

Equal Business Opportunity & Contract Compliance
Jacksonville Small & Emerging Business
Continuing Eligibility
AFFIDAVIT



This affidavit is executed under penalty of perjury of the laws of the United States and State of Florida.

Complete name of business: _____

Address of business: _____

Owner name: _____ Email address: _____

Phone number: _____ Fax number: _____

Number of contracting opportunities through the city:
(as a sub-contractor or as prime contractor) _____

The following must be included with this Affidavit:

- A COPY OF THE FIRM'S CURRENT OCCUPATIONAL, BUSINESS, AND/OR PROFESSIONAL LICENSE;
- A COPY OF THE FIRM'S MOST RECENT TAX RETURN AND CPA REPORT;
- A COPY OF THE FIRM'S CONTINUING EDUCATION CLASSES LIST AND SUPPORTING DOCUMENTATION
- **MANUFACTURERS/SUPPLIERS** – A COPY OF THE FIRM'S CURRENT FLORIDA DEPARTMENT OF REVENUE FORMS DR-11 AND DR-13
- THE ATTACHED COMPLETE AND NOTARIZED, OWNER'S NET WORTH OF THE MAJORITY JSEB OWNER; ALONG WITH A COPY OF THEIR MOST RECENT PERSONAL 1040 TAX RETURN; (*Owner's Net Worth excludes your personal residence and includes the book value of the JSEB firm*).
- **IF THERE HAS BEEN A CHANGE IN OWNERSHIP THIS PAST YEAR**, PROOF OF INVESTMENT; DOCUMENTS INDICATING RACE, GENDER, ETHNICITY AND CITIZENSHIP STATUS; STOCK CERTIFICATES, PARTNERSHIP AGREEMENTS, COPORATE MEETING MINUTES ETC., REFLECTING SAID CHANGES FOR ALL NEW OWNERS;
- **IF THERE HAS BEEN A CHANGE IN MANAGEMENT**, THE NAMES OF THE 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 State law(s) regarding the making of false statements. I certify that there has been no material changes in the information provided with this firm's most recent complete application for JSEB certification, except those heretofore conveyed, in writing to the City of Jacksonville.

Corporate Seal: _____

JSEB/MBE Owner's Signature

JSEB/MBE Owner's Printed Name

STATE OF FLORIDA, COUNTY OF DUVAL

State of _____

County of _____

Sworn to and subscribed before me this _____ day of _____, 20____ by
_____ (Name of affiant). He / She is personally known to me

or has produced _____ (type of identification) as identification.

(Notary's printed name)

Commission Expiration

(Notary's Signature)

Information provided to the COJ for JSEB Program

City of Jacksonville (FL)
PROCUREMENT DEPARTMENT
EQUAL BUSINESS OPPORTUNITY / CONTRACT COMPLIANCE DIVISION
JACKSONVILLE SMALL EMERGING BUSINESS (JSEB)
Ordinance 2004 – 602 E

OWNERS NET WORTH

Complete this form for: (1) each general partner whose combined interest totals 51% or more; or (2) each stockholder making up 51% or more of voting stock.			
Applicant Name:		Cell Phone:	
Residence Address:		Residence Phone:	
City, State and Zip Code:			
Business Name:		Business Phone:	
PERSONAL FINANCIAL STATEMENT As of _____, 20____			
ASSETS		TOTAL LIABILITIES	
	(Omit Cents)		(Omit Cents)
Cash on hand and in banks	\$	Accounts payable	\$
Savings accounts	\$	Notes payable to banks and others (describe in section 1)	\$
IRA or other retirement account	\$	Unpaid / overdue taxes (describe in section 5)	\$
Accounts and notes receivable	\$	Installment account (other)	\$
Life insurance - cash surrender value only (complete section 7)	\$	Loans against life insurance	\$
Stocks and bonds (describe in sec. 2)	\$		
Real estate OTHER THAN primary residence (describe in section 3)	\$	Total mortgages on OTHER real estate (describe in section 3)	\$
Automobile(s) - present value	\$	Auto loan current balance	\$
Other personal property and assets (describe in section 4)	\$	Other liabilities (describe in section 6)	\$
Business value and assets or "Book Value"	\$		
Total Assets	\$	Total Liabilities	\$
NET WORTH (Total Assets minus Total Liabilities) = \$ _____			

Source of Income		Contingent Liabilities	
Salary	\$	As Endorser or Co-Maker	\$
Net Investment Income	\$	Legal Claims and Judgments	\$
Real Estate Income	\$	Provision for Federal Income Tax	\$
Other Income	\$	Other Special Debt	\$

DETAILS OF PREVIOUS PAGE

Section 1. Notes Payable to Bank / Others		
Name and Address of Note holder(s)	Original Balance	Current Balance
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Section 2. Stocks and Bonds		
Number of Shares	Name of Securities	Total Value
		\$
		\$
		\$
		\$
		\$

Section 3. Real Estate Owned (List each parcel separately.)			
	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost	\$	\$	\$
Present Market Value	\$	\$	\$
Mortgage Balance	\$	\$	\$

Section 4. Other Personal Property and Other Assets (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and describe if delinquent.)

Section 5. Unpaid Taxes (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attached.)

Section 6. Other Liabilities (Describe in detail.)

Section 7. Life Insurance Held (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries.)

<p>I authorize the City of Jacksonville to verify the accuracy of the statements made in order to determine whether I meet the standards for participation in the JSEB Program at the City of Jacksonville.</p> <p>PROVIDE A COPY OF YOUR IRS FORM 1040 FOR THE YEAR TO SUPPORT THIS STATEMENT.</p> <p>These statements are true and correct to the best of my belief.</p>			
SIGNATURE:	TITLE:	SSN:	DATE:

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Owners Net Worth statement.

The undersigned swears that the initial and any supplemental information, statements and/or documents provided are: (i) provided in an effort to induce the grant of JSEB and/or MBE certification with the COJ; and (i) true and correct. Any material misrepresentation will be grounds for immediate de-certification, debarment and initiation of legal action under Federal, state and local laws concerning false statements.

Corporate Seal:

Print Applicant's Name

Signature of Applicant

State of _____

County of _____

Sworn to and subscribed before me this _____ day of _____, 20_____

by _____ (Name of affiant). He / She is personally known to me

or has produced _____ (type of identification) as identification.

(Notary's printed name)

Commission Expiration

(Notary's Signature)

JSEB Continuing Education Completion Form

Company: _____

Owner: _____

Expiration: _____

Nature of Business: _____

Professional Continuing Education (CEUs)	Provider	Date	Length (# Hrs)

Workshops / Seminars	Provider	Date	Length (# Hrs)

Other Business Training	Provider	Date	Length (# Hrs)

Comments:

Likes? Dislikes? Suggestions for improvement?
