

# WISCONSIN UNIFIED CERTIFICATION PROGRAM DISADVANTAGED BUSINESS ENTERPRISE Five-Year Update Form



COMPANY NAME AND ADDRESS	DATE RECEIVED (Office Use Only)

**If there have been any changes in ownership or control of your firm within the last five years, STOP.  
Do not complete this form. Contact your certifying agency immediately.**

**PLEASE RETURN THE COMPLETED UPDATE FORM TO YOUR CERTIFYING AGENCY.  
COMPLETED UPDATE FORMS MUST INCLUDE THE REQUESTED DOCUMENTS.**

<p>Mail to: <b>City of Madison</b> Department of Civil Rights 210 Martin Luther King, Jr. Blvd., Rm. 523 Madison, WI 53703 (608) 266-4910 (608) 267-1142 FAX (866) 703-2314 TTY/Textnet</p>	<p>Mail to: <b>Dane County</b> Dane County Executive Office Office of Equal Opportunity 210 Martin Luther King, Jr. Blvd., Rm. 421 Madison, WI 53703 (608) 266-4114 (608) 266-2643 FAX</p>
<p>Mail to: <b>Milwaukee County</b> Office of the County Board Community Business Development Partners Milwaukee County - City Campus 2711 West Wells St., Rm. 830 Milwaukee, WI 53208 (414) 278-5248 (414) 223-1958 FAX</p>	<p>Mail to: <b>Wisconsin Dept. of Transportation</b> DBE Office 4802 Sheboygan Avenue Rm. 451, P.O. Box 7965 Madison, WI 53707-7965 (608) 266-6961 (608) 267-3641 FAX</p>

### DISCLAIMERS

Under Sec. 23.87 of 49 CFR, PART 23, Dated March 31, 1980, if at any time, the Department or a recipient has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements it shall refer the matter to the general counsel of the Department. He/she may initiate Departmental procedures in accordance with 41 CFR 1/1604 and 12-1.602 and/or refer the matter to the Department of Justice under 18 U.S.C. 1001, as he/she deems appropriate.

The Department may take enforcement action under 49 CFR part 31, Program Fraud and Civil Remedies, against any participant in the DBE program whose conduct is subject to such action under 49 CFR part 31.

The Department may refer to the Department of Justice, for prosecution under 18 U.S.C. 1001 or other applicable provisions of law, any person who makes a false or fraudulent statement in connection with participation of a DBE in any DOT-assisted program or otherwise violates applicable Federal statutes.

**I. GENERAL INFORMATION**

1. BUSINESS NAME:			
2. STREET ADDRESS: (P.O. BOX # ALONE IS <u>NOT</u> ACCEPTABLE, please indicate physical location of the firm)			
MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS)	CITY	STATE	ZIP
3. CONTACT PERSON AND TITLE		4. BUSINESS TELEPHONE	
3A. E-MAIL ADDRESS		5. FAX NUMBER	

6. Legal Structure of Business: (Check one)

- Sole Proprietorship                     
  Partnership                     
  Corporation                     
  LLC  
 Other (Describe) \_\_\_\_\_

7. Federal Identification Number: (FEIN) 

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8. Description of the business' primary products and/or service, including any specialty:  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Business Category: (Check all that apply)

- Architect/Engineering/Consulting   
  Airport Concessions/Concessionaire   
  Construction  
 Finance   
  Wholesaler/Distributor/Supplier   
  Fabricator  
 Manufacturer   
  Transportation   
  Retail  
 Service   
  Other; please specify: \_\_\_\_\_

10. What is the number of the firm's annual workforce:      Full Time \_\_\_\_\_      Part Time \_\_\_\_\_

11. Gross Receipts (Sales) for the last three (3) years.

Year 20_____	\$
Year 20_____	\$
Year 20_____	\$

Submit a copy of the business' most current full-year profit and loss statement and balance sheet.

Submit a copy of the business' most recently filed federal tax return.

**II. CONTROL**

1. List all business equipment (field and office), vehicles, facilities acquired within the past five (5) years and its location below (attach additional sheets if needed):

Equipment/Vehicles/ Office/Facilities/Property	Shared with Another Business?	Current Location	Owned/ Leased?

