

MBE/WBE/SDVE ELIGIBILITY DETERMINATION FORM

1. Name of firm _____
2. Address of firm _____
3. Phone Number of firm _____
4. Indicate whether firm is sole proprietorship, partnership, joint venture, corporation or other business entity (please specify) _____
5. Nature of firm's business _____
6. Number of years firm has been in business _____
7. Ownership of firm: Identify those who own 5 percent or more of the firm's ownership. Columns "e" and "f" need be filled out only if the firm is less than 100 percent minority/woman/service- disabled veteran-owned.

a. Name	b. Race	c. Sex	d. Years of Ownership	e. Ownership Percentage	f. Voting Percentage
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

For firms less than 100 percent minority/woman/service-disabled veteran-owned, list the contributors of money, equipment, real estate, or expertise of each of the owners.

8. Control of firm: (a) Identify by name, race, sex, and title of those individuals (including owners and non-owners) who are responsible for day-to-day management and policy decision making, including, but not limited to, those with prime responsibility for:

(1) Financial decisions _____

(2) Management decisions, such as:

a. Estimating _____

b. Marketing and sales _____

c. Hiring and firing of management personnel _____

d. Purchase of field operations _____

(3) Supervision of field operations _____

9. For each of those listed in question 8, provide a brief summary of the person's experience and number of years with the firm, indicating the person's qualifications for the responsibilities given him or her.
10. Describe or attach a copy of any stock options or other ownership options that are outstanding, and any agreements between owners or between owners and third parties which restrict ownership or control of minority/woman/service-disabled business owners.
11. Identify any owner (see Item 7) or management official (see Item 8) of the named firm who is or has been an employee of another firm that has an ownership interest in or a present business relationship with the named firm. Present business relationships include shared space, equipment, financing, or employees as well as both firms having some of the same owners.
12. What are the gross receipts of the firm for each of the last two years?
Year ending _____ \$ _____
Year ending _____ \$ _____
13. Name, address, and telephone number of bonding company, if any:

Bonding limits: _____
Source of letters of credit, if any: _____
14. Are you authorized to do business in the State of Missouri as well as locally, including all necessary business licenses? Yes _____ No _____
15. Indicate if this firm or other firms with any of the same officers have previously received or been denied certification or participation as an MBE/WBE/SDVE and describe the circumstances. Indicate the name of the certifying authority and the day of such certification or denial.

Affidavit

"The undersigned swears that the foregoing statements are true and correct and include all material information necessary to identify and explain the operation of (name of firm) _____ as well as the ownership thereof. Further, the undersigned agrees to provide through the prime contractor or directly to the Owner current, complete and accurate information regarding actual work performed on the project, the payment therefore and any proposed changes, if any, of the foregoing arrangements and to permit the audit and examination of books, records and files of the named firm. Any material misrepresentation will be grounds for terminating any contract which may be awarded and for initiating action under federal or state laws concerning false statements."

Note - If, after filing this information and before the work of this firm is completed on the contract covered by this regulation, there is any significant change in the information submitted, you must inform the Owner of the change either through the prime contractor or directly.

Signature _____

Name _____

Title _____

Date _____

Corporate Seal (where appropriate)

Date _____

State of _____

County of _____

On this ____ day of _____, 20____, before me appeared (name) _____ to me personally known, who, being duly sworn, did execute the foregoing affidavit, and did state that he or she was properly authorized by (name of firm) _____ to execute the affidavit and did so as his or her own free act and deed.

(Seal)

Notary Public _____

Commission expires _____