

**State of Florida
USDOT Recipients**

Unified Certification Program

Pursuant to 49 CFR Part 26

Approved: Secretary, U.S. Department of Transportation

By, **Jeffrey A. Rosen, General Counsel**

This 25 Day of March 2004

Date Prepared: January 16, 2004

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

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 Members
- EXHIBIT B State of Florida, Unified Certification Program, Disadvantaged Business Enterprise Application
- EXHIBIT C State of Florida, Unified Certification Program, Affidavit For Continuing Eligibility
- EXHIBIT D State of Florida, Unified Certification Program, Implementation Plan
- EXHIBIT E 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 on the same basis as recipients; 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, all certification by the UCP shall be pre-certification, i.e., certifications that have been made final before the due date for bids or offers on a contract on which a firm seeks to participate as a DBE; 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, all obligations of recipients with respect to certification and nondiscrimination must be carried out by UCPs, and that recipients may use only UCPs that comply with the certification and nondiscrimination 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**

A Small Business Concern is as defined in Small Business Administration regulation 13 CFR Part 121 and in 49 CFR, Part 26; Section 65.

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**

Pursuant to Section 26.81(a), all USDOT recipients in this State shall participate in a UCP.

All recipients, including airports and transit properties, that receive funds directly from FHWA, FAA or FTA must agree in writing to participate as members in the UCP.

Signatures to the UCP agreement of all USDOT recipients in this State 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. Pursuant to 49 CFR, Section 26.31, 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 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.

3.05.3 The Executive Committee will advise all UCP Members when it appears resources and expertise are not sufficient to carry out the requirements of 49 CFR Section 26.81.

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.

Certification decisions made by UCP Certifying Members shall be binding on all DOT recipients with respect to participation in the DBE Program. In the event of a conflict, the UCP, through the Executive Committee, shall make a final decision, 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.

5.04 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.

5.05 **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.

5.06 **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 A majority of those recipients having agreed in writing to participate as members of the UCP shall constitute a quorum for conducting UCP business.

5.06.3 When a quorum is established at a meeting, 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 Fees**

The UCP may assess its Members such fees as may, from time to time, be required in order to operate and maintain the UCP, ensuring that resources and expertise are sufficient.

The Executive Committee shall certify the need for a fee assessment to Members at statewide membership meeting, and shall recommend a fee amount to the Members.

Members shall vote to approve the imposition of any such fee.

UCP Members that receive less than \$250,000.00 annually from USDOT shall be exempt from the payment of any such fees.

10.02 **DBE Applicant Firms**

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

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 _____ 2004, by authorized signatures, and attached resolutions if appropriate.

ATTEST:

Signatory Entity Name, printed

Signature

Signature and Title

Name, printed

Name and Title, printed

This _____ day of _____, 2004

Approved as to form:

(Attorney for Signatory)

Certifying Member Status

Non-Certifying Member Status

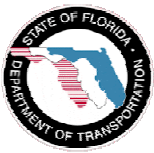
FLORIDA UCP (EXHIBIT A)

USDOT recipients and/or local government entities signing the Uniform Certification Program (UCP) Agreement as of 2/28/02, and who then provided the required signature page to FDOT.

Below are the recipient or government entity represented on the document signed, and the primary person to contact relative to the UCP. This list reflects only **one (1)** primary contact individual per UCP signatory.

1. Florida Department of Transportation
(850) 414-4747
Arthur Wright
arthur.wright@dot.state.fl.us
2. Melbourne Airport Authority
(321) 723-6227 (x. 220)
Michelle Byron
mbyron@mlbair.com
3. Hillsborough County Aviation Authority
(813) 870-8789
Diane Pryor-Vercelli
d.vercelli@tampaairport.com
4. Sarasota Manatee Airport Authority
(941) 359-5000 (x. 214)
Richard Rossi
richardr@srq-airport.com
5. Panama City-Bay County Airport
& Industrial District
(850) 763-6751 (x 202)
Pam Henderson
phenderson@pcairport.com
6. Council on Aging of St. Lucie, Inc.
(772) 879-1287
Marianne Arbore
marbore@coasl.com
7. St. Lucie County
(772) 462-1772
Beth Ryder
beth@co.st-lucie.fl.us
8. City of Ocala
(352) 629-8529
Normand Belleville
nbelleville@ocalafl.org
9. Broward County
(954) 357-7357
Pamela Madison
pmadison@broward.org
10. Panama City MPO
(850) 595-8910
Mary Bo Robinson
robinsonm@wfrpc.dst.fl.us
11. Pinellas Suncoast Transit Authority
(727) 533-4362
Scott Gerke
sgerke@psta.net
12. Miami-Dade County
(305) 375-3636
Francisco Fernandez
frfer@miamidade.gov
13. LYNX/Central Florida
Regional Transportation Authority
(407) 841-2279 (x 2130)
Maria Rivera
mrivera@golynx.com

