

002413...

RESOLUTION NO. _____

PASSED: _____

A Resolution authorizing the City Manager to execute a Joint Participation Agreement between the City of Gainesville and the United States Department of Transportation (USDOT) accepting the Unified Certification Program (UCP):

WHEREAS, the City of Gainesville owns and operates the public transit system serving the Gainesville urbanized area in Alachua County;

WHEREAS, the United States Department of Transportation (USDOT) provides the Unified Certification Program;

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF GAINESVILLE, FLORIDA:

1. The City Manager or designee is authorized to execute a Joint Participation Agreement on behalf of the City of Gainesville, Florida, with the United States Department of Transportation for USDOT to provide the Unified Certification Program.
2. This Resolution shall become effective immediately upon adoption.

Dated the _____ day of _____ A.D. 2002.

Thomas D. Bussing
Mayor

ATTEST:

APPROVED AS TO FORM AND LEGALITY:

Kurt M. Lannon
Clerk of the Commission

Marion J. Radson
City Attorney

**State of Florida
USDOT Recipients**

Unified Certification Program

Pursuant to 49 CFR Part 26

Approved: Secretary, U.S. Department of Transportation

By, _____

This _____ Day of _____ 2002

Date Prepared: February 6, 2002

TABLE OF CONTENTS

RECITALS

ARTICLE 1- VISION

ARTICLE 2- DEFINITIONS

- Section 2.01 Certifying Members
- Section 2.02 Disadvantaged Business Enterprise (“DBE”)
- Section 2.03 Non-Certifying Members
- Section 2.04 Personal Net Worth
- Section 2.05 Recipient
- Section 2.06 Small Business Concern
- Section 2.07 Socially and Economically Disadvantaged Individuals
- Section 2.08 Executive Committee
- Section 2.09 Sub-Recipient
- Section 2.10 UCP Members

ARTICLE 3- ORGANIZATION OF THE UCP

- Section 3.01 Members of the UCP- Recipients
- Section 3.02 Responsible Certifying Member
- Section 3.03 DBE Directory Management
- Section 3.04 Transition of Currently Certified DBE’s
- Section 3.05 Executive Committee Duties

ARTICLE 4- RIGHTS AND RESPONSIBILITIES OF UCP MEMBERS

- Section 4.01 Types of UCP Members
- Section 4.02 Certifying Member Rights and Responsibilities
- Section 4.03 Non-Certifying Member Rights and Responsibilities

ARTICLE 5- RIGHTS AND RESPONSIBILITIES OF THE UCP

- Section 5.01 Certification Decisions
- Section 5.02 "One-Stop Shopping"
- Section 5.03 Processing Out-of-State Applications
- Section 5.04 Reciprocity with Other UCPs
- Section 5.05 UCP Information Program
- Section 5.06 Meetings for Continued UCP Monitoring

ARTICLE 6- CERTIFICATION PROCEDURES

- Section 6.01 Certification Application
- Section 6.02 Certification Process
- Section 6.03 Certification Site Visit

ARTICLE 7- APPEALS, COMPLAINTS, AND DISPUTES

- Section 7.01 Appeals/Third Party Complaints
- Section 7.02 Member Agreement
- Section 7.03 Notice Requirements
- Section 7.04 Member Disputes

ARTICLE 8- TRAINING

- Section 8.01 Executive Committee Oversight
- Section 8.02 Training Costs

ARTICLE 9- DBE DIRECTORY

- Section 9.01 Organization of the Directory
- Section 9.02 Availability

ARTICLE 10- FEES/COSTS

- Section 10.01 UCP Membership Fee
- Section 10.02 DBE Applicant Firms
- Section 10.03 Contingency Funding

ARTICLE 11- GENERAL PROVISIONS

- Section 11.01 Exhibits
- Section 11.02 Interpretation
- Section 11.03 Amendments
- Section 11.04 Compliance with Law
- Section 11.05 Signed Agreement
- Section 11.06 Severability
- Section 11.07 Successors
- Section 11.08 Execution

EXHIBITS

- EXHIBIT A State of Florida, Unified Certification Program, Disadvantaged Business Enterprise Certification Application.
- EXHIBIT B State of Florida, Unified Certification Program, Affidavit For Continuing Eligibility.
- EXHIBIT C State of Florida, Unified Certification Program, Implementation Plan
- EXHIBIT D State of Florida, Unified Certification Program, Disadvantaged Business Enterprise, On-Site Review Checklist

FLORIDA UNIFIED CERTIFICATION PROGRAM AGREEMENT

RECITALS

WHEREAS, 49 CFR Part 26 Subpart E- Certification Procedures Section 26.81, requires that all United States Department of Transportation (USDOT) Recipients participate in a statewide Unified Certification Program (UCP); and

WHEREAS, this Agreement establishes the UCP for the State of Florida; and

WHEREAS, the UCP will comply with all certification procedures and standards set forth in Subparts D and E of 49 CFR Part 26; and

WHEREAS, the UCP will cooperate fully with oversight, review, and monitoring activities of USDOT and its operating administrations; and

WHEREAS, the UCP will implement USDOT directives and guidelines concerning certification matters; and

WHEREAS, the UCP will render uniform certification decisions on behalf of all USDOT financial assistance recipients in Florida with respect to participation in the USDOT Disadvantaged Business Enterprise (DBE) Program; and

WHEREAS, the UCP will provide "one-stop shopping" to applicants for DBE certification, such that an applicant need apply only once for a DBE certification that will be honored by all UCP Members in Florida; and

WHEREAS, the UCP shall develop and maintain an electronic DBE Directory of all firms certified in Florida that will be available to the public on the Internet and in print and continuously updated with additions, deletions, and other changes; and

WHEREAS, the UCP shall have sufficient resources and expertise to carry out the requirements of 49 CFR Part 26 Subpart E; and

WHEREAS, the UCP shall comply with certification and non-discrimination requirements of 49 CFR, Part 26.

NOW, THEREFORE, in consideration of the promises and covenants herein contained Florida UCP Members, agree to the following:

ARTICLE 1 – VISION

Florida's USDOT Recipients share the common goal of creating a level playing field on which DBE firms can compete fairly for USDOT assisted contract awards, while enhancing the administration of the DBE Programs through the exchange of information and coordination of activities. In order to achieve the common goal, Recipients will establish the UCP for the State of Florida.

ARTICLE 2 – DEFINITIONS

Terms and Definitions used by the UCP shall be those specifically defined in this Agreement, and in 49 CFR, Section 26.5, which is incorporated by reference herein:

2.01 Certifying Member

A Florida Recipient as defined in 2.05, and UCP Member as defined in 2.10 and 3.01 who has a current DBE Program Plan approved by an appropriate USDOT Operating Administration that includes provisions for DBE certification and revocation processes.

2.02 Disadvantaged Business Enterprise (DBE)

A for-profit small business concern, that is at least 51% owned by one or more individuals who are both socially and economically disadvantaged, or, in the case of a corporation, in which at least 51% of the stock is owned by one or more such individuals; and whose management and daily business operations of the entity are controlled by one or more of the socially and economically disadvantaged individuals who own it.

2.03 Non-Certifying Member

A Florida Recipient as defined in 2.05, or UCP Member as defined in 2.10 and 3.1 who has a current DBE Program Plan approved by an appropriate USDOT Operating Administration that does not include provisions for DBE certification and revocation processes.

2.04 Personal Net Worth

The net value of the assets of an individual remaining after total liabilities are deducted. Pursuant to 49 CFR Section 26.67 and as used herein, the personal net worth of each disadvantaged owner of an applicant or a DBE firm, excluding the individual's ownership interest in the applicant or a DBE firm and the individual's equity in his or her primary place of residence, must not exceed \$750,000. As of

the effective date of this Agreement, the personal net worth requirement is not applicable to airport concessions.

2.05 **Recipient**

Any entity, public or private, to which USDOT financial assistance is extended, whether directly or through another recipient, through the programs of the Federal Aviation Authority (FAA), Federal Highway Administration (FHWA) or the Federal Transit Authority (FTA), or who has applied for such assistance.

2.06 **Small Business Concern**

With respect to an applicant or a DBE firm in USDOT assisted contracts, a small business concern is as defined in Section 3 of the Small Business Act, 15 U.S.C. Section 632, and the Small Business Administration (SBA) regulations, 13 CFR, Part 121; which business does not exceed the cap on average annual gross receipts specified in 49 CFR, Section 26.65(b).

