

**DISADVANTAGED BUSINESS ENTERPRISE (DBE)
ANNUAL AFFIDAVIT**



Columbus Regional Airport Authority

Used in Certifying firms under
Title 49 of the Code of Federal Regulations (CFR) Part 26

Legal Name of Business: _____

Other Names Used by Business: _____

Federal Tax Identification No.: _____

Street: _____

City: _____ State: _____ Zip: _____

Mailing Address, if different: _____

Phone: / - Fax: / -

Cell: / -

E-mail address: _____

Web-site (if firm has one) _____

A completed application consists of adequate responses to all applicable areas and submittal of all applicable supporting documentation.

1. Have the ownership, management and control of the firm changed in anyway from last year?
Yes **No** If yes, provide a detailed explanation on a separate page and submit resumes for all affected personnel.
2. List all owners and their percentages of ownership. List all shareholders, shares owned and class of stock. List all board members and company officers.
3. Have there been any investments or contributions of capital made in the firm in the past year? **Yes** **No** If yes, submit the names of all individuals contributing capital to the firm, the source of the funds, the amount of the funds, and the dates of the contributions. Provide copies of any appropriate supporting documentation verifying each contribution or investment.
4. Have there been any changes in the firm's facilities in the past year? **Yes** **No**
If yes, submit copies of all new lease agreements and ownership documents.
5. Attach a list of all currently owned or leased equipment. Submit copies of all titles of equipment purchased in the past year. Submit copies of all equipment lease agreements entered into in the past year.
6. If your firm is a corporation, attach complete copies of all minutes for shareholders and board of directors meetings and any amendments to the bylaws made for the past year. If your firm is a partnership, attach a complete copy of all minutes of partnership meetings and amended agreements made for the past year. If your firm is a limited liability company, attach copies of all minutes of the firm's meetings and amended agreements made for the past year.
7. Submit a copy of the firm's annual financial statement for the most recent fiscal year-end.
8. List all business related bank loans, notes payable, promissory notes, etc. that have been entered into during the past year by individual owners or the applicant firm. Provide copies of these loans and security or collateral agreements.
9. Submit copies of the firm's Federal business taxes for the last year.
10. Submit copies of each owner's Federal personal tax returns for the last year.
11. Has this firm or any of its owners, members of the board of directors, officers, or management personnel ever been denied certification, denied re-certification or have been decertified as a DBE?
Yes **No** If yes, provide copies of denial/de-certification notification.
12. Describe the primary areas of work performed by the firm:

1. Provide the Standard Industrial Classification (SIC) Codes and North American Industrial Code (NAIC) pertain to your firm: _____

2. Complete and submit the enclosed Affidavit of Personal Net Worth. Each owner and their respective spouse must complete their own personal net worth statement.

AFFIDAVIT

The applicant/business agrees:

1. To abide by the requirements of the **Disadvantaged Business Enterprise (DBE) Program** and Title 49 of the United States Code of Federal Regulations, Part 26.
2. To notify the Columbus Airport Authority (CAA) within thirty(30) calendar days, of any change in the **ownership**, control, management, or status of the business, and of any denial or de-certification of this business as a DBE by any other certifying agency.
3. To allow the CAA the right to conduct a review of the business contracts, facilities, and records and to request and review whatever other additional information as deemed necessary to monitor continued DBE eligibility.
4. To answer any question and to supply the CAA with any documentation requested during the period of certification and that failure to do so may be cause to deny DBE certification.
5. That the CAA may deny certification or rescind certification and initiate action under Federal or State laws concerning false statements, if during or after the certification process it finds that the undersigned has submitted false, inaccurate, or misleading information.
6. That the CAA has the right to refuse certification of any business based on the implementation of the DBE eligibility standards, despite the fact that said business may be certified by another entity.
7. That the firm meets the Small Business Administration (SBA) criteria for being a small business concern and its average annual gross receipts (as defined by the SBA rules) over the firm's previous three fiscal years do not exceed the work type limit.

I recognize and accept the seven (7) statements above governing the consideration of this affidavit and the maintenance of my business' certified status. By my signature, I swear that I have read and understand this affidavit and that I have the authority to sign this affidavit and that the affidavit responses, the foregoing statements, and accompanying documents are true, complete, and correct and include all materials requested and/or necessary to identify and explain the ownership and operation of:

(Name of Applicant Business)

Print Name: _____

Signature: _____ Date: _____

On this _____ day of _____ before me appeared (name of above

who signed affidavit) _____ to me personally known, who, being duly sworn, did execute the foregoing affidavit, and did state that he or she was properly authorized to execute the affidavit and did so of his or her own free act and deed.

