Maryland Department of Transportation

SMALL BUSINESS ENTERPRISE (SBE) PROGRAM CERTIFICATION APPLICATION

49 C.F.R. PART 26.39

Return completed application to the address below:

Maryland Department of Transportation
7201 Corporate Center Dr.
Hanover, MD 21076
1-410-865-1269
1-800-544-6056

COMPLETE ALL ITEMS
If an item does not apply, mark
"N.A."
Use separate sheet(s) for
Additional information

ROADMAP FOR APPLICANTS

****If you are MDOT certified as a Disadvantaged Business Enterprise (DBE), you are automatically certified as an SBE and DO NOT need to apply.**

Should I apply?

- Is your firm at least 51% owned by an individual(s) who meets the **DBE** Personal Net Worth threshold of **$1.32 million**?
- Is the 51% owner a U.S. citizen or lawfully admitted permanent resident of the U.S.?
- Is your firm a small business that meets the Small Business Administration's (SBA) size standard and does not exceed **$22.41 million** in gross annual receipts?
- Is your firm organized as a for-profit business?

➢ If you answered "Yes" to all of the questions above, you **may be** eligible to participate in the MDOT SBE program.

Be sure to attach all of the required documents listed in the Document Checklist at the end of this form with your completed application.

Under Sec. 26.107 of 49 CFR Part 26, dated February 2, 1999, if at any time, the Department or a recipient has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, the Department may initiate suspension or debarment proceedings against the person or firm under 49 CFR part 29, take enforcement action under 49 CFR Part 31, Program Fraud and Civil Remedies, and/or refer the matter to the Department of Justice for criminal prosecution under 18 U.S.C. 1001, which prohibits false statements in Federal programs.

Contact Information:

(1) CONTACT PERSON	
Name: _____	(2) Phone Number: _____
Title: _____	(3) Other Phone: _____

(4) Legal name of firm: _____

(5) Fax #: _____ (6) E-mail: _____

(7) Website (if you have one): _____

(8) Street address of firm (No P.O.Boxes)

Address1: _____ City: _____ County: _____
Address2: _____ State: _____ Zip Code: _____

(9) Mailing address of firm (if different):

Address1: _____ City: _____ County: _____
Address2: _____ State: _____ Zip Code: _____

Business Profile: Is your firm "for profit"? ☐ Yes ☐ No

(**STOP!** If your firm is NOT for-profit, then you do NOT qualify for this program and do NOT need to fill out this application.)

(1) Describe the primary activities of your firm (include NAICS CODE(s) if known): _____ _____

(2) Federal Tax ID (if any): _____

(3) This firm was established on (Date): _____

(4) I/We have owned this firm since (Date): _____

(5) Business Structure:

☐ Sole Proprietorship ☐ Limited Liability Corporation ☐ Limited Liability Partnership

☐ Corporation ☐ Partnership

**** (If you are SBA certified, SKIP question (6) below. And provide a copy of your current approval documents.)**

(6) **Gross Receipts and Employment Levels:** (Most recent 3 years, provide the gross receipts figures as they were reported on the federal income tax returns. Also, provide the total number of employees that were reported on the business federal and state employer's quarterly reports for each of the respective tax filing reporting periods).

	Tax Filing Year	Gross Receipts	# Employees
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Ownership: (provide information for all owners.) For additional space, attach a continuation sheet in the format below:

(1)

Name (First, MI, Last)	Title	% of Ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(2) Primary Owner (51% ownership):

CITIZENSHIP:

☐ U.S. Citizen ☐ Lawfully Admitted Permanent Resident

(3) Personal Net Worth: For 51% owner(s). (Complete and attach the Personal Financial Statement at the end of this application. Attach additional sheets if more than one owner is applying.)

Name of 51% Owner(s):	Personal Net Worth (PNW)
_____	$_____
_____	$_____

FOR OUTREACH AND STATISTICAL PURPOSES ONLY

(4 a) 51% ownership(s): Check all that apply	(4 b) Gender:
☐ African-American ☐ Alaskan Native ☐ Hispanic ☐ Asian Pacific ☐ Native American ☐ Subcontinent Asian ☐ White ☐ Other Ethnic or Racial Group _____	☐ Male ☐ Female

AFFIDAVIT OF CERTIFICATION

(This form must be signed and notarized for each owner upon which Small Business status is relied.)