2.07 **Socially and Economically Disadvantaged Individuals**

Any individual who is a citizen or lawfully admitted permanent resident of the United States and who is:

- (a) Any individual who a recipient finds to be socially and economically disadvantaged individual on a case-by-case basis.
- (b) Any individual in the following groups, members of which are rebuttably presumed to be socially and economically disadvantaged:
 - (i) “Black Americans” which includes persons having origins in any of the Black racial groups of Africa;
 - (ii) “Hispanic Americans” which includes persons of Mexican, Puerto Rican, Cuban, Dominican, Central or South American, or other Spanish or Portuguese culture or origin, regardless of race;
 - (iii) “Native Americans” which includes persons who are American Indians, Eskimos, Aleuts, or Native Hawaiians;

- (iv) “Asian-Pacific Americans” which includes persons whose origins are from Japan, China, Taiwan, Korea, Burma (Myanmar), Vietnam, Laos, Cambodia (Kampuchea), Thailand, Malaysia, Indonesia, the Philippines, Brunei, Samoa, Guam, the U.S. Trust Territories of the Pacific Islands (Republic of Palau), the Commonwealth of the Northern Marianas Islands, Macao, Fiji, Tonga, Kirbati, Juvalu, Nauru, Federated States of Micronesia, or Hong Kong;
- (v) “Subcontinent Asian Americans” which includes persons whose origins are from India, Pakistan, Bangladesh, Bhutan, the Maldives Islands, Nepal, or Sri Lanka;
- (vi) Women;
- (vii) Any additional groups whose members are designated as socially and economically disadvantaged by the SBA at such time as the SBA designation becomes effective.

2.08 **Executive Committee**

A single standing committee, comprised of the Manager of the Equal Opportunity Office in the Florida Department of Transportation (FDOT) or his/her designee, a Certifying Member selected annually by and among the FAA UCP Members, and a Certifying Member selected annually by and among the FTA UCP Members.

2.09 **Sub-Recipient**

Any entity, public or private, to which USDOT financial assistance is extended through another Recipient.

2.10 **UCP Members**

All Florida Recipients participating in this Agreement as described in 3.01 and 11.05, including both Certifying and Non-Certifying Members.

ARTICLE 3 – ORGANIZATION OF THE UCP

3.01 Members of the UCP – Recipients

Members of the Florida UCP shall be all Florida Recipients who are direct signatories herein or have agreed to this UCP hereunto by letter of declaration or by such other writing as may be acceptable to USDOT and the Executive Committee, which shall be maintained on file in the FDOT Equal Opportunity Office.

3.02 Responsible Certifying Member

It is the intent of this Agreement that a Certifying Member will be responsible for certifying DBE's who perform work in their respective fields of expertise (highway and bridge, aviation, and transit). If a DBE firm performs work unique to aviation or transit, and there is no available FAA or FTA Certifying Member in the local area, the FAA or FTA Members will coordinate and agree on the designation of a Responsible Certifying Member. The FAA or FTA Member designated as the Responsible Certifying Member shall either be located in the vicinity of the applicant or DBE firm or have an on-going contract or business relationship with the firm. Non-certifying Members shall likewise consider the location of the applicant or DBE firm and any on-going contract or business relationships with the firm when forwarding an application or a DBE file to a Responsible Certifying Member. To this end Responsible Certifying Members shall be responsible for DBE certifications as follows:

a) FDOT shall be the Responsible Certifying Member for those firms primarily engaged in the delivery of highway, road and bridge related goods and services. These goods and services may include, but are not limited to, heavy highway construction contractors, road and bridge contractors, specialty construction contractors, engineering consultants, specialty consultants, highway, road and bridge related material suppliers and fabricators and highway, road and bridge related maintenance services.

b) An FAA UCP Member shall be the Responsible Certifying Member for those firms that are primarily engaged in the delivery of aviation related goods and services, including concessionaires. These goods and services may include, but are not limited to, food service and other aviation specialty firms.

c) An FTA UCP Member shall be the Responsible Certifying Member for those firms that are primarily engaged in the delivery of transit related goods and services. These goods and services may include, but are not limited to, transit services generally, transit maintenance services and transit related materials and supplies.

3.03 **DBE Directory Management**

UCP Members hereby acknowledge that FDOT is the major recipient of FHWA funds in the State of Florida, has the largest DBE certification program in the State, and maintains a Directory of certified DBEs that is available electronically and in printed form to Florida Recipients, contractors, and other interested members of the general public.

3.03.1 FDOT shall serve as Manager for the UCP's electronic DBE Directory, which shall include all DBE certifications made by Certifying Members.

3.03.2 FDOT, as DBE Directory Manager, shall assume the following responsibilities with regard to the DBE Directory:

- (a) Keep and maintain the up-to-date electronic DBE Directory;
- (b) Ensure its availability to all UCP Members and other interested parties;
- (c) Make available printed copies of the Directory upon request; and
- (d) Provide Certifying Members with access to certification information in the DBE Directory through the Internet.

3.03.3 Certifying Members will, within 3 business days of receipt of any new application for DBE certification, complete input to a Directory application screen, whenever a new application for DBE certification is received, so that other Certifying Members will not process or otherwise duplicate work on any DBE application.

3.03.4 When a Certifying Member makes a DBE certification approval decision, information shall be submitted, through the Internet, by the Certifying Member directly to the DBE Directory within three (3) business days of said approval.

This information shall include:

- a) Firm Name, Street Address, P.O. Box, Telephone and Facsimile Numbers, and e-mail address;
- b) Name of Majority Owner, Gender, and Minority Code;
- c) Type(s) of work performed by the DBE using North American Industry Classification system (NAICS) adopted by the SBA on October 1, 2000, and other work specialty codes as needed;
- d) Name of Certifying Member;
- e) Expiration Date of DBE Certification; and
- f) Any other appropriate information, as agreed upon by UCP Members.

3.03.5 Certifying Members shall also input, through the Internet, within three (3) business days of the action, information as required in 3.03.3 on firms denied DBE certification. This information will be input on the DBE Status Page.

3.03.6 Notwithstanding the provisions of 49 CFR Section 26.67(4), firms denied DBE certification by a Certifying Member are eligible to re-submit a DBE application after one (1) year.

3.04 Transition of Currently Certified DBEs

Each UCP Member shall electronically submit its current DBE Directory to the DBE Directory Manager (FDOT) for inclusion into the UCP's DBE Directory. Each UCP Member Directory shall include complete information as required in 3.03.4, and a statement attesting to the fact that each DBE firm submitted has been certified under the provisions of 49 CFR Part 26.

3.04.1 The Executive Committee shall meet and review those certified DBE firms submitted by Certifying UCP Members, and will determine the appropriate Certifying Member who will be responsible for future certification and re-certification of the DBE.

3.04.2 Upon determination by the Executive Committee of the appropriate Certifying Member, the Certifying UCP Member having possession of the DBE firm's certification file will be notified, and shall immediately forward that DBE file to the responsible Certifying Member, who shall assume custody and responsibility for the DBE file.

3.04.3 Presently certified non-Florida DBE firms must document current DBE certification by the DOT of the state in which they are domiciled or that state's UCP, if it is in place, prior to being included in the DBE Directory.

3.04.4 Designation of a Responsible Certifying Member for a non-Florida DBE firm shall follow the same process as described above.

3.05 Executive Committee Duties

It is agreed that upon approval by the Secretary of the USDOT, the Executive Committee shall begin implementing the provisions of this agreement and the Implementation Plan, attached as Exhibit C.

- 3.05.1 The Executive Committee shall meet as necessary to provide oversight and ensure compliance with 49 CFR Section 26.81. The Executive Committee shall at all times seek the participation, and may call special meetings of all UCP Members to ensure compliance with said regulation.
- 3.05.2 The Executive Committee may establish special committees, by majority vote, which may include, but are not limited to, Airport Concessions, UCP Member Dispute Resolution, UCP Process, Quality Assurance, Training, and Intake.
- 3.05.3 The Executive Committee will ensure that the UCP has sufficient resources and expertise to carry out the requirements of 49 CFR Section 26.81. However, UCP Members receiving less than \$250,000 annually from USDOT are exempt from any requirement to provide financial assistance funding in establishing or maintaining the UCP.
- 3.05.4 The Executive Committee will advise UCP Members when it appears resources and expertise are not sufficient to carry out the requirements of 49 CFR Part 26.81. As of October 30, 2001, the Executive Committee does not believe that resources or expertise from UCP Members will be required.