14. City of Tallahassee
(850) 891-8184
Ben Harris
harrisb@talgov.com
15. Lee County Port Authority
(941) 768-4859
Charles Taylor
cftaylor@swfia.com
16. Jacksonville Airport Authority
(904) 741-2426
Ivy Philon-Johnson
ivyp@jaxairports.org
17. Volusia County
(386) 822-5771
Julio Holness
jholness@co.volusia.fl.us
18. Escambia County Area Transit
(850) 595-3228 (x 12)
Ramona Cavazos
ramona_cavazos@co.escambia.fl.us
19. Jacksonville Transportation Authority
(904) 630-3111
Deirdre Kyle
dkyle@jtaonthemove.com
20. Sarasota County Transportation Authority
(941) 861-1018
Dominick Locascio
dlocasci@co.sarasota.fl.us
21. Tri-County Commuter Rail Authority
(954) 788-7898
Loraine Kelly-Cargill
kellycargill@tri-rail.com
22. City of St. Petersburg
(727) 892-5180
Shrimatee Ojah-Maharaj
Shrimatee.Ojah-Maharaj@stpete.org
23. St. Petersburg/Clearwater International Airport
(727) 453-7805
Lynn Marschang
gmarscha@co.pinellas.fl.us
24. Greater Orlando Aviation Authority
(407) 825-7133
Sylvia Ross
sross@goaa.org
25. Lee County Transit
(941) 277-5012 (x 2231)
Susan Riley
rileysp@leegov.com
26. Okaloosa County
(850) 651-7533
Christy Johnson



Disadvantaged Business Enterprise Program
49 CFR part 26
Uniform Certification Application (EXHIBIT B)



Roadmap for Applicants

Should I apply?

- Is your firm at least 51%-owned by a socially and economically disadvantaged individual(s) who also controls the firm?
- Is the disadvantaged owner a U.S. citizen or lawfully admitted permanent resident of the U.S.?
- Is your firm a small business that meets the Small Business Administration's (SBA's) size standard and does not exceed \$17.42 million in gross annual receipts?
- Is your firm organized as a for-profit business?

⇒ If you answered "Yes" to all of the questions above, you may be eligible to participate in the U.S. DOT DBE program.

Is there an easier way to apply?

If you are currently certified by the SBA as an 8(a) and/or SDB firm, you may be eligible for a streamlined certification application process. Under this process, the certifying agency to which you are applying will accept your current SBA application package in lieu of requiring you to fill out and submit this form. **NOTE: You must still meet the requirements for the DBE program, including undergoing an on-site review.**

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

Where can I find more information?

- U.S. DOT – <http://osdbuweb.dot.gov/business/dbe/index.html> (this site provides useful links to the rules and regulations governing the DBE program, questions and answers, and other pertinent information)
- SBA – <http://www.ntis.gov/naics> (provides a listing of NAICS codes) and <http://www.sba.gov/size/indextableofsize.html> (provides a listing of SIC codes)
- 49 CFR Part 26 (the rules and regulations governing the DBE program)

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

INSTRUCTIONS FOR COMPLETING THE DISADVANTAGED BUSINESS ENTERPRISE (DBE) PROGRAM UNIFORM CERTIFICATION APPLICATION

NOTE: If you require additional space for any question in this application, please attach additional sheets or copies as needed, taking care to indicate on each attached sheet/copy the section and number of this application to which it refers.

Section 1: CERTIFICATION INFORMATION

A. Prior/Other Certifications

Check the appropriate box indicating for which program your firm is currently certified. If you are already certified as a DBE, indicate in the appropriate box the name of the certifying agency that has previously certified your firm, and also indicate whether your firm has undergone an onsite visit. If your firm has already undergone an onsite visit/review, indicate the most recent date of that review and the state UCP certifying member that conducted the review.

NOTE: If your firm is currently certified under the SBA's 8(a) and/or SDB programs, you may not have to complete this application. You should contact your state UCP certifying member to find out about a streamlined application process for firms that are already certified under the 8(a) and SDB programs.

