

MICHIGAN SMALL BUSINESS PROGRAM ANNUAL DECLARATION OF ELIGIBILITY

Participation in the Michigan Department of Transportation (MDOT) Small Business Program (SBP) requires an annual review of your business structure to remain eligible for the program. Please complete the following Declaration of Eligibility, which must be signed, dated. Return this form along with a complete copy of the firm's most recent business income tax return filings, including all schedules and statements, as well as written documentation of any and all changes made by your business within the past 12 months or sooner if applicable.

All required documents must be submitted along with this signed, and dated Declaration of Eligibility to determine your continued SBP eligibility status.

FOR YOUR SECURITY AND PROTECTION PLEASE REMOVAL ALL SOCIAL SECURITY NUMBERS (EXCEPT FOR THE LAST FOUR (4) DIGITS) AND BANK ACCOUNT INFORMATION FROM ANY TAX RETURNS AND ANY OTHER DOCUMENTS PRIOR TO SUBMITTING THEM TO MDOT.

SBP annual and supporting materials may be sent to MDOT at:

Michigan Department of Transportation
Office of Business Development
425 W. Ottawa St., Lansing, MI 48909
(866) 323-1264 / Fax: (517) 335-0945
MDOT-SBP@Michigan.gov

The following documents must be submitted in order for your SBP to be renewed:

CHECKLIST

Most current business income tax filings, including all schedules and statements.....
SBP Declaration of Eligibility, signed and dated.....

MICHIGAN SMALL BUSINESS PROGRAM

ANNUAL DECLARATION OF ELIGIBILITY

This form is used to determine the continued eligibility of non-Disadvantaged Business Enterprise (non-DBEs) to bid on Michigan Department of Transportation (MDOT) Small Business Program projects. This application must be submitted annually, at least 30 days in advance of your firm's certification expiration.

Part 1. Information relating to applicant business only

NAME OF BUSINESS

ADDRESS OF BUSINESS

CITY

STATE

ZIP CODE

NAME AND TITLE OF AUTHORIZED SIGNER FOR THIS BUSINESS

TELEPHONE NUMBER

SECOND TELEPHONE NUMBER

E-MAIL ADDRESS

DESCRIBE THE PRIMARY SERVICES OR PRODUCTS THIS FIRM PROVIDES

1A. Small Business Size Determination – Business Gross Receipts per tax form.

Please complete this section if the NAICS codes identified in section 1A base business size on gross receipts. The small business size table is available at http://www.sba.gov/sites/default/files/files/Size_Standards_Table.xls under "Table of Size Standards". You must provide from U.S. business tax forms showing gross receipts earned for the **five consecutive fiscal years** reported below for this business.

YEAR		DOLLARS
	20	
YEAR		DOLLARS
	20	
YEAR		DOLLARS
	20	
YEAR		DOLLARS
	20	
YEAR		DOLLARS
	20	
TOTAL		

1B. Total number of employees of the applicant business.

Please complete this section if the NAICS code identified in 1A determine business size using total number of employees. See http://www.sba.gov/sites/default/files/files/Size_Standards_Table.xls "Table of Size Standards". You must provide from US business tax forms showing total number of employees.

YEAR		TOTAL NUMBER OF ALL EMPLOYEES (Full-time, part-time, temporary, etc.)
	20	
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	20	
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	20	
YEAR		TOTAL NUMBER OF ALL EMPLOYEES (Full-time, part-time, temporary, etc.)
	20	

Part 2. Affiliates and Subsidiaries. Please list all firms that qualifies as subsidiaries or affiliates in accordance with 13 CFR Part 121.

BUSINESS NAME	PRODUCTS/SERVICES	NAICS CODE

2A. Gross receipts or sales of affiliate business for the past five fiscal years.
You must provide copies of U.S. business tax forms for the fiscal years reported below which show gross receipts of all subsidiaries or affiliates.

NAME AND ADDRESS OF AFFILIATE OR SUBSIDIARY:		
YEAR	20	DOLLARS
YEAR	20	DOLLARS
YEAR	20	DOLLARS
YEAR	20	DOLLARS
YEAR	20	DOLLARS
TOTAL		

2B. Total number of employees of the affiliate business.
Please complete this section if the NAICS code identified in 1A determine business size using total number of employees.
See http://www.sba.gov/sites/default/files/files/Size_Standards_Table.xls "Table of Size Standards". You must provide from US business tax forms showing total number of employees.

YEAR	20	TOTAL NUMBER OF ALL EMPLOYEES (full-time, part-time, etc.)
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Attach additional pages as needed

BUSINESS CHANGE DISCLOSURES

Have you had any changes in your business in the areas below? YES NO

IF YES, COMPLETE THE SECTION BELOW by check-marking all that apply and specifying in detail the changes that have occurred in the space provided. Attach a separate page if needed. **If there have been no changes,** go on to complete the NO CHANGE AFFIDAVIT.

**** PLEASE BE ADVISED THAT FAILURE TO DISCLOSE INFORMATION REGARDING CHANGES IN THE COMPANY IS A VIOLATION OF 26.109 AND IS GROUNDS FOR SUSPENSION, DEBARMENT AND /OR REMOVAL OF ELIGIBILITY ****

Business Structure Changes (e.g. LLC to Corporation or Sole Proprietorship to Corporation etc.)

Ownership Changes (i.e. Decreases or increases in ownership percentages, new ownership, terminated ownership etc.)

Officer Changes (i.e., New officers, terminated officers, changes in officer positions, etc.)

Board of Directors/Managing Members Changes (i.e., Additions or terminations, etc.)

Location Changes (For all locations including offices and other facilities such as warehouses or storage facilities.)

Product/Services Changes (List all new products/services as well as any that have been terminated.)

Affiliate Firm Changes (Affiliate firm additions/deletions, changes in ownership or ownership percentages in affiliate firms, or its officers, managing members, board members, office locations, etc.)

SBP DECLARATION OF ELIGIBILITY

I _____, swear or affirm under penalty of law that
(FIRST AND LAST NAME)

I am _____ of applicant firm
(TITLE) (COMPANY NAME)

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 swear and affirm that I am economically disadvantaged, and that my personal net worth does not exceed **\$2.047 Million** excluding my primary residence and all assets owned by the SBP certified firm.

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.

CERTIFICATION

I hereby certify that all information provided on this form and in attachments are true and correct to the best of my knowledge.

NAME AND TITLE		LAST 4 DIGITS OF SOCIAL SECURITY NUMBER
SIGNATURE	NAME OF BUSINESS	DATE OF SIGNING