

Minority and Women-Owned Business Enterprise Program
ANNUAL CERTIFICATION AFFIDAVIT
(Form must be completely filled out.)

SECTION I: FIRM'S GENERAL INFORMATION

1. Name of Certified Firm:			
2. Name of Owner upon which the MBE or WBE status is relied:			
3. Physical Address of the Firm:			
City:	State:	Zip Code:	
4. Mailing Address of Firm (if different from Physical Address):			
City:	State:	Zip Code:	
Telephone: ()	Fax: ()	Email:	
5. Firm's Principal Contact Person:			
6. Firm's Principal Contact Person's Title:			
7. Type of Business Structure (check one):	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship
8. Type of Work Performed by Company: _____			

SECTION II: OWNERSHIP AND CONTROL OF FIRM

1. Have there been any changes in the ownership, management, control or structure of your company since your initial certification or previous annual update (e.g. new partner, incorporation, bylaws adoption, redistribution of stock, etc.)?	You must select one: <input type="checkbox"/> YES <input type="checkbox"/> NO
If YES , please describe changes and attach relevant supporting documentation. (e.g. stock certificates copies [both sides], corporate resolutions, purchasing agreements, copies of canceled checks, etc.)	
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2. List all shareholders, directors, officers, or outside firms that hold an interest in the company, along with minority classification. (Attach additional sheets if necessary).			
NAME /TITLE	PERCENT OF SHARES	RACE/ETHINCITY	GENDER (M / F)

3a. List below the name of person who holds the highest position within the company.	
NAME: _____	TITLE: _____
3b. If the person listed above in 3a is NOT the same name of the person upon which the company is relying for certification, please indicate the title of the person as stipulated in #2.	
NAME: _____	TITLE: _____

SECTION III: BUSINESS OPERATION INFORMATION

1. Gross Sales (with this application, a copy of your business tax return is required; please submit with this application).	Enter the amount of Gross Sales below: \$ _____ TAX YEAR 20____			
2. RESPONSIBILITIES: Please list the names and subsequent information of the individuals responsible for the following decision types:				
DECISION TYPE	NAME OF RESPONSIBLE PARTY	TITLE	GENDER	ETHNICITY
1. Financial Decision				
2. Office Management				
3. Estimating				
4. Marketing/Sales				
5. Hiring/Firing Management				
6. Hiring/Firing Field Staff				
7. Major Purchases				
8. Negotiations (bonds/loans)				
9. Negotiate contracts				
10. Signing Insurance				
11. Signing Payroll				
12. Supervisor of Field Operations				

3. Describe and explain any changes in the bylaws, operating agreement, articles of incorporation, and articles of organization, partnership agreement created within the last three (3) years that would affect the duties and/or power of the principles, officers, or directors of the corporation/business. _____

I hereby certify that the information contained herewith is complete, true, and correct to the best of my knowledge. By submitting this application, I am authorizing the City of Savannah to verify the accuracy of the information provided pursuant to my firm's participation in the City of Savannah's M/WBE Certification Program.

NAME: _____ **TITLE:** _____ **Date:** _____

NOTARY CERTIFICATE
STATE OF _____
COUNTY OF _____
Subscribed and sworn to before me the _____ day of _____, 20_____.
Signature of Notary Public _____
County of residence _____ Date my commission expires _____

Return this completed form to:
 City of Savannah, Department of Economic Development, MWBE Program,
ATTN: M/WBE Certification
 PO Box 1027, Savannah, GA 31412