ILLINOIS VETERANS BUSINESS PROGRAM
FULL CERTIFICATION DECLARATION AFFIDAVIT

Intake Date: _____

Date Assigned: _____

Decision Date: _____

OFFICE USE ONLY

RETURN TO:
Veterans Business Program (VBP)
100 W. Randolph Street
Suite 4-100
Chicago, Illinois 60601
312-814-4190

VETERANS BUSINESS PROGRAM (VBP) FOR:
Service Disabled Veteran-Owned Small Business (SDVOSB) and
Veteran-Owned Small Business (VOSB)

NOTE: APPLICANTS MAY APPLY TO BE CERTIFIED IN BOTH THE BUSINESS ENTERPRISE PROGRAM AND VETERANS BUSINESS PROGRAM AT THE SAME TIME.

"Qualified Service-Disabled Veteran-Owned Small Business" or "Qualified Veteran-Owned" Small Business means a small business that is at least 51% owned by one or more qualified service-disabled veterans or qualified veterans living in Illinois; that has its home office in Illinois; and, for which items are factually verified annually by the Department of Central Management Services.

If you are being considered to participate as a prime or subcontractor on a particular contract, please identify below:

Project Name: _____

Specification No. / Requisition No.: _____

Project No. / Requisition No.: _____

Contract Administrator/ Buyer: _____

Authorized Name of Firm | FEIN/TAX Payer

Mailing Address | City | County | State | Zip Code

Street Address or Principle Office | City | County | State | Zip Code

(_____) _____ Telephone Number | (_____) _____ Fax Number | _____ E-Mail Address

Owner Name | Title

Instructions:

Please fill out the form completely. Attach additional sheets if necessary. All application questions must be completed in their entirety, including submission of all required documentation. A question that is left blank will delay the process of the application, may also contribute to the denial of the Applicant firm. The information required is necessary to determine the applicant's eligibility as a small business at least 51% owned by and controlled by one or more Qualified Veterans. We look at the documentation of its formation, subsequent history, organizational structure, financial records, and administrative operations, as well as business and other relevant background of the owners before making a decision.

State of Illinois
Department of Central Management Services

SDVOSB and VOSB Full Certification Application

Check the status firm is applying for:

[ ] Service Disabled Veteran-owned Small Business (SDVOSB)
[ ] Minority Business Enterprise
[ ] Female and Minority Business Enterprise
[ ] Veteran-owned Small Business Enterprise (VOSB)
[ ] Female Business Enterprise
[ ] Persons with Disabilities Business Enterprise

DD214 FORM: ☐ **YES** ☐ **NO** (must be a certified copy of DD214)
"*Veteran" means a person who served in the active military, naval, or air service with at least 180 consecutive days of active duty following initial training, and who was discharged or released from his or her service under conditions other than dishonorable*." (30 ILCS 500/45-47 (e) (6)).

To be designated as a Service Disabled Veteran-Owned Business, your service connected disability must be at least 10%.
VETERAN'S DISABILITY LETTER: ☐ **YES** ☐ **NO**

(Source of disability letter: U.S. Department of Veterans Affairs or Department of Defense)
"*Qualified service disabled veteran means a veteran who has been found to have a service-connected disability (10% or higher) by the United States Department of Veterans Affairs or the United States Department of Defense." "Service-connected disability" means a disability incurred in the line of duty in the active military, naval, or air service as described in 38 U.S.C. 101 (16*)." (30 ILCS 500/45-47 (e) (3);(5)).

Gender:
[ ] Male
[ ] Female

Race/Ethnicity:
[ ] Black/African American
[ ] Hispanic American
[ ] Asian American
[ ] Native American Indian
[ ] White American

Type of Firm:
[ ] Partnership
[ ] Sole Proprietorship
[ ] Corporation
[ ] Limited Liability Company (LLC)
[ ] Other _____

NAICS CODE(S) ARE REQUIRED: _____

NOTE: NAICS (North American Industry Classification System Codes) identify your firm's specific business activities in which your firm is primarily engaged. For assistance or questions pertaining to your NAICS code, go to: http://www.census.gov/eos/www/naics/ *then click on*: 2012 NAICS Structure [XLS, 249KB *and or contact your local Small Business Administration office. (Chicago Office (312) 353-4506)*
]

Describe the Principal business activities of your firm: _____

_____

_____

Total number of year's firm has been in business? _____ How many years under the current ownership? _____

Street address of all facilities used by the firm. Please include office, warehouse, and storage spaces.