ARTICLE 4 – RIGHTS AND RESPONSIBILITIES OF UCP MEMBERS

4.01 Types of UCP Members

Florida recipients acknowledge that this Agreement provides for two (2) classes of members, Certifying Members and Non-Certifying Members as defined in 2.01 and 2.03, and that each class shall have specific rights and responsibilities as set forth herein.

4.02 Certifying Member Rights and Responsibilities

Each Certifying Member shall have the following rights and responsibilities:

- (a) Comply with the terms and conditions of this Agreement.
- (b) Collect and evaluate information received regarding DBE certification applications, conduct site visits, and make certification decisions as to DBE status, in accordance with 49 CFR Part 26.
- (c) Promptly provide current information to the DBE Directory as required by and in the manner prescribed in 3.03 above.
- (d) Update the DBE Directory with all new and updated information (renewals, removals, change of address, etc.).
- (e) Retain and maintain appropriate DBE certification files.
- (f) Make file information available to other USDOT recipients and other state UCPs in response to questions or complaints, upon written request.
- (g) Upon request of a UCP Member, may conduct a site visit to a DBE applicant in its vicinity.
- (h) Process annual updates to verify continuing eligibility of DBE firms certified by it.
- (i) Perform specific file reviews at any time upon request by a UCP Member.
- (j) Make timely final decisions on DBE applications as outlined in 49 CFR Section 26.83(k) or within (90) ninety days of receipt of all information.
- (k) Provide information on any certified DBE upon request by a UCP Member.

4.03 Non Certifying Member Rights and Responsibilities

Each Non-Certifying Member shall have the following rights and responsibilities:

- (a) Comply with the terms and conditions of this Agreement.
- (b) Promptly forward DBE applications to the Responsible Certifying Member.
- (c) Provide information on any certified DBE upon request by a UCP Member.

ARTICLE 5 – RIGHTS AND RESPONSIBILITIES OF THE UCP

5.01 Certification Decisions

The UCP shall maintain processes and programs that conform to the overall certification standards set out in 49 CFR Part 26.

UCP members shall abide by the certification decisions made by their Certifying Members with respect to participation in the DBE Program. In the event of any conflict, the UCP, through its Executive Committee, shall make the final decision that shall be binding on all UCP Members, subject to the provisions of 49 CFR Part 26.

5.02 “One-Stop Shopping”

The UCP shall provide “one-stop shopping” to applicants for DBE certification in Florida, such that an applicant is required to apply only once for a DBE certification that will be honored by all UCP Members.

5.03 Processing Out-of-State Applications

The UCP will not process a new application for DBE certification from a firm having its principal place of business in another state unless the firm has already been certified in that state. When a Certifying Member processes an out-of-state application, a full certification application file with all supporting documentation will be compiled by the Certifying Member, including a copy of the Site Visit Report obtained from the applicant’s home state or from the state’s UCP if it is in place, before the firm is included in the DBE Directory.

Reciprocity With Other UCPs

It is understood that:

- (a) The UCP, through its Executive Committee, may enter into written reciprocity agreements at any time with UCPs of other states subject to approval of USDOT.
- (b) Such reciprocity agreement(s) must outline the specific responsibilities of each participating UCP.
- (c) The UCP, and its Members, may accept a DBE certification decision made by another UCP or state DOT on a case-by-case basis.
- (d) The UCP, and its Members, shall share information concerning Florida DBE firms or applicants with other UCPs and state DOTs upon written request.

5 UCP Information Program

UCP Members and the Executive Committee will provide information on the Florida UCP to the public and to DBE applicant firms; provide individuals and firms seeking DBE certification with UCP applications; accept DBE applications from any applicant firm, and forward DBE applications to the appropriate Certifying Member for processing.

.06 Meetings for Continued UCP Monitoring

The UCP, through its Executive Committee, shall hold a statewide membership meeting at least once a year or more often as needed for continued monitoring of the UCP, and on-going processes.

5.06.1 The Executive Committee shall notify UCP Members in writing of the date and location of the meeting at least (30) thirty days in advance of the meeting.

5.06.2 Those members present at a UCP membership meeting shall constitute a quorum for conducting UCP business.

5.06.3 A majority vote of those members present and voting shall be required to pass on a matter.

ARTICLE 6 – CERTIFICATION PROCEDURES

6.01 Certification Application

UCP Members agree to utilize the USDOT Disadvantaged Business Enterprise Certification Application format attached as Exhibit A.

6.02 Certification Process

The UCP and its Members shall follow DBE certification processes and adhere to standards set forth in 49 CFR Part 26, Subparts D and E, Certification Procedures, as well as those guidelines set forth herein or otherwise attached hereto.

6.03 Certification Site Visits

Certifying Members shall conduct a site visit to the principal place of business of an applicant firm prior to DBE certification and submission or direct input via the Internet to the DBE Directory.

- (a) Certifying Members will utilize the On-Site Review Checklist, which is included as Exhibit D herein.
- (b) Certifying Members may conduct site visits for one another when requested, in instances where the member requested is geographically close to the DBE's location.

ARTICLE 7 – APPEALS, COMPLAINTS AND DISPUTES

7.01 Appeals/Third Party Complaints

DBE Certification appeals and third party complaints may only be filed with the Certifying Member whose action is being appealed or complained about and shall be handled in accordance with 49 CFR Part 26, Sections 26.85, 26.87, and 26.89.

7.02 **Member Agreement**

This Agreement recognizes that each Certifying Member has a DBE Program Plan approved by USDOT, and that each such Program Plan may be unique. Therefore, it is herein agreed, that actions under this Section shall, in addition to the foregoing requirements of 49 CFR Part 26, comply with the process and procedure provided for in those individual DBE Program Plans.

External or Internal Complaints regarding certification decisions of a Certifying Member may only be filed with that Certifying Member, and shall be processed in accordance with 49 CFR Part 26, Section 26.87, or as otherwise provided for herein.

7.03 **Notice Requirements**

An action by a Certifying Member (certification denial, de-certification, etc.) shall be in writing, and shall:

- (a) Be delivered via Certified U.S. Mail, Return Receipt Requested.
- (b) Be specific as to the action being taken.
- (c) Be specific as to the basis of the action.
- (d) Be specific as to the facts relied upon.
- (e) Advise the party of the right to appeal.
- (f) Provide detailed information on the appropriate appeal process.

7.04 **Member Disputes**

UCP Members shall make every effort to resolve disputes that may arise between them.

7.04.1 **Unresolved Member Disputes**

When UCP Members are unable to resolve an internal dispute, the matter will be submitted to the Executive Committee for resolution. The decision of the

Executive Committee shall be binding on all those UCP Members subject to the provisions of 49 CFR Part 26.

ARTICLE 8 – TRAINING

8.01 Executive Committee Oversight

The Executive Committee shall retain DBE certification oversight of UCP Members. FDOT will be responsible for DBE certification training of UCP Members. Upon approval of the Executive Committee, FDOT may provide, or otherwise arrange for, DBE certification training for any Certifying Member upon request or it may require a Certifying Member to attend DBE certification training in order to ensure compliance with the provisions of this Agreement and 49 CFR Part 26.

8.02 Training Costs

Certifying Members requesting DBE certification training through FDOT, or who have been required to obtain such training, agree to bear the costs and expenses for said training.

ARTICLE 9 – DBE DIRECTORY

9.01 Organization of the Directory

The DBE Directory shall be organized and maintained by FDOT, using industry standard state-of-the-art software. All UCP Members agree to maintain compatible software and systems in order to best use the electronic DBE Directory, and to timely provide DBE certification information and updates for the DBE Directory.

9.02 Availability

The DBE Directory shall be available electronically on the Internet (and in printed form, when requested) to UCP Members, contractors, and other interested parties.

ARTICLE 10 – FEES/COSTS

10.01 UCP Membership Fee

An annual membership fee may be assessed when it is determined that resources are not sufficient for the purpose of operating and maintaining the UCP. The amount of the fee will be determined by the Executive Committee and approved by UCP Members. However, UCP Members that receive less than \$250,000 annually from USDOT will be exempt from payment of a membership fee.

10.02 DBE Applicant Firms

Certifying Members may charge a fee for DBE certification application processing.