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

I _____ (full name printed), swear or affirm under penalty of law that I am _____ (title) of applicant firm _____ (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 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 of certification.

If awarded a contract or subcontract, 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 (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to provide written notice to the recipient agency or Unified Certification Program (UCP) of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership, address, telephone number, etc.).

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.

I certify my personal net worth does not exceed $1,320,000 and my Personal Net worth Statement has been included.

☐ If 51% owner, check box and submit Personal Financial Statement.

I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

Executed on _____ (Date)

Signature _____
(SBE Applicant)

Do not sign this Affidavit of Certification with an electronic or digital signature. The Affidavit of Certification requires an original signature that has been properly notarized. It should be submitted with a complete application including all required supporting documentation.

NOTARY CERTIFICATE

City/County of _____ in the State of _____

The forgoing instrument was subscribed and sworn before me

This _____ day of _____, 20_____.

By _____(name of person/SBE applicant)

_____Notary Signature Notary Registration # _____

My Commission expires: _____

Maryland Department of Transportation

OMB APPROVAL NO. 3245-0188
EXPIRATION DATE: 11/30/2004

PERSONAL FINANCIAL STATEMENT

As of Date:

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 (Describe in Section 2)	
IRA or Other Retirement Account		Installment Account (Auto) Mo. Payments	
Accounts & Notes Receivable		Installment Account (Other) Mo. Payments	
Life Insurance-Cash Surrender Value Only (Complete Section 8)		Loan on Life Insurance	
Stocks and Bonds (Describe in Section 3) (Do not include ownership interest in applicant firm.)		Mortgages on Real Estate (Describe in Section 4) (Do not include primary residence.)	
Real Estate (Describe in Section 4) (Do not include primary residence.)		Unpaid Taxes (Describe in Section 6)	
Automobile-Present Value		Other Liabilities (Describe in Section 7)	
Other Personal Property (Describe in Section 5)		Total Liabilities	
Other Assets (Describe in Section 5)			
Total		Net Worth	

Section 1. Source of Income		Contingent Liabilities	
Salary		As Endorser or Co-Maker	
Net investment Income		Legal Claims & Judgements	
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

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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 deliquency)

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.)

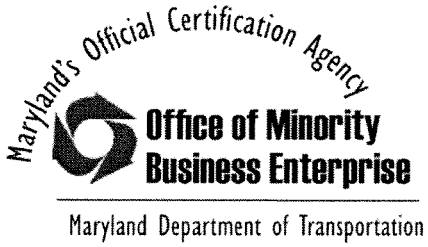
Section 7. Other Liabilities. (Describe in detail.)

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

I authorized MDOT/MBE 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 their 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: _____ Social Security Number: _____

* Signature: _____ Date: _____ Social Security Number: _____



SMALL BUSINESS ENTERPRISE (SBE) DOCUMENT CHECKLIST

For All Applicants:

- ☐ 1. Completed SBE certification application.
- ☐ 2. Completed SBE Affidavit of Certification.
- ☐ 3. Proof of U.S. citizenship in the form of a U.S. Passport *or* Permanent Resident Card *or* Certificate of Naturalization *or* birth certificate and government issued photo identification (e.g. driver's license).
- ☐ 4. Completed Personal (Financial) Net Worth Statement for all owners constituting 51% ownership.
- ☐ 5. Complete **Signed** copies of personal federal tax returns for the past three (3) years for each owner constituting 51% ownership. Include all schedules.
- ☐ 6. Complete **Signed** copies of business federal tax returns for the past three (3) years. Include all schedules.
- ☐ 7. Year-end financial statements of the business for the past three (3) years or life of the firm if less than three years. A new business must provide a current financial statement. Non-CPA statements are acceptable.

Additional Documents For Corporation:

- ☐ 1. Official Articles of Incorporation (signed by the State official).
- ☐ 2. Both sides of all corporate stock certificates and your firm's stock transfer ledger.
- ☐ 3. Minutes of all Stockholders and Board of Directors meetings.
- ☐ 4. Corporate By-laws and any amendments.

(Over)

Additional Documents For Limited Liability Company:

☐ 1. Copy of the firm's official Articles of Organization signed by the State official.

☐ 2. Copy of the original and amended Operating Agreement.

Additional Document(s) For Partnership:

☐ 1. Original and any amended Partnership Agreement.