



SMALL & MINORITY BUSINESS RESOURCES DEPARTMENT MBE/WBE JOINT VENTURE CERTIFICATION APPLICATION

Joint Venture Name _____

Joint Venture Vendor Code _____

Joint Venture Project Name _____

Joint Venture Project Number _____

Applying for: MBE WBE Dual

Please include the following items with this application:

- Secretary of State Certificate of Filing and/or DBA Assumed Name Certificate (Joint Venture Firm)
- Joint Venture Agreement
- Current City of Austin Certificate (s) (MBE/WBE Firm)

A. Certified Firm's Information

1. Company Name _____ Vendor Code _____

2. Contact Person & Title _____

3. Business Physical Address **Required** (not P.O. Box) _____ Mailing Address _____

Street _____

Street _____

City/State/Zip _____

City/State/Zip _____

4. Business Telephone () _____ Fax () _____ Email _____

5. A. Is business address residential? Yes No B. Is telephone residential? Yes No

6. Is information in Vender Connection current? Yes No

7. Nature of Firm's Business _____

8. What percentage of work is the certified firm performing? _____

B. Non-Certified Firm's Information

9. Company Name _____

10. Contact Person & Title _____

11. Business Physical Address **Required** (not P.O. Box) _____ Mailing Address _____

Street _____

Street _____

City/State/Zip _____

City/State/Zip _____

12. Business Telephone () _____ Fax () _____ Email _____
13. Nature of Firm's Business _____
14. Date firm was established _____
15. Indicate the firm's gross receipts for the last three Federal Income tax years: (if applicable)
- Year Ending _____ Amount _____
- Year Ending _____ Amount _____
- Year Ending _____ Amount _____
16. Does company own equipment? Yes No. (If Yes, on a separate sheet list by type and quantity, including a copy of titles. If No, on a separate sheet list rented or leased equipment agreements, and provide copies.)
17. Indicate if the firm, or any other firm with any of the same officers or owners, has previously been denied DBE, HUB, MBE, or WBE certification by any agency (indicate the name of the agency, the date of such denial and describe the circumstances) or use N/A if not applicable.
- _____
- _____
- _____

C. Joint Venture Firm's Information

18. Board of Directors/Partners/Joint Ventures (Add additional pages if required)

NAME	TITLE	ETHNICITY*	GENDER (M/F)	DATE ELECTED/ EXPIRATION OF TERM

*Race/Ethnic Codes: **W** – White Caucasian **B** – Black African American **H** – Hispanic American **A** – Asian American **N** – Native American

19. Control of Firm: Identify individuals in the firm including owners and non-owner(s) who are responsible for the day-to-day management, policy and decision-making, including, but not limited to, those with prime responsibility for:

BUSINESS AREA	NAME	ETHNICITY*	GENDER (M/F)	REPORTS TO (NAME/ TITLE)
Financial Control				
Evaluating Job Proposals				
Estimating and Bid Preparation				
Personnel (Hiring and Firing)				
Purchasing of Major Equipment, Materials and Supplies				
Supervision of Field Operations				
Negotiation, Administration and Signing of Contracts				
Contract Administration				
Marketing and Sales				

*Race/Ethnic Codes: **W** – White Caucasian **B** – Black African American **H** – Hispanic American **A** – Asian American **N** – Native American

AFFIDAVIT

The undersigned hereby represents that the information in this application is true and correct. The undersigned further understands that if upon investigation, it is determined that incorrect information was knowingly or willfully provided or that false representations were otherwise made in connection with this application, certification shall be denied and the matter shall be evaluated for possible sanctions under the law. The undersigned hereby authorizes the City to permit the Director to obtain from third persons (e.g., utility companies, business references, and lessors/ lessees) information relevant to any applicant's eligibility for certification.

The undersigned hereby affirms that no principal, officer, owner, or any person having decision-making authority or any direct or indirect interest in the applicant has, within five (5) years of the date of such application, owned a direct or indirect interest in, or been financially affiliated with, any firm to which MBE, WBE or DBE certification has been denied or withdrawn by any governmental entity where such denial or withdrawal was based, in whole or in part, upon false information contained in an application for certification.

Name

Signature

Title

Date

On this day before me appeared (name) _____ with proper identification, who being duly sworn, did execute the foregoing affidavit and did aver that he or she was properly authorized to execute this affidavit and did so as his or her free act/deed.

Date _____ State of _____ County of _____

(Seal)

Notary Public

Commission Expiration