10.03 Contingency Funding

The Executive Committee will monitor the cost of operating and maintaining the UCP. In the event resources are not sufficient, the Executive Committee shall call a special meeting of all UCP Members to discuss contingency funding.

ARTICLE 11 – GENERAL PROVISIONS

11.01 Exhibits

All exhibits to this Agreement are incorporated herein by reference and made a part hereof.

11.02 Interpretation

Article and section headings and Table of Contents are for convenience only and shall not affect construction of this Agreement.

11.03 **Amendments**

This Agreement may not be amended, modified, or supplemented except by an instrument in writing agreed to the UCP Members. Notwithstanding the foregoing, should any provisions of 49 CFR Part 26 be changed or modified, corresponding provisions of this Agreement shall be modified accordingly.

11.04 **Compliance with Law**

UCP Members agree that the operation of this Agreement and performance of all obligations hereunder shall at all times comply with 49 CFR Part 26 and with applicable federal and state laws.

11.05 **Signed Agreement**

This Agreement will become effective upon approval by the Secretary of USDOT, and will be fully operational within (18) eighteen months of approval.

By executing the Signature and Declaration of Status page of this Agreement recipients agree to become Members of the UCP, and agree to accept the terms and conditions of this Agreement.

Following USDOT approval, a recipient may become a member by submitting a fully executed Signature and Declaration of Status page from this Agreement to the Executive Committee, which shall be delivered to FDOT's Equal Opportunity Office, where it shall remain on file.

11.06 **Severability**

Should any part, term, portion, or provision of this Agreement be in conflict with any law of the United States or of the State of Florida, or otherwise be unenforceable or ineffectual, the remaining provisions shall be deemed valid and severable, and not affected thereby.

11.07 Successors

This Agreement shall be binding upon and inure to the benefit of any successors or assigns of the UCP Members.

11.08 Execution

Execution of this Agreement by UCP Members shall comply with appropriate procedures, resolutions, authorized signatures, and required filings pursuant to the law governing each UCP Member. This Agreement will be executed in counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

STATE OF FLORIDA
UNIFIED CERTIFICATION PROGRAM
UCP AGREEMENT
SIGNATURE and DECLARATION OF STATUS

IN WITNESS WHEREOF, the UCP Members execute this Agreement prepared
_____ *2002, by authorized signatures, and attached resolutions if*
appropriate.

ATTEST:

Signature

Name, printed

Signatory Entity Name, printed

Signature and Title

Name and Title, printed

This _____ day of _____, 2002.

Approved as to form:

(Attorney for Signatory)

Certifying Member Status

Non-Certifying Member Status

EXHIBITS

EXHIBIT A –STATE OF FLORIDA, UNIFIED CERTIFICATION PROGRAM,
DISADVANTAGED BUSINESS ENTERPRISE CERTIFICATION APPLICATION

EXHIBIT B – STATE OF FLORIDA, UNIFIED CERTIFICATION PROGRAM,
AFFIDAVIT FOR CONTINUING ELIGIBILITY

EXHIBIT C - STATE OF FLORIDA, UNIFIED CERTIFICATION PROGRAM,
IMPLEMENTATION PLAN

EXHIBIT D – STATE OF FLORIDA, UNIFIED CERTIFICATION PROGRAM,
DISADVANTAGED BUSINESS ENTERPRISE, ON-SITE REVIEW CHECKLIST

EXHIBIT A

STATE OF FLORIDA UNIFIED CERTIFICATION PROGRAM DISADVANTAGED BUSINESS ENTERPRISE CERTIFICATION APPLICATION

Section 1: CERTIFICATION INFORMATION

1. Prior/Other Certifications

(a) Is your firm currently certified for any of the following programs? <i>(if Yes, attached a copy of your certification(s)).</i>	<input type="checkbox"/> DBE	Name of Certifying agency:
		Has this firm's home state conducted an on-site visit? <input type="checkbox"/> Yes, on ___/___/___ <input type="checkbox"/> No
	<input type="checkbox"/> 8(a) <input type="checkbox"/> SDB	Stop! You may not have to complete this application. Ask about the streamlined application process under the SBA/DOT/MOU
(b) Has your firm applied for certification for any program listed in 1(a) in the past? <input type="checkbox"/> Yes, on ___/___/___ <input type="checkbox"/> No If, Yes, identify: <u>Other names your company has used:</u> Identification and certification numbers:		
(c) Has this firm or any of its owners, Board of Directors, officers or management personnel been denied certification, or decertified before by any agency in any state, local or Federal entity? <input type="checkbox"/> Yes, on ___/___/___ <input type="checkbox"/> No If Yes, identify State and Name of agency:		

Section 2: GENERAL INFORMATION

2. Contact Information

Contact Person:		Legal Name of Firm:	
Phone #:	Mobile #:	Fax #:	
Email:		Website address:	
Street Address :			
Mailing Address:			

City:	County:	State:	Zip Code:
-------	---------	--------	-----------

3. Business Profile

Primary Nature of Business/ NAICS Codes:	
Federal Tax ID:	Federal ID # or Social Security # of applicant:
This firm was established on ___/___/___	I(we) have owned this firm since ___/___/___
Did the business exist under a different type of ownership prior to the date indicated above <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:	
Method of acquisition (check all that apply): <input type="checkbox"/> Started new business Bought existing business <input type="checkbox"/> Inherited Business <input type="checkbox"/> Secured Concession <input type="checkbox"/> Merger or Consolidation <input type="checkbox"/> Other (explain) _____	
Has this firm operated under a different name during the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:	
Has this firm applied for reorganization under Chapter 11 and/or liquidation under Chapter 7 within the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, provide court papers)	
Type of firm (check all applicable): <input type="checkbox"/> Sole Proprietorship (provide a copy of the assumed name certificate) <input type="checkbox"/> Partnership (provide copies of all partnership agreements and the assumed name certificate) <input type="checkbox"/> Corporation (provide Articles of Incorporation, copies of stock certificates, both sides, Stock Transfer Ledger, Shareholders Agreements, all minutes of the shareholders meetings and Board of Director Meetings, Corporate Bylaws, Bylaws Amendments, Corporate Bank Resolution and Bank Signature Cards) <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other	
Number of employees: Permanent Full Time _____ Temporary Full Time _____ Seasonal Full Time _____ Permanent Part Time _____ Temporary Part Time _____ Seasonal Part Time _____ Where do you obtain seasonal employees?	
Does your firm directly pay, in its own name, all its employees? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, Please explain)	
Specify the gross receipts of the firm for the last 3 years: (attach copies of full tax returns for each year)	
Year ending _____	Total receipts \$ _____
Year ending _____	Total receipts \$ _____
Year ending _____	Total receipts \$ _____

Section 3: OWNERSHIP

4. Identify all individuals or holding companies with any ownership interest. List their cash, equipment and/or real estate and/or other investment in the firm; and attach the documentation of the source of these investments. (Attach work experience resumes of each person; If more than two owners, attached a separate sheet)

First Person

Name:		Title:	Home Phone #:									
Home Address:												
City		State:	Zip Code:									
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnic Group (attach proof of status):										
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Asian American <input type="checkbox"/> Other Ethnic Group _____										
Legal Permanent resident: <input type="checkbox"/> Yes <input type="checkbox"/> No												
Number of years owned:		Initial investments to acquire ownership interest in firm:										
Percentage owned:		<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Type</u></th> <th style="text-align: left;"><u>Dollar Value</u></th> </tr> </thead> <tbody> <tr> <td>Cash</td> <td>\$</td> </tr> <tr> <td>Real Estate</td> <td>\$</td> </tr> <tr> <td>Other</td> <td>\$</td> </tr> </tbody> </table>			<u>Type</u>	<u>Dollar Value</u>	Cash	\$	Real Estate	\$	Other	\$
<u>Type</u>	<u>Dollar Value</u>											
Cash	\$											
Real Estate	\$											
Other	\$											
Familial Relationship to other owners:												
Shares of Stock: <u>Number</u> <u>Percentage</u> <u>Date Acquired</u> <u>Method Acquired</u>												
Additional contributions made by anyone since the business was started/acquired:												

