



**OFFICE OF CONTRACT COMPLIANCE
MBE/WBE
NO CHANGE AFFIDAVIT**

Instructions: This form must be completed in full. If a question does not apply, please write "N/A". All documents listed on page two (2) must be submitted. **All individuals whose socio and economic status is relied upon must sign and notarize the below listed affidavit.**

Please check applicable boxes: MBE WBE

Name of Firm: _____

Address: _____

City/State/Zip Code: _____

Telephone Number: (____) _____ - _____ Fax Number: (____) _____ - _____

E-mail: _____ Website: _____

Contact Person: _____ Title: _____



1. Current number of employees of the firm, (including all affiliates and subsidiaries).
Full time _____ Part time _____

2. **Since your last certification, have any of the following changed?** If yes to any of the following, submit supporting documentation and/or copy of resolutions detailing all changes, identifying the individuals by ethnicity and gender.

- | | | | | |
|------------------------|-----|--------------------------|----|--------------------------|
| A. Owners/Partners: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| B. Officers: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| C. Directors: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| D. Control/Management: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| E. Address: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

3. List the amount of annual gross receipts for the last three fiscal years:

Year Ending: _____	Year Ending: _____	Year Ending: _____
Gross Receipts: _____	Gross Receipts: _____	Gross Receipts: _____

4. Since your last certification, identify any owner or management official of the applicant firm who has an ownership interest in any other firm. Provide information as to owner's title, address of firm, percent of ownership and product or service of the other firm.

Owner / Manager	Name and Address of Other Firm	Title in Other Firm	% of Ownership	Product or Services of Other Firm



SUBMISSION OF THE FOLLOWING DOCUMENTS IS REQUIRED FOR CONTINUING MBE/WBE CERFICATION STATUS:
1. Affidavit must be signed by ALL individuals whose socio and economic status is relied upon for certification. Affidavit must be notarized.
2. Signed copy of U.S. Federal Corporate Income Tax Return including all schedules for all individuals whose socio and economic status is relied upon for certification.
3. Signed copy of U.S. Individual Income Tax Return including all schedules for all individuals whose socio and economical status is relied upon for certification.
NOTE: For any additional specialty area you wish to apply for in which you were not previously certified, submit the necessary documentation, (licenses, resumes, previous contracts, etc.) demonstrating ability to perform a commercially useful function in such additional area(s).
If you have any questions, please call our office at (312) 603-5502

Affidavit

I/We swear there have been no changes in the circumstance of (Firm) _____ affecting its ability to meet the minority and/or woman owned status. There have been no material changes in the information provided in the certification application, except for any changes which have been reported to the Office of Contract Compliance.

The undersigned swears that the foregoing statement are true and current and includes all information necessary to identify and explain the operation of (Firm) _____ as well as the ownership thereof. The owner also affirms that the minority and/or woman owned interests in the business constitute majority control over business operations. Furthermore, the undersigned agrees to unannounced site visits and provide upon request current, complete and accurate information regarding actual work performed on any project, the payment thereof and any proposed changes, if any, of the foregoing arrangements and to permit the audit and examination of books, records and files of the named firm.

I/We understand and acknowledge that to fraudulently obtain or retain certification or public monies, to willfully make a false statement to an official for the purpose of influencing certification eligibility or to obstruct or impede an official or employee who is investigating the qualification of business which has requested certification Class 2 felony subject to Prosecution under 720 ILCS 5/33C of the Criminal Code of the State of Illinois. ANY MATERIAL MISREPRESENTATION OF THE INFORMATION IN THIS DOCUMENT WILL BE GROUNDS FOR: (1) DENIAL OF CERTIFICATION; (2) DE-CERTIFICATION/REMOVAL OF ELIGIBILITY; (3) DEBARMENT; (4) TERMINATING ANY CONTRACT WHICH MAY BE AWARDED; (5) INITIATING ACTION UNDER FEDERAL OR STATE LAWS CONCERNING FALSE STATEMENTS.

All qualifying owners claiming ownership must sign below:

 (Signature of Owner, Title)

 Date

 (Signature of Owner, Title)

 Date

 (Signature of Owner, Title)

 Date

 (Signature of Owner, Title)

 Date

Notary Seal: Subscribed and sworn to before me this _____ day of _____, 200__.

Signed: _____

Notary Public in and for the County of _____ State: _____

Notary Seal

My Commission expires: _____

Return this Affidavit to:

Office of Contract Compliance
 118 N. Clark Street, Room 1020
 Chicago, IL 60602

FOR OFFICE USE ONLY

CHECK THE APPROPRIATE BOX FOR EACH OF THE FOLLOWING:	YES	NO
A. Application must be signed by an authorized officer and notarized		
B. Signed copy of U.S. Federal Corporate Income Tax return including all schedules		
C. Owner's Personal Net Worth Statement for Construction Firm		
D. Signed copy of U.S Individual Income Tax Return including all schedules, for 51% of firm's ownership		