



Department of Procurement
Equal Business Opportunity
117 West Duval St., Suite #275
Jacksonville, FL 32202
(904) 630-1165

Joint Venture Application/Affidavit

(This form need not be completed if all joint venture firms are certified JSEBs)
(Jacksonville Small Emerging Businesses)

1. Name of joint venture _____

2. Address of joint venture _____

_____ City: _____ State: _____ Zip: _____

3. Contact Name (and title) _____

4. Phone number of joint venture (with area code) _____ - _____

5. Identify the firms which comprise the joint venture:

(a) Describe the role of the JSEB firm in the joint venture:

(b) Describe very briefly the experience and business qualifications of each non-JSEB joint venturer:

6. Nature of the joint venture's business _____

Project Number: _____

Project Title: _____

7. Provide a copy of the joint venture agreement, and, if required pursuant to Florida Statutes, provide a copy of the joint venture's Certificate of Authority.
8. What is the claimed percentage of JSEB ownership? _____
9. Ownership of joint venture: (Need not complete if description is duplicated from question # 6.)
 - (a) Profit and loss sharing _____
 - (b) Capital contributions, including equipment _____

 - (c) Other applicable ownership interests _____

***NOTE* : The JSEB partner of the joint venture must be certified with the City of Jacksonville prior to joint venture approval.**

AFFIDAVIT:

“The undersigned swears that the foregoing statements are correct and include all material information necessary to identify and explain the terms and operation of our joint venture and the intended participation by each joint venturer in the undertaking. Further, the undersigned covenant agree to provide to the grantee current, complete and accurate information regarding actual joint venture work and the payment. The undersigned covenant will provide changes in any of the joint venture arrangements to permit the audit and examination of the books, records and files of the joint venture, or those of each joint venture relevant to the joint venture, by authorized representatives of the grantee. Any material misrepresentation will be grounds for terminating any contract which may be awarded and for initiating action under Federal or State laws concerning false statements.”

_____ Name of Firm	_____ Name of Firm
_____ Signature	_____ Signature
_____ Name	_____ Name
_____ Title	_____ Title
_____ Date	_____ Date
_____ State of _____	_____ County of _____