Second Person

Name:		Title:	Home Phone #:									
Home Address:												
City		State:	Zip Code:									
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnic Group (attach proof of status):										
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Asian American <input type="checkbox"/> Other Ethnic Group _____										
Legal Permanent resident: <input type="checkbox"/> Yes <input type="checkbox"/> No												
Number of years owned:		Initial investments to acquire ownership interest in firm:										
Percentage owned:		<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Type</u></th> <th style="text-align: left;"><u>Dollar Value</u></th> </tr> </thead> <tbody> <tr> <td>Cash</td> <td>\$</td> </tr> <tr> <td>Real Estate</td> <td>\$</td> </tr> <tr> <td>Other</td> <td>\$</td> </tr> </tbody> </table>			<u>Type</u>	<u>Dollar Value</u>	Cash	\$	Real Estate	\$	Other	\$
<u>Type</u>	<u>Dollar Value</u>											
Cash	\$											
Real Estate	\$											
Other	\$											
Familial Relationship to other owners:												
Shares of Stock: <u>Number</u> <u>Percentage</u> <u>Date Acquired</u> <u>Method Acquired</u>												
Additional contributions made by anyone since the business was started/acquired:												

Section 4: CONTROL

5. Identify Officers & Board of Directors. *(Attach work experience resumes of each person; If additional space is required, attach a separate sheet).*

	Name	Title/Date Appointed	Ethnicity	Gender
Company Officers	1.			
	2.			
	3.			
	4.			
Board of Directors	1.			
	2.			
	3.			
	4.			
	5.			

6. Identify management personnel who control the firm in the following areas. *(Attach work experience resumes, including dates of employment at each company, for each person; If more than two persons, attach a separate sheet)*

	Name	Title	Ethnicity	Gender
Financial Decisions: <i>(Responsibility for check signing, acquisition of lines of credit, surety bonding, supplies, etc.)</i>	1. 2. 3.			
Estimating, bidding & negotiating <i>(cost estimates, bid preparation, and submissions, negotiations, or contract execution)</i>	1. 2. 3.			
Hiring/firing of management personnel	1. 2. 3.			
Field/Production Operations Supervisor <i>(site supervision, scheduling, project management services)</i>	1. 2. 3.			
List all field supervisors	1. 2. 3.			
Office Management	1. 2. 3.			
Marketing/ Sales	1. 2.			
Purchasing of major equipment	1. 2.			

7. Identify persons or firms who provide the following services.

	Name of Firm	Name of Person	Address	Phone Number
External Management or technical/computer service				
Accountant				
Attorney				
Principal Suppliers				

8. Identify those union(s), business(s), or professional association(s) in which the owner(s) or management personnel have membership.

Name of union, business or professional assoc.	Address	Phone Number
1.		
2.		
3.		

9. Attach a list of equipment and/or vehicles within your firm's possessions or under your control (*indicate separately*), office space (*owned or leased*), and storage space (*owned or leased*), including signed leasing agreements.

10. Financial Information

(a) Banking Information: Name of bank: _____ Phone No. _____ Name of Officer: _____ Address of bank: _____ City: _____ Zip: _____
(b) Bonding Information: If you have bonding capacity, identify: Name of agent or broker: _____ Phone No.: _____ Address: _____ City: _____ Zip: _____ Bonding Limit: Aggregate limit: \$ _____ Project limit: \$ _____
(c) Attach copies of your end of year balance sheet and profit and loss (income) statements for the last 3 years, or if business has been in operation for less than one year, provide a current balance sheet, a projected profit and loss statement for the next 12 month period and a projected balance sheet for the end of that period.

11. Identify all sources and purposes of money loaned to the firm, including name of person or firm securing the loan, if other than owner. (*attach copies of all loan agreements*)

Name of Source	Address	Amount
1.		
2.		
3.		

12. List current licenses (e.g. contractor, engineer, architect, ICC, etc.) (attach copies of licenses)

Name of Individual or Firm	Type of License	Expiration Date	License Number
1.			
2.			
3.			

13. Does your firm have key personnel insurance? Yes No (If Yes, attach a list of the persons named and the value)

14. List the 3 largest contracts completed by this firm in the past 3 years.

Name of owner/contractor	Name/location of project	Type of work performed
1.		
2.		
3.		

15. List all active jobs this firm is currently working on. (If additional space is required, attach a separate sheet)

Name of prime contractor & project number	Location of project	Type of work	Start Date	Estimated completion date
1.				
2.				

SECTION 5: AFFILIATION

16. Affiliation with other businesses.

(a) Affiliate Companies:						
(b) Do any of the people listed in question 4,5, or 6 perform a management or supervisory function for any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify: Person: _____ Title: _____ Business: _____ Function: _____						
(c) Do any of the people in questions 4,5, or 6 own or work for other firms that have a business relationship with yours? (e.g. ownership interest, shared office space, financial investments, equipment leases, or personnel sharing) <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify: Firm: _____ Person: _____ Business Relationship: _____						
(d) Whether affiliated or not, is the applicant firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office space, yard, warehouse, facilities, equipment, or office staff with any other business, organization or entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify: Firm's name: _____ Tax ID No. _____ Explain nature of shared facilities: _____						
(e) At present or in the past 5 years: (If you answered Yes to any of these questions, identify on a separate sheet any relevant names, address, dates and explanations.)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Has this firm been a subsidiary of any other firm? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px;">Has this firm consisted of a partnership in which one or more of the partners are other firms? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px;">Has any other firm owned 5% or more of this firm? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px;">Has this firm had any subsidiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px;">Has this firm owned 5% or more of any other firm? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	Has this firm been a subsidiary of any other firm? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has this firm consisted of a partnership in which one or more of the partners are other firms? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has any other firm owned 5% or more of this firm? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has this firm had any subsidiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has this firm owned 5% or more of any other firm? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has this firm been a subsidiary of any other firm? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Has this firm consisted of a partnership in which one or more of the partners are other firms? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Has any other firm owned 5% or more of this firm? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Has this firm had any subsidiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Has this firm owned 5% or more of any other firm? <input type="checkbox"/> Yes <input type="checkbox"/> No						

SECTION 6: OTHER

17. Are you a trucking firm? Yes No

(If Yes, attach proof of ownership of a fully operational truck and trailer. Documentation should include insurance and titles).

18. Are you a regular dealer? Yes No

(If Yes, attach proof of warehouse, product lines carried, and distribution equipment)

AFFIDAVIT OF CERTIFICATION

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), 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 declare under penalty of perjury that the foregoing is true and correct.

Signature of owner, officer or partner:

Date:

I declare under penalty of perjury that the information provided in this application and supporting documents relating to my disadvantaged status and me is true and correct.

Print Name: _____ Print Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

NOTARY CERTIFICATE	
STATE OF _____, COUNTY OF _____	
Subscribed and sworn to before me this _____ day of _____, 20____.	
Signature of Notary Public _____	Printed Name of Notary Public _____
My Commission Expires _____ (SEAL)	

**STATE OF FLORIDA
UNIFIED CERTIFICATION PROGRAM
DISADVANTAGED BUSINESS ENTERPRISE
DETERMINATION OF SOCIAL DISADVANTAGE**

This form **must** be completed by, (1) each 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 (If the manager of the company is a socially disadvantaged individual separate and apart from the owner; this individual **must** complete a copy of this form).

Any false or misleading statements contained in this social disadvantage statement may result in denial or revocation of certification and may subject the firm and its owners to the penalties of perjury and/or prosecution for fraud under Federal and State Law.

PERSONAL INFORMATION	
Name	
Address	
Phone	Business Phone
Business Name	
Business Address	
DETERMINATION OF SOCIAL DISADVANTAGE	
<p>In considering whether an owner has experienced social disadvantage based upon the effects of discrimination, the applicant for MBE/WBE/DBE status shall take into account whether the owner has held himself or herself out to be a member of a disadvantaged group, has acted as a member of a community of disadvantaged persons, and would be identified by persons in the population at large as belonging to the disadvantaged group.</p>	
<p>I certify that I have read and understand the above statement. I further certify that I have experienced social disadvantage based on discrimination because of my: (mark all that apply). This statement is valid only when signed by the individual claiming social disadvantage. _____ race _____ ethnicity _____ gender _____ Other (please specify on separate sheet)</p>	
Signature: _____	Owner/Title: _____

STATE OF FLORIDA
UNIFIED CERTIFICATION PROGRAM
STATEMENT OF PERSONAL NET WORTH
 (Not Required for Concession DBE Certification)

PERSONAL INFORMATION	
Name _____	
Address _____	
Phone _____	Business Phone _____
Business Name _____	
Business Address _____	

AFFIDAVIT AND AUTHORIZATION

THE UNDERSIGNED SWEARS OR AFFIRMS THAT THIS STATEMENT IS A TRUE AND ACCURATE REPRESENTATION OF THEIR PERSONAL NET WORTH.