B. Prior/Other Applications and Privileges

Indicate whether your firm or any of the persons listed has ever withdrawn an application for a DBE program or an SBA 8(a) or SDB program, or whether any have ever been denied certification, decertified, debarred, suspended, or had bidding privileges denied or restricted by any state or local agency or Federal entity. If your answer is yes, indicate the date of such action, identify the name of the agency, and explain fully the nature of the action in the space provided.

Section 2: GENERAL INFORMATION

A. Contact Information

- (1) State the name and title of the person who will serve as your firm's primary contact under this application.
- (2) State the legal name of your firm, as indicated in your firm's Articles of Incorporation.
- (3) Indicate the primary phone number of your firm.
- (4) Indicate a secondary phone number, if any.
- (5) Indicate your firm's fax number, if any.
- (6) Indicate your firm's or your contact person's email address.
- (7) Indicate your firm's website address, if any.
- (8) State the street address of your firm (i.e. the physical location of its offices -- not a post office box address).
- (9) State the mailing address of your firm, if it is different from your firm's street address.

B. Business Profile

- (1) In the box provided, briefly describe the primary business and professional activities in which your firm engages.
- (2) Give the Federal Tax ID number of your firm as provided on your firm's filed tax returns, if you have one. This could also be the Social Security number of the owner of your firm.
- (3) Give the date on which your firm was officially established, as stated in your firm's Articles of Incorporation.

- (4) Give the date on which you and/or each other owner took ownership of the firm.
- (5) Check the appropriate box that describes the manner in which you and each other owner acquired ownership of your firm. If you checked "Other," explain in the space provided.
- (6) Check the appropriate box that indicates whether your firm is "for profit."
NOTE: If you checked "No," then you do NOT qualify for the DBE program and therefore do not need to complete the rest of this application. The DBE program requires all participating firms be for-profit enterprises.
- (7) Check the appropriate box that describes the legal form of ownership of your firm, as indicated in your firm's Articles of Incorporation. If you checked "Other," briefly explain in the space provided.
- (8) Check the appropriate box that indicates whether your firm has ever existed under different ownership, a different type of ownership, or a different name. If you checked "Yes," specify which and briefly explain the circumstances in the space provided.
- (9) Indicate in the spaces provided how many employees your firm has, specifying the number of employees who work on a full-time and part-time basis.
- (10) Specify the total gross receipts of your firm for each of the past three years, as declared in your firm's filed tax returns.

C. Relationships with Other Businesses

- (1) Check the appropriate box that indicates whether your firm is co-located at any of its business locations, or whether your firm shares a telephone number(s), a post office box, any office space, a yard, warehouse, other facilities, any equipment, or any office staff with any other business, organization, or entity of any kind. If you answered "Yes," then specify the name of the other firm(s) and briefly explain the nature of the shared facilities or other items in the space provided.
- (2) Check the appropriate box that indicates whether at present, or at any time in the past:
 - (a) your firm has been a subsidiary of any other firm;
 - (b) your firm consisted of a partnership in which one or more of the partners are other firms;
 - (c) your firm has owned any percentage of any other firm; and
 - (d) your firm has had any subsidiaries of its own.
- (3) Check the appropriate box that indicates whether any other firm has ever had an ownership interest in your firm.

- (4) If you answered “Yes” to any of the questions in (2)(a)-(d) or (3), identify the name, address and type of business for each.

D. Immediate Family Member Businesses

Check the appropriate box that indicates whether any of your immediate family members own or manage another company. An “immediate family member” is any person who is your father, mother, husband, wife, son, daughter, brother, sister, grandmother, grandfather, grandson, granddaughter, mother-in-law, or father-in-law. If you answered “Yes,” provide the name of each relative, your relationship to them, the name of the company they own or manage the type of business, and whether they own or manage the company.

Section 3: OWNERSHIP

Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below (if your firm has more than one owner, provide completed copies of this section for each additional owner):

A. Background Information

- (1) Give the name of the owner.
- (2) State his/her title or position within your firm.
- (3) Give his/her home phone number.
- (4) State his/her home (street) address.
- (5) Check the appropriate box that indicates this owner’s gender.
- (6) Check the appropriate box that indicates this owner’s ethnicity (check all that apply). If you checked “Other,” specify this owner’s ethnic group/identity not otherwise listed.
- (7) Check the appropriate box to indicate whether this owner is a U.S. citizen.
- (8) If this owner is not a U.S. citizen, check the appropriate box that indicates whether this owner is a lawfully admitted permanent resident. If this owner is neither a U.S. citizen nor a lawfully admitted permanent resident of the U.S., then this owner is NOT eligible for certification as a DBE owner. This, however, does not necessarily disqualify your firm altogether from the DBE program if another owner is a U.S. citizen or lawfully admitted permanent resident and meets the program’s other qualifying requirements.

