

City & County of Denver
Division of Small Business Opportunity (DSBO)

<p align="center">Renewal Application Disadvantaged Business Enterprise (DBE) (3 Year Renewal) (No Fee) Article III, Section 28-36, Ord. No. 760-06 §1, 11-13-06 effective January 1, 2007 Small Business Enterprise (SBE) (One year) (\$200 Initial Fee, \$50 Annual Renewal Thereafter) Minority/Women Business Enterprise (M/WBE) (One year) (\$200 Initial Fee, \$50 Annual Renewal Thereafter)</p> <p align="center">ALL FEES ARE NONREFUNDABLE and made payable to MANAGER OF FINANCE</p>

INSTRUCTIONS: This form is to be submitted by applicants that are either currently certified as **DBE, SBE and or M/WBE**. All information on file will be reviewed to determine the applicant's eligibility for continued participation in the **DBE, SBE and M/WBE** programs. Failure to provide any applicable information requested in this form may result in denial of recertification.

Please print or type all responses. Do not leave any items blank, write "NONE" or "NOT APPLICABLE" as necessary. Attach additional pages as necessary and identify items being addressed. Complete the form and attach all requested documentation. Make a copy of this form and keep in your files.

Return the completed **Renewal Application** and all supporting documents before the expiration date of your current certification to:

Division of Small Business Opportunity
201 W. COLFAX AVENUE, DEPT 907
DENVER, CO 80202
Phone: 720- 913-1999_ Fax: 720-913-1809

TO HAND DELIVER drop off at the Office of Economic Development located on the 2nd floor at the address above.

A - CURRENT CERTIFICATION

Current City & County of Denver Certification: **DBE** **SBE** **M/WBE** Expiration Date: _____

Work Specialty for which the business enterprise is currently listed with the City & County of Denver:

B - GENERAL INFORMATION

1. Request Renewal of Certification For: **DBE** **SBE** **M/WBE**
2. Authorized Name of Business Enterprise:

3. DBA, if any: _____
4. Street Address: _____

City State Zip
5. Business Telephone Number: (____) _____ FAX No. (____) _____
6. Name of Contact Person: _____ Phone (____) _____
7. E-Mail Address: _____ Website: _____

C - ELIGIBILITY UPDATE

1. Have there been any changes in any of the following areas since last certified? Check "N/A" if question does not apply.
 - a. LEGAL STRUCTURE (Prop., Partnership, Corp., etc.)? NO () YES ()
 - b. OWNERSHIP (Owners/Percent of Ownership by Each Owner) ? NO () YES ()
 - c. CORPORATION? N/A () BY-LAWS NO () YES ()
 DIRECTORS/OFFICERS NO () YES ()
 - PARTNERSHIP AGREEMENT? N/A () NO () YES ()
 - JOINT VENTURE AGREEMENT? N/A () NO () YES ()
 - LLC OPERATING AGREEMENT? N/A () NO () YES ()
 - d. DUTIES OF OWNERS OR KEY PERSONNEL? NO () YES ()
 - e. WORK SPECIALTY? NO () YES ()
 - f. SIGNERS, INDEMNIFIERS OR GUARANTORS FOR BONDING? N/A () NO () YES ()

2. Did any owner, stockholder, director, officer, partner and/or manager establish a **new business relationship** with, or purchase ownership interest in any other business enterprise since last certification? (Business relationships also include, but are not limited to, shared ownership/ space/ employees/ utilities/equipment or financing.) NO () YES ()

3. Has there been any change in ownership in any **AFFILIATES** about whom DSBO requested information during last certification review? N/A () NO () YES ()

4. Has this business enterprise been denied certification or had its certification revoked by any agency in the last 12 months? NO () YES ()

5. Has any of the 51% or greater owner exceeded the Personal Net Worth standard of \$ 750,000? NO () YES ()

6. Current Number of Employees: Full Time _____ Part Time _____

7. **FOR SBE and M/WBE ONLY:** Does any City & County of Denver Official, Officer or Employee, or his/her relative own or manage this business enterprise? (Relatives include Spouse, Children, Parents, Brothers, Sisters, or other Persons related to and economically dependent on the Employee, Officer or Official of the City & County of Denver.) NO () YES ()

D - ADDITIONAL INFORMATION TO SUBMIT WITH RENEWAL APPLICATION Check off (✓) items submitted.