THIS STATEMENT MEETS THE REQUIREMENTS OF 49 CFR, PART 26 AND BECOMES PART OF THE APPLICATION FOR DBE CERTIFICATION.

DOCUMENTS USED IN PREPARING THIS STATEMENT SHALL BE MAINTAINED BY THE UNDERSIGNED, AND WILL BE MADE AVAILABLE UPON REQUEST. IF A CPA OR OTHER THIRD PARTY PREPARED THIS FORM, THE INDIVIDUAL WHOSE NET WORTH IS BEING REPORTED ATTESTS TO HAVING REVIEWED IT, AND THAT IT IS ACCURATE.

ANY MATERIAL MISREPRESENTATION WILL BE GROUNDS FOR INITIATING ACTIONS UNDER FEDERAL OR STATE LAWS CONCERNING FALSE STATEMENTS.

STATE OF _____, COUNTY OF _____

OWNER'S SIGNATURE _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, BY

_____ (name of affiant) HE/SHE PERSONALLY

KNOWN TO ME OR HAS PRODUCED _____ AS IDENTIFICATION.

In witness thereof, I hereunto set my hand and official seal

 Notary Public

 My commission expires

Completing Personal Net Worth Statement

(THESE STATEMENTS ARE NOT SUBJECT TO PUBLIC DISCLOSURE)

You MUST include your last two Federal Personal Income Tax Returns with this form.

This form must be completed by all of the disadvantaged individuals whose ownership and control are relied upon for DBE certification.

You must complete all of the asset and liability sections (1 through 12), and transfer the totals from each section to the **Net Worth Summary Pages**. For any section in which you have no asset or liability you may indicate "*Not Applicable*," and enter zero(s) on the summary pages. If you require more space in any section, attach additional sheets, and reference the appropriate section number and heading.

If any asset or liability is jointly held, you, the disadvantaged individual, need only reflect the value of your share.

SECTION 1: CASH

This is the total amount of your cash on hand, which includes funds deposited in financial institutions, both U.S. and Foreign. This includes, but is not limited to savings, checking, certificates of deposit, money market accounts.

NAME OF FINANCIAL INSTITUTION	ACCOUNT TYPE	OWNERSHIP %	AMOUNT

TOTAL CASH (Summary Line 1): \$ _____

SECTION 2: RETIREMENT ACCOUNTS

Individual and other retirement accounts include any fund representing an IRA, an employer/employee funded program such as a 401K or any other retirement plan. This includes the individual and employer contributions made to the plan.

NAME OF COMPANY OR INSTITUTION HOLDER	CURRENT VALUE

TOTAL RETIREMENT ACCOUNTS (Summary Line 2) \$ _____

SECTION 3: LIFE INSURANCE

The cash surrender value of any life insurance policies you own. Indicate any loans against the policies

COMPANY NAME	CASH VALUE	LOAN AMOUNT

TOTAL CASH VALUE (Summary Line 3) \$ _____

TOTAL LOANS OUTSTANDING (Summary Line 13) \$ _____

SECTION 4: STOCKS, BONDS, AND OTHER SECURITIES

List the current market value of your investment in stocks, bonds, securities, and any other investments not covered in previous sections.

TRUSTEE OR BROKERAGE ACCOUNT	OWNERSHIP %	MARKET VALUE

TOTAL STOCKS, BONDS, & SECURITIES (Summary Line 4) \$ _____

SECTION 5: INVESTMENT VALUE OF AFFILIATE BUSINESSES

If you own at least 5% of another firm, you have a qualifying investment in an affiliate business. You must provide information on the current market value of your ownership interest in the affiliate business(s). Use the most recent financial statement to determine the value of your investment in the firm(s).

NAME OF AFFILIATE COMPANY	CURRENT VALUE OF YOUR OWNERSHIP

TOTAL VALUE OF OWNERSHIP (Summary Line 5) \$ _____

SECTION 6: REAL ESTATE

Excluding your primary residence, list all other residential and business property at current market value. This includes, but is not limited to, rental homes, condos, beach homes, and second homes as investments, personally owned property leased or rented for business purposes, farm properties or any other income producing land or property. List any first and second mortgages against this real estate.

MORTGAGEE	TYPE OF USE	OWNERSHIP %	PROPERTY VALUE	MORTGAGE BALANCE

TOTAL REAL ESTATE (Summary Line 6) \$ _____

MORTGAGE LOAN(S) (transfer total to line 14 summary) \$ _____

SECTION 7: PERSONAL VEHICLES

List all personal autos, trucks, boats, and recreational vehicles owned at current market value. Include personally owned vehicles that are leased or rented to businesses or other individuals. Include any loan balances against these personal vehicles.

YEAR AND DESCRIPTION	OWNERSHIP %	CURRENT VALUE	NOTE BALANCE

TOTAL VALUE (transfer to line of 7 summary) \$ _____

TOTAL LOAN BALANCE (Summary Line 12) \$ _____

SECTION 8: OTHER PERSONAL PROPERTY

Includes personal property items such as household goods, computers, electronic equipment, jewelry, antiques and collections, etc. at current market value You must retain your compilation, but you need only provide the total below. Calculate only the value of your share of ownership. For example, if the total value is \$100, and your share is one-half, you would list \$50 as the Total.

TOTAL OTHER PERSONAL PROPERTY (Summary Line 8) \$ _____

SECTION 9: OTHER ASSETS

The current market value of any other assets you own that do not fit into one of the foregoing sections.

DESCRIPTION OF ASSETS	VALUE

TOTAL OTHER ASSETS (Summary Line 9) \$ _____

SECTION 10: ACCOUNTS PAYABLE

Includes credit card debt and store accounts not associated with the applicant firm, and other accounts payable by you personally. Do not include payables listed in other sections.

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT

TOTAL ACCOUNTS PAYABLE (Summary Line 10) \$ _____

SECTION 11: NOTES PAYABLE

Include the current balance of any personal loan not reflected elsewhere together with any other personal debt guaranteed by your signature. Shareholder loans must be in the form of a written agreement, with defined interest and a repayment schedule.

DESCRIPTION OF LOAN	AMOUNT

TOTAL NOTES PAYABLE (Summary Line 11) \$ _____

SECTION 12 UNPAID TAXES

Include your portion of any incurred obligation for unpaid taxes, i.e. Federal, state, or county property assessments.

<u>DESCRIPTION</u>	<u>AMOUNT</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>

TOTAL UNPAID TAXES (Summary Line 15) \$ _____

SECTION 13: OTHER LIABILITIES

Include your share of any incurred liability not previously accounted for in this statement. Do NOT include any contingent/deferred liabilities.

<u>DESCRIPTION</u>	<u>AMOUNT</u>

TOTAL OTHER LIABILITIES (Summary Line 16) \$ _____

A. Has the owner transferred any assets to the spouse or another individual, or established trust accounts within the past two years? **Yes** **No** *(If Yes, provide a statement describing the items transferred and market cost. Provide a copy of written documents applicable.)*

**STATE OF FLORIDA
UNIFORM CERTIFICATION PROGRAM
PERSONAL NET WORTH STATEMENT**

SUMMARY PAGE #1

ASSETS

DOLLAR VALUE

1. Cash (Total Section 1)	\$ _____
2. Retirement Accounts (Total Section 2)	_____
3. Life Insurance (Total Section 3)	_____
4. Stocks, Bonds, and Other Securities (Total Section 4)	_____
5. Value, Affiliate Business(s) (Total Section 5)	_____
6. Real Estate (Total Section 6)	_____
7. Personal Vehicles (Total Section 7)	_____
8. Other Personal Property (Total Section 8)	_____
9. Other Assets (Total Section 9)	_____
TOTAL ASSETS	\$ _____

**STATE OF FLORIDA
UNIFIED CERTIFICATION PROGRAM
PERSONAL NET WORTH STATEMENT**

SUMMARY PAGE #2

LIABILITIES

DOLLAR VALUE

10. Accounts Payable (Total Section 10)	\$ _____
11. Notes Payable (Total Section 11)	_____
12. Notes on Personal Vehicles (Total Section 7)	_____
13. Loan on Life Insurance (Total Section 3)	_____
14. Mortgages on Real Estate (Total Section 6)	_____
15. Unpaid Taxes (Total from Section 12)	_____
16. Other Liabilities (Total Section 13)	_____
TOTAL LIABILITIES	\$ _____

NET WORTH (Total Assets

Minus Total Liabilities)

\$ _____

EXHIBIT B

**State of Florida
Unified Certification Program**

**Disadvantaged Business Enterprise (DBE)
Affidavit For Continuing Eligibility**

DECLARATION

This declaration is executed under penalty of perjury of the laws of the United States and State of Florida.

