBERS (except for the last four (4) digits) and all BANK ACCOUNT NUMBERS from all tax returns and any other documents before submitting this DOE to your DBE certifying agency.

Should you have any questions or need assistance completing this DOE, please contact your certifying agency directly.

Michigan UCP Certifying Agencies

Michigan Department of Transportation (MDOT) Office of Business Development 425 W. Ottawa St. Lansing, MI 48909 (866) 323-1264 / Fax (517) 335-0945 MDOT-DBEAnnuals@Michigan.gov NOTE: Limit e-mail attachments to 25MB	Wayne County Human Relations Division 500 Griswold, 12 th floor Detroit, MI 48226 (313) 224-5021 / Fax (313) 224-6932 HumanRelations@Co.Wayne.mi.us	Detroit Department of Transportation Office of Contract Compliance 1301 E. Warren, Room 209 Detroit, MI 48207 (313) 833-3250 / Fax (313) 833-1496 DDOT-DBE@Detroitmi.gov
--	---	---

The documents below **must be submitted** along with the Annual DOE:

CHECKLIST

Documented evidence of the firm's gross receipts (federal business income tax returns, audited financial statement etc.).....

***** For your security and protection, please remove all social security numbers, except for the last 4 digits, and all bank account numbers from all tax returns prior to submission. *****

***** Attention OUT OF STATE DBEs *****

If your firm is based OUTSIDE OF MICHIGAN, include a copy of your current DBE certification from your home state agency.....

(Please note that all MUCP certifying agencies reserve the right to request additional information as they deem necessary.)



U.S. Department of Transportation

 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.

I _____ (full name printed), declare under penalty of perjury that I am _____ (title) of the firm _____, all of the foregoing information and statements submitted for eligibility are true, correct, and complete to the best of my knowledge. 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 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 function (CUF) performed on the project or concession 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

decertification; suspension and debarment; and for 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 above referenced 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 on <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 SC § 1746

**I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT.
 EXECUTED ON _____**

**SIGNATURE
 (OWNER)**