B. Ownership Interest

- (1) State the number of years during which this owner has been an owner of your firm.
- (2) Indicate the dollar value of this owner’s initial investment to acquire an ownership interest in your firm, broken down by cash, real estate, equipment, and/or other investment.
- (3) State the percentage of total ownership control of your firm that this owner possesses.
- (4) State the familial relationship of this owner to each other owner of your firm.
- (5) Indicate the number, percentage of the total, class, date acquired, and method by which this owner acquired his/her shares of stock in your firm.

- (6) Check the appropriate box that indicates whether this owner performs a management or supervisory function for any other business. If you checked “Yes,” state the name of the other business and this owner’s title or function held in that business.

- (7) Check the appropriate box that indicates whether this owner owns or works for any other firm(s) that has any relationship with your firm. If you checked “Yes,” identify the name of the other business and this owner’s title or function held in that business. Briefly describe the nature of the business relationship in the space provided.

C. Disadvantaged Status

NOTE: You only need to complete this section for each owner that is applying for DBE qualification (i.e. for each owner who is claiming to be “socially and economically disadvantaged” and whose ownership interest is to be counted toward the control and 51% ownership requirements of the DBE program)

- (1) Indicate in the space provided the total Personal Net Worth (PNW) of each owner who is applying for DBE qualification. Use the PNW calculator form at the end of this application to compute each owner’s PNW.
- (2) Check the appropriate box that indicates whether any trust has ever been created for the benefit of this disadvantaged owner. If you answered “Yes,” briefly explain the nature, history, purpose, and current value of the trust(s).

Section 4: CONTROL

A. Identify your firm's Officers and Board of Directors:

- (1) In the space provided, state the name, title, date of appointment, ethnicity, and gender of each officer of your firm.
- (2) In the space provided, state the name, title, date of appointment, ethnicity, and gender of each individual serving on your firm’s Board of Directors.
- (3) Check the appropriate box that indicates whether any of your firm’s officers and/or directors listed above performs a management or supervisory function for any other business. If you answered “Yes,” identify each person by name, his/her title, the name of the other business in which s/he is involved, and his/her function performed in that other business.
- (4) Check the appropriate box that indicates whether any of your firm’s officers and/or directors listed above own or work for any other firm(s) that has a relationship with your firm. If you answered “Yes,” identify the name of the firm, the officer or director, and the nature of his/her business relationship with that other firm.

B. Identify your firm's management personnel (by name, title, ethnicity, and gender) who control your firm in the following areas:

- (1) Making of financial decisions on your firm's behalf, including the acquisition of lines of credit, surety bonds, supplies, etc.;
- (2) Estimating and bidding, including calculation of cost estimates, bid preparation and submission;
- (3) Negotiating and contract execution, including participation in any of your firm's negotiations and executing contracts on your firm's behalf;
- (4) Hiring and/or firing of management personnel, including interviewing and conducting performance evaluations;
- (5) Field/Production operations supervision, including site supervision, scheduling, project management services, etc.;
- (6) Office management;
- (7) Marketing and sales;
- (8) Purchasing of major equipment;
- (9) Signing company checks (for any purpose); and
- (10) Conducting any other financial transactions on your firm's behalf not otherwise listed.
- (11) Check the appropriate box that indicates whether any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business. If you answered "Yes," identify each person by name, his/her title, the name of the other business in which s/he is involved, and his/her function performed in that other business.
- (12) Check the appropriate box that indicates whether any of the persons listed in (1) through (10) above own or work for any other firm(s) that has a relationship with your firm. If you answered "Yes," identify the name of the firm, the name of the person, and the nature of his/her business relationship with that other firm.

C. Indicate your firm's inventory in the following categories:

- (1) **Equipment**
State the type, make and model, and current dollar value of each piece of equipment held and/or used by your firm. Indicate whether each piece is either owned or leased by your firm.
- (2) **Vehicles**
State the type, make and model, and current dollar value of each motor vehicle held and/or used by your firm. Indicate whether each vehicle is either owned or leased by your firm.
- (3) **Office Space**
State the street address of each office space held and/or used by your firm. Indicate whether your firm owns or leases the office space and the current dollar value of that property or its lease.
- (4) **Storage Space**
State the street address of each storage space held and/or used by your firm. Indicate whether your firm owns or leases the storage space and the current dollar value of that property or its lease.