PRINT NAME AND TITLE OF MAJORITY DISADVANTAGED OWNER: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS (If different): _____

BUSINESS PHONE: _____ FAX NUMBER: _____

DBE FIRM'S GROSS RECEIPTS (most recent complete year): \$ _____ (attach a copy of firm's tax return, Schedule C or a CPA Report. *You must include the gross receipts of any and all affiliate businesses together with their respective tax returns or income statements*)

HAS THERE BEEN A CHANGE IN OWNERSHIP THIS PAST YEAR? YES ___ NO ___ (If "yes," you must submit proof of investment; documents indicating race, gender, ethnicity and citizenship status; stock certificates, partnership agreements, Corporate Meeting Minutes etc. reflecting said changes for all new owners.)

DOES THE PERSONAL NET WORTH (PNW) OF ANY DISADVANTAGED OWNER EXCEED \$750,000? YES ___ NO ___ (If "yes," identify the owner(s)) *Personal Net Worth excludes your personal residence and the value of the DBE firm. Include all non-DBE business property, furnishings, jewelry, guns, stocks, bonds, IRAs, livestock, etc.*

HAS THERE BEEN A CHANGE IN MANAGEMENT? (Include Board of Directors for corporations) YES ___ NO ___ (If "Yes," you must provide the names of new management staff and a description of their duties and responsibilities.)

I understand that any material misrepresentation will be grounds for de-certification, and for initiation of actions under Federal and/or State laws regarding the making of false statements. I certify that there have been no material changes in the information provided with this firm's most recent complete application for DBE certification, except those heretofore conveyed, in writing, to: _____

STATE OF _____

Disadvantaged Owner's Printed Name

COUNTY OF _____

Disadvantaged Owner's Signature

Corporate Seal:

Sworn to and subscribed before me this ___ day of _____, 20____, by _____
(Affiant's Printed Name)

He/She is personally known to me or has produced _____ (type) as identification.

STATE OF _____

(Notary's Printed Name)

My Commission Expires

EXHIBIT C

State of Florida Unified Certification Program IMPLEMENTATION PLAN

<u>STEP</u>	<u>ACTION</u>	<u>TIME</u>
1	FUCPC Chairman notifies UCP Members when Secretary, USDOT, approves UCP Agreement.	Upon Approval
2	Members begin processing new DBE applications pursuant to the provisions of UCP Agreement. [UCP DBE Directory available by July 1, 2002] FDOT provides appropriate training in use of Internet-based system.	Upon Approval
3	FDOT instructs members to forward current DBE Directories and authentication letters pursuant to 3.04.	60 Days
4	FDOT combines Directories and forwards to Executive Committee Members.	30 Days
5	Executive Committee meets and designates a Responsible Certifying Member for each DBE firm.	60 Days
6	Members notified of Executive Committee decisions in Step 5, and are instructed to forward files to designated Responsible Certifying Members.	90 Days
7	Responsible Certifying Members review files of non-Florida firms. [If certified in its home state, a copy of DBE certification is obtained. If not certified in its home state, notice is given that its Florida certification will continue only if there is clear evidence that the firm is seeking home state DBE certification, and that absent such evidence its Florida certification will be revoked.]	90 Days
8	Executive Committee meets to discuss implementation and Progress, resolve issues and establish date for their next meeting.	30 Days
TOTAL TIME:		360 Days

EXHIBIT D

**STATE OF FLORIDA
UNIFIED CERTIFICATION PROGRAM
Disadvantaged Business Enterprise
On-Site Review Checklist**

FIRM: _____

LOCATION OF REVIEW: _____

REVIEWED BY: _____ **DATE:** _____

[Read to those present representing the applicant firm]

The purpose of an on-site review is to gather information sufficient to determine whether this firm is an on-going, independent small business that is at least 51 percent owned and controlled in both form and substance, by one or more socially and economically disadvantaged individuals.

This interview is being recorded, are there any objections? **YES / NO**

<u>OWNER NAME</u>	<u>TITLE</u>	<u>RACE/GENDER</u>	<u>% OWNED</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(List owners present at the review)

(Allow owner(s) to examine file.)

Does the file contain all of the information submitted by the firm? **YES / NO**

Have there been any changes since the application was filed? **YES / NO** (If "YES," describe the changes.)

ECONOMIC DISADVANTAGE

Which owners claim to be economically disadvantaged?

Were personal net worth statements for each of these owners and their spouses submitted with the firm's DBE application? **YES / NO.** [If "YES," were these personal net worth statements completed by a certified public accountant? **YES / NO.** If "YES," were the personal net worth statements properly completed, signed and notarized by the owner, his or her spouse and the CPA? **YES / NO.**] *(If current personal net worth statements for these owners and their spouses were not submitted, obtain copies of statements).*

HISTORY AND STRUCTURE OF THE FIRM

Recount the firm's history of development, i.e., who decided to start the business, when, why, etc.

What is the firm's current organizational structure?

Corporation: S _____ C _____ Sole Proprietorship _____ Partnership: _____

Joint Venture: _____ Other (specify): _____

Has the structure of the firm ever changed? **YES / NO** (If “**YES,**” explain changes.)

Is the firm the successor to another business? **YES / NO** (If “**YES,**” complete items a– c)

(a) Identify the previous firm by name, its owner(s) and the type(s) of service(s) it provided.

(b) Is the previous firm still active? **YES / NO** (If “**YES,**” explain any on-going relationship(s) between firms.)

(c) Are any owners or key employees of the previous firm presently involved in the DBE applicant firm? **YES / NO** (If “**YES,**” provide names, titles, positions and explain their roles in the firm.)

Has the firm filed bankruptcy in the past seven (7) years? **YES / NO** (If “YES,” explain and *obtain documentation showing the current status of bankruptcy proceedings.*)

OWNERSHIP / CAPITAL CONTRIBUTION

How were the ownership percentages established, and who made the determination?

What method of payment was made by current owners to establish their percentage of ownership? (*If this is an initial application, obtain appropriate documentation, to include any necessary supporting affidavits.*)

Does *cash* invested by owners appear as a deposit on the opening bank statement? **YES / NO** (If “NO,” explain.) (If “YES,” *obtain a copy of the opening bank statement*).

Were contributions *other than cash* used to establish ownership? **YES / NO** (If “YES,” detail such contributions, and quantify their monetary value relative to contributions of other owners. If contributions were technical expertise, define the nature of the expertise and quantify its monetary value. *Obtain Minutes quantifying value to the firm.*)

Were *real property, equipment or other assets* contributed in exchange for ownership? **YES / NO** (If “YES,” detail the nature and value of the assets relative to the contributions made by other owners. Note whether these contributions are recorded in the firm’s financial records as an investment. *Obtain copies of titles, bills of sale, receipts or necessary affidavits.*)

Are any disadvantaged owners married? **YES / NO** (If “YES,” were jointly held assets used to acquire ownership? **YES / NO**) (If “YES,” identify the assets, and determine whether the non-disadvantaged spouse has irrevocably transferred ownership of the firm to the disadvantaged spouse. *Obtain supporting documents.*)

Have all capital investments been recorded in the firm's Organizational Meeting Minutes? **YES / NO** (If "NO," explain.)

Were cash investments sufficient to provide initial working capital? **YES / NO** (If "NO," what other sources of capital were used?)

Is the firm partially owned by another business? **YES / NO** (If "YES," detail the ownership, explain any relationships and *obtain copies of any agreements.*)

Is there a voting trust, shareholder or other third party agreement that affects ownership, control or independence? **YES / NO** (If "YES," explain and *obtain copies.*)

MANAGEMENT AND CONTROL

Do the owners, officers, directors, managers or key employees of the firm have any ownership interest in or participate in the management of any other business? **YES / NO**
(If "YES," specify who, and explain any relationship between firms.)