Address	City	County	State	Zip

Do you share any facilities? [ ] **Yes** [ ] **No**

If yes, indicate where the facilities are shared. _____

With whom do you share facilities? (Provide Name of Owner and Firm) _____

_____

What are the shared firm's principal business activities? _____

_____

State of Illinois
Department of Central Management Services

SDVOSB and VOSB Full Certification Application

1. Describe all real estate agreements of facilities used by the firm indicating whether facilities are owned or leased by the firm; Include rental amount and whether the agreements are written or oral. ! **Submit copies of all leases; if owned, provide proof of ownership.**

Owner Name	Check if Owned	Rental Amount	Check if Written Agreement	Describe Verbal Agreement	Expiration Date (if applicable)

2. Current Licenses: List the firm's local, county, and state active business license(s), permit(s), and professional, (e.g., contractor, architect or engineer's registration) as required by law. ! **Submit copies of registration, licenses or certificates.**

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

3. Did the firm previously exist under another name? [ ] yes [ ] No

4. Indicate if this firm or other firms with any of the same owners, directors, officers or management personnel have previously received certification and or denied as a Veteran Owned Business or SBA 8a Certified Contractor. Indicate the name of the certifying authority and date of such certification. ! **Submit copies of all approval letters and or denial(s).**

Name of Firm	Certifying Agency	Date of Last Certification	Date of Denial

5. Ownership of Firm: **Identify all members, partners, proprietors, and stockholders by name, gender, race/ethnic group, and percentage of ownership**. (Refusal to identify the citizenship status of any owners will result in your company being ineligible for certification). "*Qualified veteran-owned business" means a business entity that is at least 51% owned by one or more qualified veterans, or in the case of a corporation, at least 51% of the stock of which is owned by one or more qualified veterans; and the management and daily business operations of which are controlled by one or more of the qualified veterans who own it."* (30 ILCS 500/45-47 (e) (4)).

Name & Title	US Citizen (Yes/No)	Legal Permanent Resident (Yes/No)	Gender	Ethnic Group	Date of Ownership	% Owned	Check If Director

6. If the firm is a corporation, complete the following regarding stock ownership. **Attach copies of all issued and canceled stock certificates (both sides), stock ledger and any documentation limiting ownership rights, pledged, subject to any lien agreement or beneficially owned by anyone other than the person whose name it bears.**

SHAREHOLDER	NUMBER OF SHARES ISSUED	CLASS	DATE OF OWNERSHIP

7. Is any stock of the firm pledged, subject to any lien agreement, or beneficially owned by anyone other than the person whose name it bears? **[ ] Yes [ ] No** **If yes, submit ownership documentation limiting ownership.**

8. Is any holder of stock in the firm a party to a contingent agreement affecting the management or control of the business or the rights of the holder of any class of stock in the corporation including the sale, transfer, or transferability of any of the stock?
[ ] Yes [ ] No **If yes, submit documentation and Any Profit Sharing Agreement.**

9. Identify any owner or management official of the applicant firm who has an ownership interest in any other firm. Provide information as to owner's title, address of firm, percent of ownership, and product or service of the other firm.

Owner / Manager	Name and Address of Other Firm	Title in Other Firm	% of Ownership	Date of Ownership	Product or Services of Other Firm

10. Identify any owner or management official of the applicant firm who is an employee of or has duties in another business enterprise or agency. Describe the duties of that owner/official in the other firm; giving name and address of firm, also providing information as to firm's product or service.

Name & Title	Duties as Employee in Other Firm	Indicate Dates	Name and Address of Other Firm	Product or Services of Other Firm

11. *Identify the Any Relationship among the owners or management officials of the firm.*

Name	Relationship

12. Identify any current business relationships with any firm identified in 9 or10, including any affiliates or subsidiaries, involving shared space, equipment, or employees

Name of Firm	Business Relationship

13. Does your business maintain inventory? **[ ] Yes [ ] No**
If yes, list a description and dollar value of the inventory.