D. Does your firm rely on any other firm for management functions or employee payroll?

Check the appropriate box that indicates whether your firm relies on any other firm for management functions or for employee payroll. If you answered

"Yes," briefly explain the nature of that reliance and the extent to which the other firm carries out such functions.

E. Financial Information

(1) Banking Information

- (a) State the name of your firm's bank.
- (b) Give the main phone number of your firm's bank branch.
- (c) Give the address of your firm's bank branch.

(2) Bonding Information

- (a) State your firm's Binder Number.
- (b) State the name of your firm's bond agent and/or broker.
- (c) Give your agent's/broker's phone number.
- (d) Give your agent's/broker's address.
- (e) State your firm's bonding limits (in dollars), specifying both the Aggregate and Project Limits.

F. Identify all sources, amounts, and purposes of money loaned to your firm, including the names of persons or firms securing the loan, if other than the listed owner:

State the name and address of each source, the original dollar amount and the current balance of each loan, and the purpose for which each loan was made to your firm.

G. List all contributions or transfers of assets to/from your firm and to/from any of its owners over the past two years:

Indicate in the spaces provided, the type of contribution or asset that was transferred, its current dollar value, the person or firm from whom it was transferred, the person or firm to whom it was transferred, the relationship between the two persons and/or firms, and the date of the transfer.

H. List current licenses/permits held by any owner or employee of your firm.

List the name of each person in your firm who holds a professional license or permit, the type of permit or license, the expiration date of the permit or license, and the license/permit number and issuing State of the license or permit.

I. List the three largest contracts completed by your firm in the past three years, if any.

List the name of each owner or contractor for each contract, the name and location of the projects under each contract, the type of work performed on each contract, and the dollar value of each contract.

J. List the three largest active jobs on which your firm is currently working.

For each active job listed, state the name of the prime contractor and the project number, the location, the type of work performed, the project start date, the anticipated completion date, and the dollar value of the contract.

AFFIDAVIT & SIGNATURE

Carefully read the attached affidavit in its entirety. Fill in the required information for each blank space, and sign and date the affidavit in the presence of a Notary Public, who must then notarize the form.

DBE UNIFORM CERTIFICATION APPLICATION SUPPORTING DOCUMENTS CHECKLIST
In order to complete your application for DBE certification, you must attach copies of all of the following documents as they apply to you and your firm.

All Applicants

- √ Work experience resumes (that include places of ownership/employment with corresponding dates), for all owners and officers of your firm
- √ Personal Financial Statement (form available with this application)
- √ Personal tax returns for the past three years, if applicable, for each owner claiming disadvantaged status
- √ Your firm's tax returns (gross receipts) and all related schedules for the past three years
- √ Documented proof of contributions used to acquire ownership for each owner (*e.g. both sides of cancelled checks*)
- √ Your firm's signed loan agreements, security agreements, and bonding forms
- √ Descriptions of all real estate (including office/storage space, etc.) owned/leased by your firm and documented proof of ownership/signed leases
- √ List of equipment leased and signed lease agreements
- √ List of construction equipment and/or vehicles owned and titles/proof of ownership
- √ Documented proof of any transfers of assets to/from your firm and/or to/from any of its owners over the past two years
- √ Year-end balance sheets and income statements for the past three years (*or life of firm, if less than three years*); a new business must provide a current balance sheet
- √ All relevant licenses, license renewal forms, permits, and haul authority forms
- √ DBE and SBA 8(a) or SDB certifications, denials, and/or decertifications, if applicable
- √ Bank authorization and signatory cards
- √ Schedule of salaries (or other compensation or remuneration) paid to all officers, managers, owners, and/or directors of the firm
- √ Trust agreements held by any owner claiming disadvantaged status, if any

Partnership or Joint Venture

- √ Original and any amended Partnership or Joint Venture Agreements

Corporation or LLC

- √ Official Articles of Incorporation (*signed by the state official*)
- √ Both sides of all corporate stock certificates and your firm's stock transfer ledger
- √ Shareholders' Agreement
- √ Minutes of all stockholders and board of directors meetings
- √ Corporate by-laws and any amendments
- √ Corporate bank resolution and bank signature cards
- √ Official Certificate of Formation and Operating Agreement with any amendments (for LLCs)

Trucking Company

- √ Documented proof of ownership of the company
- √ Insurance agreements for each truck owned or operated by your firm
- √ Title(s) and registration certificate(s) for each truck owned or operated by your firm
- √ List of U.S. DOT numbers for each truck owned or operated by your firm

Regular Dealer

- √ Proof of warehouse ownership or lease
- √ List of product lines carried
- √ List of distribution equipment owned and/or leased

NOTE: The specific state UCP to which you are applying may have additional required documents that you must also supply with your application. Contact the appropriate certifying agency to which you are applying to find out if more is required.