If any shared, please explain: \_\_\_\_\_

2. Identify all current owners, partners or stockholders of the business.

Name	Race/ Gender (*)	USC or LAPR (**)	# of Years Owned	% Ownership

(\*) BL = Black AI = Asian Indian AP = Asian Pacific HI = Hispanic NA = Native American WH = White F = Female M = Male  
 (\*\*) USC = United States Citizen LAPR = Legal Alien Permanent Resident

Submit a copy of all new business loan agreements and promissory notes.

3. Have there been any additional contributions of resources within the past 5 years? If yes, explain and provide copies of documentation:

\_\_\_\_\_

\_\_\_\_\_

4. Identify each officer of the business:

Name	Title	Race/ Gender	% of Time Devoted to Business	Compensation/ Salary
				\$
				\$
				\$
				\$
				\$
				\$

5. Identify the business' **current** Board of Directors:

Name	Title	Race/ Gender	% of Time Devoted to Business	Voting (Y/N)	Compensation/ Salary
					\$
					\$
					\$
					\$
					\$

6. List the three (3) largest contracts completed during the past 5 years:

Prime Owner/Contractor	Project Name	Amount of Contract	Type of Work Performed
		\$	
		\$	
		\$	

7. Current Licenses (e.g., Contractor, Engineer, Architect, ICC, etc.):

Individual or Firm	Type of License	Expiration Date

8. Identify the personnel who control your business in the following areas:

Final Financial Decisions:	Name	Title	Ethnicity/Gender
Check Signing			
Loan and Credit Acquisition			
Contract Signing			

Final Management Decisions:	Name	Title	Ethnicity /Gender
Estimating			
Bid Preparation			
Negotiating Bonds			
Negotiating Insurance			
Marketing & Sales			
Hiring and Firing			
Supervising Field Operations			
Purchasing Equipment/Supplies			
Supervisory Office Management			

9. Identify any owners, partners, shareholders, directors or key individuals who have an ownership interest in or work for any other company. Please list by name, title, business name and address, product or services of the other firm and % of ownership. Attach additional sheets as needed.

Name	Name & Address of the Other Firm	Job Title in the Other Firm	% of Ownership in the Other Firm	Product/Service of Other Firm

10. Do any of your immediate family members own or manage another company?  Yes  No

If Yes, then list (attach extra sheets if needed):

Name	Relationship	Company	Type of Business	Own/Manage?

11. Identify the information required below for firms which provide services to your firm:

	Name	Address and Telephone	Contact Person	Type of Service
Accountant				
Legal Firm				
Management/Technical				
Bank/Financing				Credit Line? <input type="checkbox"/> Yes <input type="checkbox"/> No
				\$
Insurance				General Liability? <input type="checkbox"/> Yes <input type="checkbox"/> No
				\$
Bonding				Limit? <input type="checkbox"/> Yes <input type="checkbox"/> No
				\$

12. Identify all other certifications the business has applied for:

Certifying Agency	Type of Certification Sought	Approved/Denied/Pending?	Effective Date	Onsite Review Date

## Disadvantaged Business Enterprise Five-Year Update Form Affidavit

The undersigned swears that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations of:

\_\_\_\_\_  
(name of firm)

as well as the ownership, management, control, business size, and social disadvantage thereof. Further, the undersigned understands:

That any person, firm or corporation knowingly engaging in fraud, misrepresentation or attempts, direct or indirect, to evade the provisions of this chapter by providing false, misleading or fraudulent information shall be subject to criminal prosecution;

That he/she understands that any material misrepresentation may be grounds for decertification and/or for terminating any contract(s) which may be awarded;

That he/she agrees to provide the Wisconsin Unified Certification Program any additional information which is deemed by them to be necessary to make an accurate determination of the business' eligibility as a disadvantaged business enterprise and understands that failure to provide any requested additional information may result in decertification;

That he/she agrees to permit the audit and/or examination of any and all books, records, or files of the business deemed necessary;

At any time if there is any change in the ownership, structure, management or control of this firm, his/her certifying agency must be notified immediately and he/she must provide documentation of the changes; and he/she understands that failure to do so may result in decertification of the business; and

That annually, the business must file a "No Change" affidavit and other such documentation deemed appropriate.

(Signature of Owner, Title)	Date

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in the State of \_\_\_\_\_ and County of \_\_\_\_\_ before me appear [name] \_\_\_\_\_, who being duly sworn, did execute the foregoing Affidavit, and did state that he/she was properly authorized by \_\_\_\_\_ [name of business] to execute the Affidavit and did so as his/her free act and deed.

[SEAL]

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

\_\_\_\_\_  
COMMISSION EXPIRATION DATE