

## **SDVE ELIGIBILITY DETERMINATION FORM FOR JOINT VENTURES**

This form does not need to be completed if each of the firms in the joint venture are service-disabled veteran-owned.

Name of joint venture: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Identify the firms that comprise the joint venture.  
(The SDVE partner must complete the SDVE Eligibility Determination Form.)

Describe the role of the SDVE firm in the joint venture.

Describe very briefly the experience and business qualifications of each non- SDVE coventurer.

Nature of the joint venture: \_\_\_\_\_

What is the claimed percentage of SDVE ownership? \_\_\_\_\_

Ownership of joint venture. Attach a copy of the joint venture agreement.  
(The following need not be filled in if described in the joint venture agreement.)

Describe the profit and loss sharing of the joint venture.

Description of capital contributions, including equipment.

Description of other applicable ownership interests.

Control and participation in this contract. Identify by name and "firm" those individuals (and their titles) 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 major items or supplies \_\_\_\_\_

(3) Supervision and field operations \_\_\_\_\_

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 our joint venture and the intended participation by each joint venturer in the undertaking. Further, the undersigned covenant and agree to provide through the Owner current, complete and accurate information regarding actual joint venture arrangements and to permit the audit and examination of books, records and files of the joint venture, or those of each joint venturer relevant to the joint venture, by authorized representatives of the Owner. 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 completion of the joint venture's work on the contract covered by this regulation there is any significant change in the information submitted, the joint venture must inform the Owner of the change either directly or through the prime contractor.

\_\_\_\_\_  
Name of Firm

\_\_\_\_\_  
Name of Firm

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Joint Venture Firm \_\_\_\_\_ 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.

Notary Public \_\_\_\_\_

Commission expires \_\_\_\_\_ (seal)

Joint Venture Firm \_\_\_\_\_ 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.

Notary Public \_\_\_\_\_

Commission expires \_\_\_\_\_ (seal)