Section 1: CERTIFICATION INFORMATION

A. Prior/Other Certifications

Is your firm currently certified for any of the following programs? <i>(If Yes, check appropriate box(es))</i>	<input type="checkbox"/> DBE	Name of certifying agency:
		Has your firm's state UCP conducted an on-site visit?
		<input type="checkbox"/> Yes, on ___/___/___ State: _____ <input type="checkbox"/> No
	<input type="checkbox"/> 8(a)	⊗ STOP! If you checked either the 8(a) or SDB box, you <u>may not</u> have to complete this application. Ask your state UCP about the streamlined application process under the SBA-DOT MOU.
<input type="checkbox"/> SDB		

B. Prior/Other Applications and Privileges

Has your firm (under any name) or any of its owners, Board of Directors, officers or management personnel, ever withdrawn an application for any of the programs listed above, or ever been denied certification, decertified, or debarred or suspended or otherwise had bidding privileges denied or restricted by any state or local agency, or Federal entity? <input type="checkbox"/> Yes, on ___/___/___ <input type="checkbox"/> No If Yes, identify State and name of state, local, or Federal agency and explain the nature of the action: _____ _____	
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

Section 2: GENERAL INFORMATION

A. Contact Information

(1) Contact person and Title:	(2) Legal name of firm:			
(3) Phone #:	(4) Other Phone #:	(5) Fax #:		
(6) E-mail:	(7) Website <i>(if have one)</i> :			
(8) Street address of firm <i>(No P.O. Box)</i> :	City:	County/Parish:	State:	Zip:
(9) Mailing address of firm <i>(if different)</i> :	City:	County/Parish:	State:	Zip:

B. Business Profile

(1) Describe the primary activities of your firm:	(2) Federal Tax ID (if any)
(3) This firm was established on ___/___/___	(4) I/We have owned this firm since: ___/___/___
(5) Method of acquisition <i>(check all that apply)</i> : <input type="checkbox"/> Started new business <input type="checkbox"/> Bought existing business <input type="checkbox"/> Inherited business <input type="checkbox"/> Secured concession <input type="checkbox"/> Merger or consolidation <input type="checkbox"/> Other <i>(explain)</i> _____	
(6) Is your firm "for profit"? <input type="checkbox"/> Yes <input type="checkbox"/> No	⊗ STOP! If your firm is NOT for-profit, then you do NOT qualify for this program and do NOT need to fill out this application.

(7) Type of firm (check all that apply):

Sole Proprietorship

Partnership

Corporation

Limited Liability Partnership

Limited Liability Corporation

Joint Venture

Other, Describe: _____

(8) Has your firm ever existed under different ownership, a different type of ownership, or a different name?
 Yes No
 If Yes, explain: _____

(9) Number of employees: Full-time _____ Part-time _____ Total _____

(10) Specify the gross receipts of the firm for the last 3 years: Year _____ Total receipts \$ _____
 Year _____ Total receipts \$ _____
 Year _____ Total receipts \$ _____

C. Relationships with Other Businesses

(1) Is your 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?
 Yes No

If Yes, identify: Other Firm's name: _____
 Explain nature of shared facilities: _____

(2) At present, or at any time in the past, has your firm:	(a) been a subsidiary of any other firm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(b) consisted of a partnership in which one or more of the partners are other firms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(c) owned any percentage of any other firm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(d) had any subsidiaries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(3) Has any other firm had an ownership interest in your firm at present or at any time in the past? Yes No

(4) If you answered "Yes" to any of the questions in (2)(a)-(d) and/or (3), identify the following for each (attach extra sheets, if needed):

	<u>Name</u>	<u>Address</u>	<u>Type of Business</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

D. Immediate Family Member Businesses

Do any of your immediate family members own or manage another company? Yes No

If Yes, then list (attach extra sheets, if needed):

	<u>Name</u>	<u>Relationship</u>	<u>Company</u>	<u>Type of Business</u>	<u>Own or Manage?</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____

