

Participation in the Small Business Program (SBP) requires an annual review of your business structure to remain eligible in the program.

Please complete the following Annual Affidavit & Personal Financial Statement, which must be signed, dated, and notarized. Return it along with a complete copy of the owners most current 1040 individual income tax return (with all schedules for all owners), your firm's most current business tax return with all schedules, and written documentation of any and all changes made to your business within the past 12 months or sooner if applicable.

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

****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.**

The documents below must be submitted along with the affidavit:

CHECKLIST

- Personal financial statement to be completed for each owner (enclosed)..
(make additional copies as needed)
- Most current Individual (1040) Tax Return for each owner).....
- Most current Business Tax Return for the SBP firm

2A. Gross sales or receipts of first affiliate business for the past three 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	\$
Total			\$

2B. Gross sales or receipts of second affiliate business for the past three 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. If you have more than two affiliates or subsidiaries, please attach additional pages for those affiliates.

NAME AND ADDRESS OF SECOND AFFILIATE

YEAR	20	DOLLARS	\$
YEAR	20	DOLLARS	\$
YEAR	20	DOLLARS	\$
Total			\$

2C. Total number of employees of first affiliate

Please complete this section if the NAICS codes identified in section 1A base business size on number of employees. The small business size table is available at https://www.sba.gov/sites/default/files/files/Size_Standards_Table.pdf under "Table of Size Standards." You must provide from U.S. business tax forms showing total numbers of full-time, part-time, temporary, or seasonal employees who have worked for this affiliate during each of the last three consecutive fiscal years.

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

2D. Total number of employees of second affiliate

Please complete this section if the NAICS codes identified in section 1A base business size on number of employees. The small business size table is available at https://www.sba.gov/sites/default/files/files/Size_Standards_Table.pdf under "Table of Size Standards." You must provide from U.S. business tax forms showing total numbers of full-time, part-time, temporary, or seasonal employees who have worked for this affiliate during each of the last three consecutive fiscal years. If you have more than two affiliates, attach separate pages containing the required information.

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

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.):

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

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Officer changes: (i.e., new officers, terminated officers, changes in officer positions, etc.):

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Board of Directors / Managing members changes (i.e., additions or terminations, etc.):

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Location changes: (for all locations including offices and other facilities such as warehouses or storage facilities):

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Product / services changes: (list all new products/services as well as any that have been terminated):

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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.):

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AFFIDAVIT FOR SMALL BUSINESS PROGRAM

I _____, swear or affirm under penalty of law that
(Full name printed)

I am _____ of applicant firm _____
(Title) (Firm 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 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 and belief. This information is submitted for the purpose of assisting MDOT in making a size determination in order that my business may participate in the race-neutral Small Business Program.

NAME OF SOLE PROPRIETORSHIP, PARTNERSHIP, LIMITED LIABILITY COMPANY, OR CORPORATION		LAST 4 DIGIT SOCIAL SECURITY NO.
SIGNATURE	NAME AND TITLE	DATE OF SIGNING

NOTARY CERTIFICATE:

PERSONAL FINANCIAL STATEMENT

As of _____, _____

Complete this form for: (1) each proprietor, or (2) each limited partner and each general partner, or (3) each stockholder owning or (4) any perso or entity providing a guaranty loan.

NAME	BUSINESS PHONE
RESIDENCE ADDRESS	RESIDENCE PHONE
CITY, STATE & ZIP CODE	
BUSINESS NAME OF APPLICANT / BORROWER	

ASSETS		(Omit Cents)	LIABILITIES		(Omit Cents)
Cash on hand & in Banks	\$	_____	Accounts Payable	\$	_____
Savings Accounts	\$	_____	Notes Payable to Banks and Others	\$	_____
IRA or Other Retirement Account	\$	_____	(Describe in Section 2)		
Accounts & Notes Receivable	\$	_____	Installment Account (Auto)	\$	_____
Life Insurance-Cash Surrender Value Only	\$	_____	Mo. Payments \$ _____		
(Complete Section 8)			Installment Account (Other)	\$	_____
Stocks and Bonds	\$	_____	Mo. Payments \$ _____		
(Describe in Section 3)			Loan on Life Insurance	\$	_____
Real Estate	\$	_____	Mortgages on Real Estate	\$	_____
(Describe in Section 4)			(Describe in Section 4)		
Automobile-Present Value	\$	_____	Unpaid Taxes	\$	_____
Other Personal Property	\$	_____	(Describe in Section 6)		
(Describe in Section 5)			Other Liabilities	\$	_____
Other Assets	\$	_____	(Describe in Section 7)		
(Describe in Section 5)			Total Liabilities	\$	_____
Total	\$	_____	Net Worth	\$	_____
			Total	\$	_____

Section 1. Source of Income	Contingent Liabilities
Salary	As Endorser or Co-Maker
Net Investment Income	Legal Claims & Judgments
Real Estate Income	Provision for Federal Income Tax
Other Income (Describe below)*	Other Special Debt

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

NAME AND ADDRESS OF NOTEHOLDER(S)	ORIGINAL BALANCE	CURRENT BALANCE	PAYMENT AMOUNT	FREQUENCY (monthly, etc.)	HOW SECURED OR ENDORSED TYPE OF COLLATERAL

Section 3. Stocks and Bonds (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

NUMBER OF SHARES	NAME OF SECURITIES	COST	MARKET VALUE QUOTATION/EXCHANGE	DATE OF QUOTATION/EXCHANGE	TOTAL VALUE

Section 4. Real Estate Owned (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	PROPERTY A	PROPERTY B	PROPERTY C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency.)

Section 6. Unpaid Taxes (Describe in detail as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities (Describe in detail.)

Section 8. Life Insurance Held (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries.)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

SIGNATURE	DATE	LAST 4 DIGIT SOCIAL SECURITY NO.
SIGNATURE	DATE	LAST 4 DIGIT SOCIAL SECURITY NO.

SMALL BUSINESS PROGRAM (SBP) APPLICATION CHECKLIST AND REQUIRED ATTACHMENTS:

Legal business name: _____

PERSONAL NET WORTH (PNW)

All owners of businesses applying for the SBP must have a PNW less than \$1.32 million. This figure excludes each owner's primary residence, and the value of the business applying for participation in the SBP.

SMALL BUSINESS PROGRAM SIZE

Businesses, including affiliates, qualifying for the SBP must not exceed the U.S. SBA size standard(s) for the North American Industry Classification (NAICS) code for the type(s) of work performed. In no case shall any eligible business, including affiliate businesses, have gross receipts over **\$23.98** million as averaged over the three most recent tax years.

The following documents must be provided in order for MDOT to determine eligibility to participate in the SBP:

A completed copy of the entire SBP application, signed and notarized, with last 4 digits of SSN #.

- All assets listed as joint on PNW must provide a break down for each individual.
- The personal financial statement must include the value of ownership in all other companies owned by the applicant.

U.S. 1040 Personal Income Tax Returns for the most recent years. Must be signed or show electronic signature.

- o Include all schedules and W-2s.

Federal business tax returns for the most recent the year for the applicant business and all affiliate businesses: Must be signed or show electronic signature.

- o Include all business tax schedules, required attachments and W-3s.

Please **do not** bind or staple the application. Do not copy front and back pages, must be single side only.

- Mail completed application to the following address:
MDOT Office of Business Development
P.O. Box 30050
Lansing, MI 48909

Note: Incomplete application packages will be returned.