1. () **New or Amended** By-Laws, Partnership Agreement, Joint Venture Agreement or LLC Operating Agreement, if applicable. Please highlight changes. (C.1.c)
2. () If changes have occurred in **duties** of owners or key management personnel, submit a job description for each such person (C.1.d)
3. () If **work specialty** has changed, submit:
 - (a) a statement explaining the reason for the change;
 - (b) evidence of compliance with licensing and/or registration requirements for new work specialty;
 - (c) evidence of resources to perform the new work specialty;
 - (d) evidence of actual business activity in the new work specialty. (C.1.e)
4. () New or amended **Bonding Indemnity Agreement**, if applicable (C.1.f)
5. () Regarding any **new business relationship**, submit all relevant information such as ownership documents, lease agreements, Notes Payable, etc. (C.2)
6. () If **denied** certification or recertification in the last 12 months, submit a copy of Denial or Intent To Deny Certification/Recertification letter; and Name of Agency denying certification/recertification. If appealed, submit a copy of the letter of appeal. (C.5)
7. () For the applicant business enterprise, the most current **Federal Income Tax Return** with all filed schedules and attachments (or Individual Tax Return, if Sole Proprietor) **NOT PREVIOUSLY SUBMITTED** to DSBO. (Note: If taxes have not been filed, send Financial Statement).
8. () The same information as in question 7 above for any **AFFILIATE** business enterprise about which information was requested last year.
9. () The most current **Individual Tax Return** for each owner on whom certification was based. Submit page one of Form 1040, and all schedules C and E filed.
10. () **If changes** have occurred in **Owners, Officers** (if corporation), **Managers** and **Supervisors** during the last year, submit a list of the changes. For each individual listed, include compensation (salary, bonuses, dividends) paid to each during the past year; and the number of hours per week that each devoted to this business enterprise.
11. () Financial Statements
12. () **FOR DBE and M/WBE ONLY**: Affidavit of Certification for Disadvantaged Status.

E – DBE SBE M/WBE Renewal Application

The undersigned swears under penalty of law that he or she has read and understands this **Renewal Application**; that he or she has the authority to sign this application; and that the application responses, the foregoing statements and accompanying documents are true, complete and correct and include all materials requested and/or necessary to identify and explain the ownership and operation of:

Name of Applicant Business Enterprise

THE APPLICANT BUSINESS ENTERPRISE AGREES:

1. To abide by the requirements of the **DBE, SBE and M/WBE** programs, and all of the applicable rules, regulations and policy guidelines of the City and County of Denver and the U.S. Department of Transportation governing the certification process and project activity for each program.
2. To notify the City and County of Denver on a **“Notice of Change”** affidavit within ten (10) working days of any change in the company’s circumstances affecting its ability to meet size; disadvantaged status; ownership or control criteria of the applicable laws, or of any material changes in the information provided with the application for certification.
3. That in order to monitor the status of the business enterprise’s continued eligibility, the City and County of Denver has the right, from time to time, to conduct a review of the business enterprise’s books of accounts, contracts, facilities and records, and to request and review whatever additional information is deemed necessary to determine continued compliance with certification requirements.
4. That failure to answer any question or to supply the City and County of Denver with any documentation requested in the **Renewal Application** may be cause to deny or inactivate the recertification request.
5. That the City and County of Denver may, for cause, withdraw certification after applying its own approved procedures.
6. That the City and County of Denver may deny recertification or rescind certification and initiate action under Federal, State or City laws concerning false statements, if during or after the certification process they find that the undersigned has submitted false, misleading or materially incomplete information.
7. That the City and County of Denver has the right to refuse certification of any business enterprise, based on the implementation of the **DBE, SBE and M/WBE** eligibility standards, despite the fact that the business enterprise may be certified by another public agency.