Section 3: OWNERSHIP

Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below *(If more than five owners, attach separate sheets for each additional owner):*

A. Background Information

(1) Name:	(2) Title:	(3) Home Phone #:
(4) Home Address <i>(street and number)</i> : _____ City: _____ State: _____ Zip: _____		
(5) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	(6) Ethnic group membership <i>(Check all that apply)</i> : <input type="checkbox"/> Black	
(7) U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian Pacific	
(8) Lawfully Admitted Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Subcontinent Asian	
	<input type="checkbox"/> Other <i>(specify)</i> _____	

B. Ownership Interest

(1) Number of years as owner:	(2) Initial investment to acquire ownership interest in firm:	Type	Dollar Value
(3) Percentage owned:		Cash	<input type="checkbox"/> \$
(4) Familial relationship to other owners:		Real Estate	<input type="checkbox"/> \$
		Equipment	<input type="checkbox"/> \$
		other	<input type="checkbox"/> \$
(5) Shares of Stock: <u>Number</u> <u>Percentage</u> <u>Class</u> <u>Date acquired</u> <u>Method Acquired</u>			

(6) Does this owner perform a management or supervisory function for any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, identify: Name of Business: _____ Function/Title: _____			
(7) Does this owner own or work for any other firm(s) that has a relationship with this firm <i>(e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, identify: Name of Business: _____ Function/Title: _____			
Nature of Business Relationship: _____			

C. Disadvantaged Status – NOTE: Complete this section only for each owner applying for DBE qualification (i.e. for each owner claiming to be socially and economically disadvantaged)

(1) What is the Personal Net Worth (PNW) of the owner(s) applying for DBE qualification? <i>(Use and attach the Personal Financial Statement form at the end of this application; attach additional sheets if more than one owner is applying)</i>
(2) Has any trust been created for the benefit of this disadvantaged owner(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain <i>(attach additional sheets if needed)</i> :

Section 4: CONTROL

A. Identify your firm's Officers & Board of Directors *(If additional space is required, attach a separate sheet):*

	Name	Title	Date Appointed	Ethnicity	Gender
(1) Officers of the Company	(a)				
	(b)				
	(c)				
	(d)				
	(e)				
(2) Board of Directors	(a)				
	(b)				
	(c)				
	(d)				
	(e)				

(3) Do any of the persons listed in (1) and/or (2) above perform a management or supervisory function for any other business? Yes No

If Yes, identify for each: Person: _____ Title: _____

Business: _____ Function: _____

(4) Do any of the persons listed (1) and/or (2) above own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)? Yes No

If Yes, identify for each: Firm Name: _____ Person: _____

Nature of Business Relationship:

B. Identify your firm's management personnel who control your firm in the following areas *(If more than two persons, attach a separate sheet):*

	Name	Title	Ethnicity	Gender
(1) Financial Decisions <i>(responsibility for acquisition of lines of credit, surety bonding, supplies, etc.)</i>	a.			
	b.			
(2) Estimating and bidding	a.			
	b.			
(3) Negotiating and Contract Execution	a.			
	b.			
(4) Hiring/firing of management personnel	a.			
	b.			
(5) Field/Production Operations Supervisor	a.			
	b.			
(6) Office management	a.			
	b.			
(7) Marketing/Sales	a.			
	b.			
(8) Purchasing of major equipment	a.			
	b.			
(9) Authorized to Sign Company Checks (for any purpose)	a.			
	b.			
(10) Authorized to make Financial Transactions	a.			
	b.			

(11) Do any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business? Yes No

If Yes, identify for each: Person: _____ Title: _____

Business: _____ Function: _____

(12) Do any of the persons listed in (1) through (10) above own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)?

Yes No

If Yes, identify for each: Firm Name: _____ Person: _____

Nature of Business Relationship: _____

C. Indicate your firm's inventory in the following categories (attach additional sheets if needed):

(1) Equipment

Type of Equipment	Make/Model	Current Value	Owned or Leased?
(a)			
(b)			
(c)			

(2) Vehicles

Type of Vehicle	Make/Model	Current Value	Owned or Leased?
(a)			
(b)			
(c)			

(3) Office Space

Street Address	Owned or Leased?	Current Value of Property or Lease
(a)		
(b)		

(4) Storage Space

Street Address	Owned or Leased?	Current Value of Property or Lease
(a)		
(b)		

D. Does your firm rely on any other firm for management functions or employee payroll? Yes No

If Yes, explain:

E. Financial Information

(1) Banking Information:

