



ILLINOIS DEPARTMENT OF CENTRAL MANAGEMENT SERVICES
 BUSINESS ENTERPRISE PROGRAM
 NO CHANGE AFFIDAVIT

Name of Firm: _____ FEIN #: _____
 Address: _____
 City, State, Zip Code: _____
 Telephone number: _____ Fax Number: _____
 Cell phone number: _____
 Owner's Name: _____ Title/Position: _____
 E-Mail: _____ Website URL: _____

1. Date the business was established: _____ List the firm **Most Recent** annual gross sales: _____

2. Check the certification status of applicant firm: **CHECK ONE BOX ONLY**

- ____ Minority Business Enterprise (MBE)
 ____ Female Business Enterprise (FBE)
 ____ Persons with Disabilities Business Enterprise (PBE)

3. Ownership of firm: List current owners by name, title, ethnicity, gender, date of ownership and % owned.

Owner Name	Title/Position	Ethnic Group	Gender	Date of Ownership	% of Ownership

4. Has there been a change in your firm's ownership since your most recent Illinois BEP certification?
 ____ Yes ____ NO If yes, complete section below:

Owner Name	Title/Position	Ethnic Group	Gender	Date of Ownership	% of Ownership

5. Submit copy of the **most recent** Federal Income Tax returns, include all attachments and schedules for the applicant firm.

6. Are you currently incorporated in Illinois or authorized to transact business in Illinois? ____ Yes ____ No
 Authorization to transact business in the State of Illinois is required for businesses that are not incorporated in the state of Illinois. Contact the State of Illinois for additional information at 312-793-3380.

7. Does your firm's business require a professional licenses or licenses for any employee's? ____ Yes ____ No

8. If Yes, please list the firm's current local, county, and state business license(s), permits(s), and professional license(s). (e.g., contractor, architect or engineer's registration as required by law.

Name of Qualifying Individual/Firm	License Name	Expiration Date	License Number	Any Limitations

Submit copies of any license registrations, licenses, certificates or pending license applications obtained since your last State of Illinois BEP certification.

9. Has this firm been granted any other certification as a MBE/ FBE/ PBE or SBA 8a certified contractor since your last State of Illinois BEP Certification? ____ Yes ____ No

If Yes, **Submit copies of all certificates or certification letters.**

10. Has the firm been denied certification as a MBE/FBE/PBE or SBA 8a contractor since your last State of Illinois BEP CERTIFICATION? ____ Yes ____ No

11. IF YES, indicate the name of the authority and the date of Denial. **Submit copies of all denial letter(s).**

Name of Firm	Certifying Authority	Date of the Denial



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INFORMATION REGARDING AFFILIATE FIRM(S)

12. Do you have any ownership in any other firms: _____ Yes _____ No

13. If YES, complete the chart below.

Name of Affiliate:	Address:	Owner Name	Most Recent Gross Sales

Submit copy of the **most recent** Federal Income Tax returns, include all attachments and schedules for any affiliate firms.

AFFIRMATIONS

14. Pursuant to the requirements of Illinois Administrative Code, Title 44, Section 10.90, I understand that I must notify CMS within thirty (30) days of any change affecting my firm's ability to meet BEP program eligibility requirements. I/We understand and acknowledge that to fraudulently obtain or retain certification or public monies, to willfully make a false statement to an official for the purpose of influencing certification eligibility or to obstruct or impede an official or employee who is investing the qualifications of a business which has requested certification is a Class 2 felony subject to prosecution under Chapter 38, Article 33C of the Criminal Code of the State of Illinois.

15. I/We affirm that the Disabled, Minority or Female interest in the business constitute the majority control over business operations. Further, the undersigned agrees to provide written changes in the submitted information after the filling of this application and before the work of this firm is completed on any agency awarded contract. The agency must be informed in writing of the change, and failure to do so may result in decertification or denial of certification. The firm must further provide, upon request, information of any work performed on any specified project regarding type of work performed, its duration, amount of payment to the firm, and to permit the audit and examination of books, records and files of the named firm.

16. ANY MATERIAL MISREPRESENTATION OF INFORMATION IN THIS DOCUMENT WILL BE GROUNDS FOR: (1) DENIAL OF CERTIFICATION (2) DECERTIFICATION (3) DEBARMENT (4) TERMINATING ANY CONTRACT(S) THAT MAY BE AWARDED AND (5) INITIATING ACTION UNDER FEDERAL AND/OR STATE LAWS CONCERNING FALSE STATEMENTS.

All individuals claiming ownership must sign below

Print Name	Print Title	Signature Of Owner	Date

17. Notary Seal: Subscribed and sworn to before me this _____ day of _____, 20_____

Signed: _____

Notary Public in and for the County of: _____ State: _____

My commission expires: _____

Mail this affidavit and supporting documentation to the Illinois Department of Central Management Services, Business Enterprise Program, 100 West Randolph Suite 4-400, Chicago Illinois 60601.

Failure to respond to all questions on this affidavit and provide all requested documentation may result in the loss or denial of your firm's certification.