By my signature I understand and accept the seven statements above governing the consideration of this application and the maintenance of my business enterprise’s certified status.

_____ Title: _____
Printed/Typed Name of Owner

_____ Date: _____
Owner Signature

NOTARY PUBLIC

State of _____ County of _____

Subscribed and sworn before me this _____ day of _____, _____

Signed _____

Address of Notary _____

My Commission Expires _____

SEAL

PERSONAL FINANCIAL STATEMENT As of _____, _____

(Both pages must be completed - This form may be copied)

Complete this form for: the 51% or greater owner(s) of an SBE and the 51% or greater owner(s) of (1) the socially disadvantaged proprietor, (2) each socially disadvantaged limited and general partner whose combined interest totals 51% or more, or (3) each socially disadvantaged stockholder making up 51% or more of voting stock for a DBE

Name	Business Phone ()
Residence Address	Residence Phone ()
City, State & Zip Code	
Business Name of Applicant	

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on hand and in Banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts.....	\$ _____	Notes Payable to Banks and Others	\$ _____
IRA or Other Retirement Account.....	\$ _____	(Describe in Section 1)	
Accounts and Notes Receivable.....	\$ _____	Installment Account (Auto).....	\$ _____
Life Insurance - Cash Surrender Value Only	\$ _____	Installment Account (Other)	\$ _____
(Complete Section 7)		Loan on Life Insurance	\$ _____
Stocks and Bonds	\$ _____	Mortgages on Real Estate.....	\$ _____
(Describe in Section 2)		(Describe in Section 3)	
Real Estate	\$ _____	Unpaid Taxes.....	\$ _____
(Describe in Section 3)		(Describe in Section 5)	
Automobile(s) - Present Value.....	\$ _____	Other Liabilities	\$ _____
Other Personal Property.....	\$ _____	(Describe in Section 6)	
(Describe in Section 4)		Total Liabilities	\$ _____
Other Assets	\$ _____	Net Worth (Total Assets minus Total Liabilities)...	\$ _____
(Describe in Section 4)			
Total Assets	\$ _____		

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	Other Special Debt.....

Section 1. Notes Payable to Bank 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 2. 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 3. Real Estate Owned (List each parcel separately. Use attachments 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 and Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 4. 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 5. 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 6. Other Liabilities (Describe in detail.)

Section 7. Life Insurance Held (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries.)

I authorize the Office of Certification at the City & County of Denver to verify the accuracy of the statements made in order to determine whether I meet the economic standards for participation in the DBE Programs and/or for the Small Business Enterprise (SBE) program. These statements are true and correct to the best of my belief.

Printed/typed name:	Signature and date:
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County of _____ State of _____

Subscribed and sworn before me this _____ day of _____, _____

Signed _____
(Notary Public)

(Address of Notary)

AFFIDAVIT OF CERTIFICATION

This form must be signed and notarized for each owner upon which disadvantaged 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 PEALTIES 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 that I am a socially and economically disadvantaged individual who is an owner of the above-referenced firm seeking certification as a Disadvantaged Business Enterprise (DBE) and or Minority/Women Business Enterprise (M/WBE). In support of my application, I certify that I am a member of one or more of the following groups, and that I have held myself out as a member of the group(s) (circle all that apply):

Female Black American Hispanic American Native American

Asian- Pacific American Subcontinent Asian American

Other (specify) _____.

I certify that I am socially disadvantaged because I have been subjected to racial or ethnic prejudice or cultural bias, or have suffered the effects of discrimination, because of my identity as a member of one or more of the groups identified above, without regard to my individual qualities.

I further certify that my personal net worth does not exceed \$750,000, and that I am economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged.

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

Executed on: _____
(Date)

Signature: _____

NOTARY CERTIFICATE:

County of _____ State of _____
Subscribed and sworn before me this _____ day of _____, _____
Signed _____ (Notary Public)
_____ (Address of Notary)