



# City of Austin

Founded by Congress, Republic of Texas, 1839

Small & Minority Business Resources Department, Certification Office, 4201 Ed Bluestein Blvd. Austin, TX 78721

Mailing Address: PO Box 1088, Austin, TX 78767-1088, Telephone (512) 974-7645

## MBE/WBE CONTINUED ELIGIBILITY AFFIDAVIT

**PLEASE NOTE:** It is the certified firm's responsibility to ensure all contact information and changes to commodity codes, is current and accurate on the business' Vendor Connection profile. You may access Vendor Connection at [https://www.ci.austin.tx.us/financeonline/vendor\\_connection/index.cfm](https://www.ci.austin.tx.us/financeonline/vendor_connection/index.cfm). If you need assistance in making these changes please contact Vendor Registration at (512) 974-2018 or by email at [VendorReg@austintexas.gov](mailto:VendorReg@austintexas.gov).

1. Vendor Code: \_\_\_\_\_

2. Business Name: \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_  
Number & Street Name or PO Box City, State/Zip County

4. Physical Address: \_\_\_\_\_  
Number & Street Name or PO Box City, State Zip County

5. Contact Information :

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile \_\_\_\_\_ Email: \_\_\_\_\_

6. Business Owner(s): \_\_\_\_\_

7. Have there been changes in the business structure or operations? Yes  No

8. Are there any changes in ownership since certification or recertification? Yes  No

9. Have there been changes in licensing? Provide a copy. Yes  No

10. Have there been changes in the firm's work location? Yes  No

**Explain any changes indicated above and provide supporting documentation:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Does the Owner(s) Personal Net Worth Exceed \$1,540,000.00?  Yes  No

12. What are the firm's gross receipts and employees for the past three years?

Year	Gross Receipts	FTE (Full Time Employees)	PTE (Part Time Employees)	Contract Employees

*The City of Austin is committed to compliance with the Americans with Disabilities Act.  
Reasonable modifications and equal access to communications will be provided upon request.*



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## **MBE/WBE CONTINUED ELIGIBILITY UPDATE AFFIDAVIT**

I, \_\_\_\_\_ (owner), swear and affirm that all information is correct in (business)'s circumstances affecting its ability to meet size, disadvantaged status, ownership, or control requirements identified in the Austin City Code §§ 2-9(A)-(D). I swear and affirm there have been no material changes in the information provided with the application for certification, except for any changes about which I have provided written notice to the City of Austin Small and Minority Business Resources Department (SMBR).

I swear and affirm that I am socially disadvantaged because I have been subjected to racial or ethnic prejudice or cultural bias, or have suffered the effects of discrimination, because of my identity as a member of one or more of the groups identified in the Austin City Code §§ 2-9(A)-(D), without regard to my individual qualities. I further swear (or affirm) that my personal net worth does not exceed \$1,540,000, and that I am economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged.

I specifically swear or affirm \_\_\_\_\_ (business) continues to meet the Small Business Administration (SBA) business size criteria established in 13 CFR Part 121, as amended. I provide the attached size and gross receipts documentation (most recent copy of business tax return) to support this affidavit.

**I acknowledge that providing false or misleading information to the City of Austin in connection with an application for or challenge to a certification or recertification is a violation of the Austin City Code §§ 2-9A-25, 2-9B-25, 2-9C-25 and 2-9D-25 and may result in sanctions.**

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

On this \_\_\_\_\_ (day) of \_\_\_\_\_ (Month), 20\_\_\_\_, before me appeared \_\_\_\_\_ (Owner's Name), to me personally known, who, being duly sworn, did execute the affidavit and did so as his or her free act and deed.

\_\_\_\_\_  
Notary Public/ Seal

\_\_\_\_\_  
Notary Signature

**RETURN ORIGINAL NOTARIZED AFFIDAVIT AND MOST RECENT BUSINESS TAX RETURN TO:**  
City of Austin- Small & Minority Business Resources Department, Certification Office  
P.O. Box 1088, Austin, TX 78767 **OR** 4201 Ed Bluestein Blvd, Austin TX 78721  
Telephone: (512) 974-7645

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