

## **AFFIDAVIT OF SMALL BUSINESS ENTERPRISE (SBE) CERTIFICATION**

*This Affidavit must be signed and notarized for each owner upon which historically underutilized business status is relied.*

**This Affidavit will be used by the City of Tacoma to determine the historically underutilized status of the Affiant’s company in compliance with the SBE Certification criteria and documentation requirements set forth in Tacoma Municipal Code (TMC) Section 1.07.050.**

**ANY FALSE STATEMENT, OR MATERIAL MISREPRESENTATION OR OMISSION, MADE IN THIS AFFIDAVIT BY THE PERSON WHO SIGNS IT (the “Affiant”) IS SUFFICIENT CAUSE FOR DENIAL OF SBE CERTIFICATION, REVOCATION OF PRIOR SBE CERTIFICATION, AND/OR , INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS WITH RESPECT TO SUCH PERSON AND/OR THE COMPANY FOR WHICH IT IS SUBMITTED. SUCH FALSE STATEMENT OR MATERIAL MISREPRESENTATION OR OMISSION MAY FURTHER SUBJECT THE AFFIANT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL, STATE OR LOCAL LAW.**

**STATE OF WASHINGTON        )**  
**)** ss.  
**County of Pierce            )**

I \_\_\_\_\_ (*full name printed*), hereby state and certify under penalty of law as follows:

1. That I am \_\_\_\_\_ (*title*) of \_\_\_\_\_ (*name of the company applying for SBE certification*), the “Company” herein, and make this Affidavit based on my personal knowledge and belief.
2. That I have read and understood all of the questions in the SBE Application to which this Affidavit is a part, and that all of the information and statements in this Affidavit and in the Application and any attachments and supporting documents thereto are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information.
3. That the responses provided in the Application include all material information necessary to fully and accurately identify and explain the operations, capabilities and

pertinent history of the named Company as well as the ownership, control, and affiliations thereof.

4. That I recognize the information submitted in this Affidavit and the Application is for the purpose of inducing SBE certification approval by the City of Tacoma pursuant to Chapter 1.07, TMC.
5. That I understand that the City may, by means it deems appropriate, determine the accuracy and truth of the statements in this Affidavit and the Application, and I authorize the City to contact any person or entity named in the Application, as well as the Company's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the Company's SBE Program eligibility.
6. That I have an ownership interest in the Company and that my personal net worth does not exceed One Million Three Hundred Twenty Thousand Dollars (\$1,320,000.00).
7. That based on my personal knowledge and belief, no other person with an ownership interest in the Company has a personal net worth that exceeds One Million Three Hundred Twenty Thousand Dollars (\$1,320,000.00).
8. That the Company has sought or intends to do business with the City and/or within geographical area(s) recognized by the City's SBE Program and has experienced - or expects to experience – difficulty competing for such business due to financial limitations that impair the Company's ability to compete against larger firms.
9. 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 economically disadvantaged.
10. That the location of the Company's business offices and/or my personal residence as owner of the Company I have identified on the Application are true, accurate and current as of the date I executed this Affidavit.

#### **EXPRESS ACKNOWLEDGMENTS AND AGREEMENTS BY THE AFFIANT:**

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the Company and its affiliates, inspection of its places(s) of business and equipment, and to permit interviews of its principals, agents, and employees. Such examination and review may include, but shall specifically not be limited to, tax returns for the Company and/or me individually for the past six (6) years. I understand that refusal to permit such inquiries shall be grounds for denial of SBE certification.

If awarded a contract or subcontract, I agree to promptly and directly provide the prime contractor, if any, and the City, recipient agency, or federal funding agency on an ongoing basis, current, complete and accurate information regarding (1) work performed on the project or contract; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to provide written notice to the City, recipient agency, or federal funding agency of any material change in the information contained in the originally submitted SBE Application within 30 calendar days of such change (e.g., ownership, address, telephone number, etc.).

I acknowledge and agree that any misrepresentations in this Affidavit, my SBE Application, and/or in records pertaining to a contract or subcontract will be grounds for (i) terminating any contract or subcontract which may be awarded by the City; (ii) denial or revocation of the Company's SBE certification; (iii) suspension and debarment of myself and/or the Company; and (iv) initiating action under federal, state and/or local law concerning false statements, fraud or other applicable offenses.

I swear and affirm under penalty of perjury that all of the foregoing statements and certifications are true and correct.

Executed on \_\_\_\_\_ (Date)

Signature \_\_\_\_\_  
(Affiant and SBE Applicant)

**NOTARY ACKNOWLEDGMENT:**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.  
(Month)

\_\_\_\_\_  
(Notary's Signature)

Printed Name: \_\_\_\_\_

Notary Public in and for the State of Washington,  
residing in \_\_\_\_\_ County

My Commission expires \_\_\_\_\_