Description of Inventory	Dollar Value of Inventory
	$
	$
	$

14. List the type and cost for all equipment used for business purposes and owned by your firm. ! **Submit copies of any automotive equipment titles used by your firm.**

Equipment Owned Type	Cost	Quantity

14A. List of equipment leased, rented, or borrowed, include name of lesser. **Submit Copies of lease agreement(s).**

Leased, Rented or Borrowed Equipment	Equipment Source (Lessor)	Contact Person/ Telephone No.

15. List the contribution of money, equipment, or real estate of all the owners/shareholders. Detail amounts and types of investments listing only assets actually contributed. **Submit proof of contribution(s) made by each Owner/Shareholder.**

Name Owner/Shareholder(s)	Describe Asset(s) Contributed	Dollar Value	Source of Contribution (e.g., Personal Savings, Joint Assets, Inheritance, Loans, etc.)
		$	
		$	
		$	
		$	
		$	

16. Control of firm: Identify by name, race/ethnic group, gender, and length of time those individuals in the firm (including owners and non-owners) responsible for day-to-day management and business decisions including, but not limited to, those with primary responsibility in each management area listed below.

A. Financing Decisions:

Decisions		Name	Ethnic Group	Gender	Length of Time
1.	Check Signing (Provide a copy of Corporate Resolution or Bank Signature Card(s) for each account)				
2.	Signing and Co-signing Loans				
3.	Acquisition of Lines of Credit				
4.	Surety Bonding				
5.	Major Purchases or Acquisitions				
6.	Signing Contracts				

B. Management Decisions:

Decisions		Name	Ethnic Group	Gender	Length of Time
1.	Estimating				
2.	Marketing and Sales Operations				
3.	Hiring and Firing of Management Personnel				
4.	Hiring and Firing of Non-Management Personnel				
5.	Supervision of Field / Production				
6.	Supervision of Office Personnel				

17. Indicate the personnel or firms who provide the following services:

A. External Estimating (an outside firm that prepares cost estimates)

Name	Address	Contact Person and Telephone No.

B. Accounting

Name	Address	Contact Person and Telephone No.

C. Attorney

Name	Address	Contact Person and Telephone No.

D. Financial Institutions

Name	Address	Contact Person and Telephone No.

E. Material Suppliers

Name	Address	Contact Person and Telephone No.

18. Identify any amounts of money loaned to your firm, indicating the loan source, date, and amount.
! Submit a signed copy of each loan agreement (include all attachments front and back side).

Loan Source	Address	Date of Loan	Loan Amount

A. Identify the source of any letters of credit. _____

! **Submit copies of the initial and current letter of credit(s).**

19. What were the gross receipts of the firm for each of the last three fiscal years? Indicate the number of permanent employees for those years. ! **Attach copies of your firm most current income tax returns (include all schedule/attachment). Also attach copies of most recent year-end balance sheet and profit and loss statement.**

Year	Gross Receipts	No. of Full Time Employees	No. of Part Time Employees

! NOTE: For a new businesses, submit a current balance sheet and most current U.S. Individual income tax return.

20. What are the gross receipts of any Affiliates? **Submit copies of the most recent income tax return, include all schedule and attachment.**

Year	Gross Receipts	No. of Full Time Employees	No. of Part Time Employees

21. List the three largest projects completed by your firm in the last three years and the type of work performed.
! **Attach signed copies of project(s)/purchase orders and or invoices.**

Describe Work Performed, Materials Supplied, or Services Provided by Your Firm	Company Name & Address	Contact Person and Telephone No.	Contract Amount	Date of Contract/Job

Applicant agrees to provide subcontract quotes to more than one prime bidder on Agency Contracts?

[ ] Yes [ ] No

Applicant agrees, upon request, to provide subcontract quotes to prime contractors bidding on Agency Contracts?

[ ] Yes [ ] No

Upon penalty of perjury, the undersigned certifies that he/she is the _____
Type or Print Title

of _____
Type or Print Name of Company

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 below

Print Name	Print Title	Signature of Owner	Date
Print Name	Print Title	Signature of Owner	Date
Print Name	Print Title	Signature of Owner	Date

Date: _____ Corporate Seal (Where Appropriate)

Name(s) _____ / _____

to me personally known, who, being duly sworn, did execute the foregoing affidavit and did so as his or her free act and deed.