Notary Public _____

State of _____

Commission Expires _____



Columbus Airport Authority

Disadvantaged Business Enterprise Program

Affidavit of Personal Net Worth

As of December 31, _____

The CAA requires each individual owner of a firm applying to participate as a DBE whose ownership and control are relied upon for DBE certification to submit a signed, notarized statement of personal net worth, with appropriate supporting documentation, 49 CFR, 26.67(2). Each owner must complete their own personal net worth statement. Each owner and their respective spouse must complete their own personal net worth statement. This form may be copied.

Name Business Phone ()

Residence Address Residence Phone ()

City, State & Zip Code

Name of Applicant Business

Assets	(Omit cents)	Liabilities	(Omit cents)
Cash on hand and in banks	\$ _____	Accounts payable	\$ _____
Savings accounts	\$ _____	Notes payable to banks and others (Section 1)	\$ _____
IRA or other retirement accounts	\$ _____	Installment account (Auto)	\$ _____
Accounts and notes receivable ...	\$ _____	Installment account (other)	\$ _____
Life insurance - cash surrender value only (Section 7)	\$ _____	Loan on life insurance	\$ _____
Stocks and Bonds (Section 2) (Exclude interest in applying business)	\$ _____	Mortgages on real estate (Section 3)	\$ _____
Real estate (Section 3) (Exclude primary residence)	\$ _____	Unpaid taxes (Section 5)	\$ _____
Automobiles - estimated current value	\$ _____	Other liabilities (Section 6)	\$ _____
Other personal property (Section 4)	\$ _____	Total Liabilities	\$ _____
Other assets (Section 4)	\$ _____		
Total Assets	\$ _____	Net Worth Total Assets minus Total Liabilities	\$ _____

Section 1. Notes payable to bank and others. Use additional pages if necessary. Each additional page must be identified as a part of this statement and signed.

Name and address of note holder(s)	Original balance	Current balance	Payment amount	Frequency (monthly, etc.)	Secured or endorsed (type of collateral)

Section 2. Stocks and bonds. Use additional pages if necessary. Each additional page must be identified as a part of this statement and signed. **Exclude interest in applying business**

Number of shares	Names of securities	Year-end market value per share	Year-end market value of total shares

Section 3. Real estate owned. List each parcel separately. **Exclude your primary residence.** Use additional pages if necessary. Each additional page must be identified as a part of this statement and signed.

	Property A	Property B	Property C
Type of property			
Address			
Date purchased			
Original cost			
Estimated current value			
Name and address of mortgage holder			
Mortgage balance			

Section 4. Other personal property and other assets. List each asset with an estimated current value. Exclude the value of the applicant business. Use additional pages if necessary. Each additional page must be identified as a part of this statement and signed.

Section 5. Unpaid taxes. List the type and the amount. Use additional pages if necessary. Each additional page must be identified as a part of this statement and signed.

Section 6. Other liabilities. List the estimated current value of all other liabilities. Use additional pages if necessary. Each additional page must be identified as a part of this statement and signed.

Section 7. Life insurance held. List the face amount and cash surrender value of all policies along with the name of the insurance company and beneficiaries. Use additional pages if necessary. Each additional page must be identified as a part of this statement and signed.

I authorize the CAA to verify the accuracy of the statements made in order to determine whether I meet the standards of economic disadvantage for participation in the DBE program at the CAA. These statements are true and correct to the best of my belief.

Print Name: _____

Signature: _____ Date: _____

On this _____ day of _____ before me appeared (name of above who signed affidavit) _____

to me personally known, who, being duly sworn, did execute the foregoing affidavit, and did state that he or she was properly authorized to execute the affidavit and did so of his or her own free act and deed.

Notary Public _____

State of _____

Commission Expires _____



Columbus Airport Authority
Disadvantaged Business Enterprise Program
Affidavit of Social Disadvantage Status

The CAA requires each individual owner of a firm applying to participate as a DBE whose ownership and control are relied upon for DBE certification to submit a signed, notarized statement of social disadvantaged status, with appropriate supporting documentation, 49 CFR, 26.67(a)(1). This page may be copied if necessary.

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

DETERMINATION OF SOCIAL DISADVANTAGE STATEMENT

“In considering whether an owner or manager has experienced social disadvantage based upon the effect of discrimination, the applicant for DBE status shall take into account whether the owner or manager has held himself or herself out to be a member of a disadvantaged group, has acted as a member of a community of disadvantaged persons, and would be identified by persons in the population at large as belonging to the disadvantaged group.”

I certify that I have read and understand the above statement. I further certify that as owner or manager of this business, I have experienced social disadvantage because of the effects of discrimination based on (mark all that apply):

_____ Race _____ Ethnicity _____ Gender _____ Other (Please explain on separate sheet)

Print Name: _____

Signature: _____ Date: _____

On this _____ day of _____ before me appeared (name of above who signed affidavit) _____ to me personally known, who, being duly sworn, did execute the foregoing affidavit, and did state that he or she was properly authorized to execute the affidavit and did so of his or her own free act and deed.

Notary Public _____

State of _____

Commission Expires _____