



ILLINOIS DEPARTMENT OF CENTRAL MANAGEMENT SERVICES
VETERAN BUSINESS PROGRAM (VBP)
RECOGNITION CERTIFICATION AFFIDAVIT

VBP Recognition Checklist

Use this checklist to avoid some common mistakes that delay the qualification process.

1. Did you complete the Small Business Applications? Yes
 No If NO, by click [HERE](#) it will take to the application.
2. Did you complete the Illinois Department of Human Rights IDHR (PC-1)? Yes
 No If NO, by click [HERE](#) it will take to the application.
3. Has the latest copy United States Department of Veteran Affairs Center for Veterans Enterprise (CVE) VOSB/SDVOSB eligibility or the Cook County (Veteran / Service Disabled Veteran Business Enterprise)? Yes
 No
4. Has the application been signed? Yes
 No
5. Has the application been notarized? Yes
 No
6. Has a copy of the business' lasted year Federal and State income tax return been included with all attachment? Yes
 No
7. Has a copy of the business affiliate for the lasted year Federal and State income tax return been included with all attachments? If you have ownership in another business. Yes
 No
8. Has copies of 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). Yes
 No

This affidavit and supporting documentation should be delivered to the
Illinois Department of Central Management Services
Veteran Business Program (VBP)
100 West Randolph Suite 4-100, Chicago Illinois 60601



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Name of firm: _____ FEIN#: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Telephone number: _____ Cell Phone: _____
 Owners name _____ Title: _____
 E-mail: _____ Website URL: _____

1. Check the status firm is applying for: **Check One Box Only**

- Service Disable Veteran-Owned Small Business (SDVOSB)
 Veteran-Owned Small Business (VOSB)

2. Check one of the entities listed below. **Submit the most current verification or certification/ letter:**

- United States Department of Veteran Affairs - Center for Veterans Enterprise (CVE) VOSB/SDVOSB eligibility.
 Cook County (Veteran / Service Disabled Veteran Business Enterprise)

3. Legal Structure (**Check One**)

- Sole Proprietorship Partnership Limited Liability Company (LLC)
 Corporation Other: _____

Describe the Principal business activities of your firm: _____

4. Date the business was established: _____ List the firm Most Recent annual gross sales: _____
Submit most recent Federal Income tax returns; include all attachments and schedules for the applicant firm.
 Do you have any ownership in any other firms: Yes If **Yes**, complete the chart below: No
 Submit most recent Federal Income tax returns; include all attachments and schedules for any affiliate.

Name of Affiliate:	Address:	Date Established	Gross Sales

5. List all Owners, Proprietors, Partners and Stockholders.
Ethnic/Racial Groups Code: (B) Black/African Americans, (H) Hispanic Americans, (NA) Native Americans, (AP) Asian-Pacific Americans, (AI) Asian-Indian Americans, and (W) White.

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

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6. Does your firm's business require any professional licenses or licenses for any employee's? ____ Yes ____ No
 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 registration, licenses, certificates or pending license applications obtained

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 VBP 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.

The firm also affirms that the Veterans interests in the business constitute the majority control over business operations. Further, the undersigned agrees to provide written changes in the submitted information after the filing 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. **ANY MATERIAL MISREPRESENTATION OF INFORMATION IN THIS DOCUMENT WILL BE GROUNDS FOR: (1) DENIAL OF CERTIFICATION (2) DECERTIFICATION (3) DEBARMENT (4) TERMINATING ANY CONTRACT THAT MAY BE AWARDED AND (5) INITIATING ACTION UNDER FEDERAL OR STATE LAWS CONCERNING FALSE STATEMENTS.**

All individuals claiming ownership must sign the affidavit

Print Name	Print Title	Signature Of Owner	Date

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

Signed: _____ My commission expires _____

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



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