Does the firm operate full time? **YES / NO** (Specify normal hours of operation, and determine whether disadvantaged owners are active during these hours.)

Do any disadvantaged owners work for another business? **YES / NO** (If "YES," identify the owners, and by whom they are employed. Describe any on-going relationships between firms and specify hours worked by disadvantaged owners.)

Are any Officers or members of the Board of Directors **NOT** active in the day-to-day management and operation of the firm? **YES / NO** (If “**YES**,” provide the names of inactive officers and/or members of the Board.)

What essential technical skills must owners, Officers, managers and key employees possess for this business to successfully operate?

Which owners, Officers, managers or key employees possess these essential skills?

Are the essential technical skills reflected in the resumes of disadvantaged owners? **YES / NO** (If “**NO**,” determine how these skills are provided to the firm. *If necessary, obtain updated resumes for disadvantaged owner(s).*)

How do disadvantaged owners control operations in each Industry Classification and/or Specialty Code work area identified in the DBE application?

What business, occupational, professional licenses, certifications or other designations are required for the firm to operate? (*List and obtain copies*).

Does the firm have all required licenses, certifications or designations required for it to legally perform the work listed on the DBE application? **YES / NO** (If “NO,” explain how the firm proposes to carry out such work.)

In whose name are licenses, certification and designations issued, and what position does the person hold with the firm?

Have there been any significant events or business accomplishments since start-up? **YES / NO** (If "YES," how did the disadvantaged owners contribute to or otherwise participate?)

PERSONNEL / OWNER RESPONSIBILITIES

Does the firm have enough employees to perform all work listed on the DBE application? **YES / NO** (If "NO," determine how the firm plans to obtain staffing necessary to perform work.)

Does the firm ever subcontract work? **YES / NO** (If "YES," determine with whom, when, why, how often this occurs. How much work is customarily subcontracted?)

Do non-disadvantaged owners receive salary and benefits greater than that enjoyed by disadvantaged owner(s)? **YES / NO** (If "YES," determine those involved and explain the reasoning behind same.)

Has the firm ever used employees that were being compensated by another business to perform work? **YES / NO** (If “**YES**,” explain who is involved, why and how often this occurs. Determine whether there are any on-going business relationships.)

Who makes the following decisions?

Overall Policy: _____	Financial: _____
Personnel: _____	Bidding: _____
Estimating: _____	Field Supervision: _____
Contracting: _____	Marketing: _____
Payroll: _____	Administrative: _____

Do disadvantaged owners delegate any of these decisions? **YES / NO** (If “**YES**,” determine to whom, and why, decisions are delegated. Have these responsibilities been permanently delegated? **YES / NO** If “**YES**,” do disadvantaged owners have authority to terminate the designee?)

NOTES, LOANS AND EQUIPMENT

Has the firm established a financial line of credit with a lending institution? **YES / NO**
(If "YES," specify the size of the line, and explain how it is secured. *Obtain a copy of the agreement*).

Has anyone, other than a disadvantaged owner, provided security or collateral to assist the firm in acquiring financing? **YES / NO** (If "YES," ascertain the amount of assistance or financing, the type and value of security pledged and *obtain a copy of the finance agreement*. Determine whether anyone is more at risk for business debt than disadvantaged owners, and why.)

Has the firm ever used the equipment of another business to perform its work? **YES / NO** (If "YES," explain the circumstances and determine whether the other business invoiced the applicant for use of equipment.)

OBSERVATIONS / COMMENTS

Describe the firm's offices, warehouses, shops, yards and related facilities.

- | | |
|---|----------|
| Is the firm identified with a sign? | YES / NO |
| Do disadvantaged owner's offices reflect their position? | YES / NO |
| Does the firm share office space with other firms? | YES / NO |
| Is there a lease for the firm's office/facilities? | YES / NO |
| Are there canceled checks for payment of rents? | YES / NO |
| Review payroll. Are employees being paid, and is compensation within prevailing wage rates? | YES / NO |
| Are 1099's being completed for independent contractors? | YES / NO |
| Review 3 months of canceled checks. Are disadvantaged owners in control of financial matters? | YES / NO |
| Review routine office correspondence. Does this indicate that disadvantaged owners are in control? | YES / NO |
| Review the firm's corporate records (i.e. stock certificates, transfer ledger, minutes, etc.). Do these support ownership, control and independence as portrayed in the DBE application? | YES / NO |
| Review the three largest contracts or bids, proposals, estimates, invoices etc. for the past year. Do these support the disadvantaged owner's control as well as business independence? | YES / NO |

If the DBE application included code #220,
"Material Supplier" or "Regular Dealer,"
does the firm meet the definition defined in Rule? **YES / NO**

If the DBE application included "Trucking or "TRK," does
the firm own and operate at least one truck? **YES / NO**

Review disadvantaged owner personal net worth statement(s). **YES / NO**
Does the statement support the claim of economic
disadvantage in each case?

Does the firm possess the necessary personnel, equipment
and other resources to perform the types of work listed on
the DBE application? **YES / NO**

Review the disadvantaged owner resumes. **YES / NO**
Are disadvantaged owners controlling critical areas
in all types of work listed on the DBE application?

***Outline and explain responses that raise concerns about the firm's ownership, control
or independence.***

REGULAR DEALER / MATERIAL SUPPLIER

Is the firm applying for DBE certification as a Regular Dealer or Material Supplier? **YES / NO** (If "YES," complete the remainder of this section.)

What materials does the firm supply or propose to supply?

Does the firm install or otherwise provide material related services at the job site? **YES / NO**

What is the normal market for materials? (Are they available to the general public; bulk items; specialty items etc.?)

Does the firm have an inventory? **YES / NO** (If "YES," *obtain a current inventory.*)

How are materials delivered to the job site?

Does the firm make any change to material items before they are sold and delivered?
YES / NO (If "YES," explain the changes made.)

At what point in the ordering to delivery cycle does the firm assume ownership of the goods or materials?

When materials are direct shipped to the job-site, who makes arrangements, and who pays for shipping?

Does the firm have it's own delivery mechanism and resources? **YES / NO** (If "YES," describe them. If "NO," explain how the firm intends to accomplish delivery.)

Does the firm have a history as a Material Supplier or Regular Dealer? **YES / NO** (If "YES," review historical information regarding inventories, purchases, sales and deliveries).

TRUCKING FIRMS

Does the DBE application reflect that the firm will provide trucking or hauling services? **YES / NO** (If “**YES**,” complete the remainder of this section.)

- (a) How many trucks does the firm **own or lease long term, with an option to purchase?**

(Obtain copies of all Bills of Sale and titles or registrations)

- (b) How many trucks does the firm **lease long term?**

(Obtain copies of lease agreements and vehicle registrations.)

- © How many CDL drivers are on the firm’s payroll?

- (d) Are all of the foregoing vehicles regularly used in day-to-day trucking/hauling operations? **YES / NO** (If “**NO**,” determine why not. If “**YES**,” *obtain copies of payrolls, trip tickets, maintenance and fuel records, etc. which support day-to-day usage, ONLY when there may be some uncertainty in this area.*)

- (e) Does the firm have required insurance coverage on it’s owned and leased vehicles? **YES / NO** (If “**NO**,” explain how the firm intends to operate vehicles legally on roadways).

STATE OF FLORIDA
UNIFIED CERTIFICATION PROGRAM
DISADVANTAGED BUSINESS ENTERPRISE (DBE)
OWNER AFFIDAVIT

I, _____, do solemnly swear or affirm that I am
(Printed Name of Owner)

a socially and economically disadvantaged individual, and that I am majority owner of _____
(Name of Business). I have submitted an application for
certification as a Disadvantaged Business Enterprise (DBE) dated _____
_____, 20____.

I have, this day, reviewed the DBE application and supporting documents contained in my file, and I affirm that the information contained therein is true and correct.

I have voluntarily represented my business at an On-Site Review conducted this date, and I affirm that the statements I have given are true.

I hereby represent that my business is a Socially and Economically Disadvantaged Business as provided by law, subject to the provisions of Florida Statute 337.135, as amended, 1987.

I further swear or affirm that I have been advised that a violation of Florida Statute 337.135 is a felony of the 2nd Degree, and is punishable as provided by law.

_____, 20____
(Signature of Individual) *(Date)*

Witness: _____
(Signature)

Witness: _____
(Signature)

