

**COOK COUNTY  
OFFICE OF CONTRACT COMPLIANCE**

**BETTY HANCOCK PERRY**  
CONTRACT COMPLIANCE  
ADMINISTRATOR



County Building  
118 North Clark Street – Suite 1020  
Chicago, IL 60602  
TEL (312) 603-5502  
FAX (312) 603-4547

Dear Applicant Owner:

As stated on your letter of Certification, it is your obligation to apply for Re-Certification no later than the end of the tenth (10<sup>th</sup>) month following the effective date of your Certification. On behalf of President Todd H. Stroger and the Board of Cook County Commissioners, we welcome your request for Re-Certification with Cook County's Minority and Women Business Enterprise (MBE/WBE) program.

The enclosed Universal Re-Certification Affidavit is to be completed, signed, notarized and returned before the expiration of your current Certification. Failure to maintain the current status of your Certification with Cook County's Office of Contract Compliance may affect your ability to participate as a certified MBE/WBE on County contracts.

**Work performed by any firm denied Certification by Cook County's Office of Contract Compliance will not be applied to the attainment of any MBE/WBE contract goals, regardless of any other Certifications granted.**

If your area of specialty has expanded, please advise us when you submit your Re-Certification Affidavit. You understand you must be able to present evidence of your ability to function in the area in which you are seeking expansion.

Once completed and notarized, your Application (Re-Certification Affidavit) and all supporting documents should be sent to:

**Cook County Government  
Office of Contract Compliance  
Room 1020 – County Building  
118 North Clark Street  
Chicago, Illinois 60602**

If you elect to deliver the Application in person, please come to our office where we will issue a receipt to you at that time. Please feel free to contact my office with any questions you may have at 312/603-5502.

Sincerely,

Betty Hancock Perry  
Contract Compliance Administrator

**RE-CERTIFICATION AFFIDAVIT**

**INSTRUCTIONS TO APPLICANT:** This form must be completed in full. If a question does not apply, write "N/A". All documents listed on the enclosed checklist must be submitted in the order of their listing. This form must have an original signature from an officer or owner of the firm **AND BE NOTARIZED**. Please send completed form and all documentation to Cook County Office of Contract Compliance, 118 N. Clark Street, Room 1020, Chicago, IL 60602. Telephone number is 312/603-5502.

**NAME OF FIRM:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
Street City State Zip

**WAREHOUSE/STORAGE ADDRESS:** \_\_\_\_\_  
Street City State Zip

**PHONE NO:**(\_\_\_\_) \_\_\_\_\_ **E-Mail** \_\_\_\_\_ **FAX NO:**(\_\_\_\_) \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

<b>ETHNICITY and GENDER:</b>	<b>TYPE OF FIRM: (CHECK ONE)</b>	<b>STATUS APPLIED FOR:</b>	<b>STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE (S):</b>
<input type="checkbox"/> Asian American	<input type="checkbox"/> Corporation	<input type="checkbox"/> MBE	SIC # _____
<input type="checkbox"/> Black American	<input type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> WBE	<b>NOTE:</b> Firms not aware of this classification should contact the U.S. Small Business Administration website at : www.sba.gov
<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> MBE/WBE	
<input type="checkbox"/> Native American Indian	<input type="checkbox"/> Partnership		
<input type="checkbox"/> Female	<input type="checkbox"/> Sole Proprietorship		

1. Is the firm SBA 8(a) certified?  Yes  No

2. Amount of annual gross receipts, for the last three fiscal years (including all affiliates and subsidiaries):

200__ Year Ending Amount \$ _____	200__ Year Ending Amount \$ _____	200__ Year Ending Amount \$ _____
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3. Identify any loans made to the firm since your last certification, indicating the loan source and the amount.

_____	\$ _____.
Loan Source	Amount

4. Current number of employees of the firm (including all affiliates and subsidiaries): Full time\_\_\_\_; Part time\_\_\_\_\_.

5. Since your last certification, has any of the following changed? If yes for any of the following, submit a list and/or copy of resolutions detailing all changes, including ethnicity and gender.

Owners/Partners: <input type="checkbox"/> Yes <input type="checkbox"/> No	Directors: <input type="checkbox"/> Yes <input type="checkbox"/> No
Officers: <input type="checkbox"/> Yes <input type="checkbox"/> No	Control/Management: <input type="checkbox"/> Yes <input type="checkbox"/> No

6. Are you currently licensed to do business in Illinois?  Yes  No.

7. If your firm is a supplier or distributor, indicate the average monthly dollar value of inventory on hand for the past year: \$ \_\_\_\_\_.