(a) Name of bank: _____ (b) Phone No: () _____

(c) Address of bank: _____ City: _____ State: _____ Zip: _____

(2) **Bonding Information:** If you have bonding capacity, identify: (a) Binder No: _____
 (b) Name of agent/broker _____ (c) Phone No: () _____
 (d) Address of agent/broker: _____ City: _____ State: _____ Zip: _____
 (e) Bonding limit: Aggregate limit \$ _____ Project limit \$ _____

F. Identify all sources, amounts, and purposes of money loaned to your firm, including the names of any persons or firms securing the loan, if other than the listed owner:

Name of Source	Address of Source	Name of Person Securing the Loan	Original Amount	Current Balance	Purpose of Loan
1.					
2.					
3.					

G. List all contributions or transfers of assets to/from your firm and to/from any of its owners over the past two years (attach additional sheets if needed):

Contribution/Asset	Dollar Value	From Whom Transferred	To Whom Transferred	Relationship	Date of Transfer
1.					
2.					
3.					

H. List current licenses/permits held by any owner and/or employee of your firm (e.g. contractor, engineer, architect, etc.) (attach additional sheets if needed):

Name of License/Permit Holder	Type of License/Permit	Expiration Date	License Number and State
1.			
2.			
3.			

I. List the three largest contracts completed by your firm in the past three years, if any:

Name of Owner/Contractor	Name/Location of Project	Type of Work Performed	Dollar Value of Contract
1.			
2.			
3.			

J. List the three largest active jobs on which your firm is currently working:

Name of Prime Contractor and Project Number	Location of Project	Type of Work	Project Start Date	Anticipated Completion Date	Dollar Value of Contract
1.					
2.					
3.					

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 PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

I _____ (full name printed), swear or affirm under penalty of law that I am _____ (title) of _____ (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). In support of my application, I certify that I am a member of one 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 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 relating to my disadvantaged status and me is true and correct.

Signature: _____ Date: _____

NOTARY CERTIFICATE:

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this ___ day of _____ 20___ by

(name of person making statement)

(Signature of Notary Public-State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally known _____ OR Produced Identification. _____ Type

of Identification Produced _____

Completing Personal Net Worth Statement

(These Statements Are Not Subject To Public Disclosure)

All owners claiming disadvantaged status are reminded that, as requested with the DBE Application, each such owner MUST support their Personal Net Worth Statement by providing complete copies (all schedules) of their last three Federal Individual Income Tax Returns (1040) filed with the Internal Revenue Service.

A Personal Net Worth form **must** be completed by all owners claiming disadvantaged status.

You **must** complete all asset and liability sections (1 through 12) and transfer the totals from each section to the **Net Worth Summary Page**. For any section where no asset or liability exists, 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 ON HAND & IN BANKS

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 funds accumulated in savings accounts, checking accounts, certificates of deposit and money market accounts.

NAME OF FINANCIAL INSTITUTION	ACCOUNT TYPE	OWNERSHIP %	AMOUNT
CASH			

TOTAL CASH (Summary Line 1): \$ _____

SECTION 2: IRA OR OTHER 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, CASH SURRENDER VALUE ONLY

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 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 OTHER BUSINESSES

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

NAME OF OTHER BUSINESS	CURRENT VALUE OF YOUR OWNERSHIP

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

SECTION 6: REAL ESTATE

Excluding your primary residence, 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, personal 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. (Describe on a separate sheet)

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 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 balances of any personal loans that are not reflected elsewhere in this document and 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 obligation for unpaid taxes, i.e. Federal, state, or county property assessments.

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT

TOTAL UNPAID TAXES (Summary Line 15) \$ _____

SECTION 13: OTHER LIABILITIES

Include your share of any liability not previously accounted for in this statement. DO NOT include contingent or deferred liabilities.

DESCRIPTION	AMOUNT

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.)*

**NET WORTH SUMMARY PAGE
FLORIDA UNIFORM CERTIFICATION PROGRAM
PERSONAL NET WORTH AS OF _____**

OWNER'S NAME: _____

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 of Other Business(es) (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	\$ _____

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 C)
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 D)
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 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 E)
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 **YES / NO**

the firm own and operate at least one truck?

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.)

(c) 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).

Outline and explain any factors that you feel bear on whether the firm meets the requirements for trucking firms as set forth in Rule:

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

_____. I have submitted an application for
(Name of Business)
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.

(Signature of Individual)

_____, 20____
(Date)

Witness: _____
(Signature)

Witness: _____
(Signature)