(Seal) Notary Public _____ Commission Expires _____

Failure to respond to all questions on this application and provide all required documentation may result in the loss or denial of your firm's certification. Note: Applicant may be asked to supply other documentation include prior year's income tax information, if necessary.

VBP Full Cert Schedule A Documentation Checklist

A. Attach the following requirements:
(Schedule A Questions 1 - 5)

- ☐ APPLICATION MUST BE SIGNED BY AN AUTHORIZED OFFICER OF THE FIRM AND NOTARIZED
- ☐ Copy of DD214 FORM
- ☐ Veteran's Disability Letter
- ☐ Real Estate Agreement(s) Lease, Deeds to Property, or Tax Bill Including Home-Based Businesses
- ☐ Current License(s) (All Applicable Business and Professional Licenses)
- ☐ MBE/DBE/WBE/PBE or SBA 8A Certification(s) and or Denial(s) **(if applicable)**
- ☐ Evidence of Citizenship/Residency/Legal Permanency for all Owners
- ☐ Evidence of Ethnicity for all Owners **(if applicable)**
- ☐ Resumes (of Work History including Dates and Responsibilities) for all Owners, Officers, Management Employees and Supervisors/Foremen

B. Attach the following requirements:
(Schedule A Questions 11 through 21)

- ☐ Title(s) of Automotive Equipment, All Vehicles Used for Business Purposes or Leased through the Business **(if applicable)**
- ☐ Inventory of Equipment and/or Equipment Lease Agreement, include office equipment
- ☐ Proof of Contribution(s) by all Owners to Acquire Stock in Firm or Start-Up Capital (i.e., Cancelled Checks, Personal Bank Statement, Loans or Receipts)
- ☐ Bank Signature Card and or signed Bank Resolutions
- ☐ Copies of All signed Loan Agreements and Line of Credit Agreements (include all attachments and schedules)
- ☐ Most Recent Financial Statements include Balance Sheet
- ☐ Most Recent U.S. Federal Business Income Tax Returns and all Affiliates Tax Returns (include all attachments and schedules)
- ☐ Most Recent U.S. Individual Federal Income Tax Returns for all Owners (include all attachments and schedules)
- ☐ Copies of W-2 Forms or 1099's for Past Three (3) Years for all Owners and Officials
- ☐ Copies of the Front Page and Executed Signature Page of Past Three (3) Contracts, or Purchase Orders, or Invoices

C. These companies must submit the following documents:

CORPORATIONS

- ☐ Articles of Incorporation (front & back pages)
- ☐ By-Laws of Corporation
- ☐ Copies of All Stock Certificates, Issued and Cancelled (Front and Back) and Stock Ledger
- ☐ Minutes of First Stockholder's Meeting and/or Corporation's Organizing Minutes
- ☐ Minutes of First Board of Director's Meeting
- ☐ Most Recent Minutes of Stockholder's Meeting Where the Current Board Members were Appointed
- ☐ Most Recent Minutes of Board of Director's Meeting Where the Current Officers Were Appointed

☐ For firm's not incorporated in Illinois, contact the Secretary of State office for authorization to conduct business in Illinois: www.cyberdriveillinois.com/services/home.html

LIMITED LIABILITY COMPANIES (LLC'S):

☐ Articles of Organization (front & back pages)
☐ Operating Agreement

PARTNERSHIPS:

☐ Partnership Agreement
☐ Assumed Name Certification or Certificate of Limited Partnership

SOLE PROPRIETORSHIPS:

☐ Assumed Name Certification

SDBA; W-9; IDHR FORMS:

☐ SDBA Form

☐ W-9 Form

☐ IDHR Form

Note: Applicant may be asked to supply other documentation include prior year's income tax information, if necessary.

PLEASE PLACE ALL DOCUMENTS IN THE ORDER THAT THEY ARE LISTED ABOVE AND RETURN TO:

Illinois Department of Central Management Services
Veteran Business Program (VBP)
100 W. Randolph, Suite 4-100
Chicago, IL 60601