8. Specify the current principal business activities:  
\_\_\_\_\_

**NOTE:** For any additional specialty area you wish to apply for, submit the necessary documentation, e.g., previous contracts, invoices or purchase orders, indicating ability to perform a commercially useful function in such additional area(s).

9. **Submission of the following documents as appropriate is required for re-certification.**

**This office must receive all items in the order listed below.**

CHECK THE APPROPRIATE BOX FOR EACH OF THE FOLLOWING:	YES	NO	N/A
A. Signed copies of all current leases/most recent tax bill from all locations from which the firm conducts its business. Include documentation for warehouse and storage areas.			
B. Current applicable license(s) and/or permits(s).			
C. All MBE and WBE certifications the firm received since its last certification.			
D. All MBE and WBE denials the firm received since its last certification. (If Applicable)			
E. Copies of all newly issued and cancelled stock certificates since your last certification. (If Applicable)			
F. Copy of last year's W-2 Forms (or 1099 Misc. Income forms) for all owners, officers and directors.			
G. Copy of a recent available payroll register with copies of cancelled payroll checks (both sides) for the same pay period (where available).			
H. Copy of any changes in the firm's Bank Resolutions and Bank Signature Cards since your last certification. (If Applicable)			
<b>I. Submit one (1) copy of an executed contract, invoice or purchase order (submit proof of payment and description of service and or supplies) in the area(s) your firm wants to be re-certified.</b>			
J. Copy of proof of bonding capacity, or a copy of the firm's last bonding agreement. (If Applicable)			
K. Signed copies of each loan agreement obtained since the firm's last certification. (If Applicable)			
L. Copy of the firm's most recent financial statements, including a Balance Sheet and their Notes <b>and Owner's Personal Net Worth Statement for Construction Firms</b>			
M. Signed copy of your U.S. Federal Corporate Tax Return or Individual Tax Return including all schedules for the last year .			
N. Minutes of all Shareholders/Members Meetings since your last certification. (If Applicable)			
O. Minutes of all Board of Directors/Managers Meetings since your last certification. (If Applicable)			
P. Any amendments to the Articles of Incorporation, Partnership Agreement, Articles of Organization or By-Laws enacted since your last certification. (If Applicable)			
Q. Certificate of Good Standing issued by the State. (If Applicable)			
R. Submit documentation concerning any All Management Service Agreements entered into and any major purchases or acquisitions since your last certification. (If Applicable)			

**COUNTY OF COOK**  
**OFFICE OF CONTRACT COMPLIANCE**  
RE-CERTIFICATION APPLICATION  
AFFIDAVIT OF MINORITY AND/OR WOMEN'S BUSINESS ENTERPRISE (MBE/WBE)

This page must be signed by an officer of the applicant firm and notarized in order for the re-certification application to be considered. Any changes in ownership and/or control should be reported to the Office of Contract Compliance along with relevant documentation within 10 days of such change. The firm must further provide, upon request, information of any work performed on any specified contract regarding the type of work performed, its duration, amount of payment to the firm and to permit the audit and examination of books, records and files of the named firm. ANY MATERIAL MISREPRESENTATION OF INFORMATION IN THIS AFFIDAVIT MAY RESULT IN: 1) DENIAL OF CERTIFICATION; 2) DECERTIFICATION; 3) TERMINATION OF ANY CONTRACT AWARDED; 4) DENIAL OF MBE/WBE PARTICIPATION CREDIT; and/or 5) INITIATING ACTION UNDER FEDERAL, STATE OR LOCAL LAW.

Upon penalty of perjury, I \_\_\_\_\_ affirm that I am  
(Print name)  
the \_\_\_\_\_ of \_\_\_\_\_  
(Position or title) (Firm name)

and that all of the foregoing information on this form is true and correct. I further affirm that the \_\_\_\_\_ interests in this firm constitute majority ownership and control.  
(Minority and/or Woman)

DATE \_\_\_\_\_ / \_\_\_\_\_  
(Signature of Affiant)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Year)

\_\_\_\_\_  
(Notary's Signature)

Notary's Seal

My Commission Expires \_\_\_\_\_