

ENCLOSURE B-6

NON-CERTIFIED DISADVANTAGED BUSINESS ENTERPRISE / AIRPORT CONCESSION DISADVANTAGED BUSINESS ENTERPRISE SUB-CONTRACTOR/CONSULTANT (NON-CERTIFIED DBE/ACDBE) AND SMALL BUSINESS ENTERPRISE (SBE) PARTICIPATION PLAN

Name of Prime Contractor	
Name of Project	
Project/Contract No	Total Bid Amount

All firms must provide FEDERAL TAX ID NUMBER AND COMPLETE FORM B-4B

SBE YES NO	Name of Firm	Federal Tax ID (must provide)	Address	Contact Person	Scope of Work	Percent Participation	Dollar Value of Work (Non-Certified DBE/ACDBE)	Dollar Value Of Work (SBE)
	1.							
	2.							
	3.							
	4.							
	5.							
	6.							
Total NON-CERTIFIED DBE/ACDBE AND SBE Dollars (%)								

The undersigned will enter into formal agreement with the subcontractors listed above for work in this schedule conditioned upon the award of a contract by the Cleveland International Airport.

Signature of Prime Contractor Representative _____ Phone Number _____ Date _____



CLEVELAND
AIRPORT SYSTEM

CLE CLEVELAND HOPKINS
INTERNATIONAL AIRPORT
BKL CLEVELAND BUCKE
LAKEFRONT AIRPORT

ENCLOSURE B-7A

**MONTHLY PAYMENT COMPLIANCE
REPORT**

FOR FEDERALLY FUNDED PROJECTS

Monthly Reports Submitted to:
For Construction: ROSITA TURNER
For Professional Services: ROMAN ORINOCO
Emerging Business Enterprise Development (EBED)
Cleveland Hopkins International Airport
5300 Riverside Drive
PO Box 81009
Cleveland, Ohio 44181-0009

Instructions to the B-7A (Monthly Payment Compliance Report)

A. SUMMARY

(First page of the report is basically the summary of the second page of the report)

1. Reporting Period Section:

- 1a. *Reporting Period:* > a monthly expense that starts on the 1st of each month
- 1b. *Report#:* > identify the number of the report whether the 1st of 2nd, etc

2. Prime Contractor Information:

- 2a. *Name:* > Prime Contractor's name
- 2b. *Address:* > Prime Contractor's address
- 2c. *Contact Company Official:* > Designated officer of the company whose approving expenses to be reported
- 2d. *Title of Contact Official / Telephone:* > Information of officer named in 2c

3. Contract Information Section:

- 3a. *Contract No./Project No.* > Identify contract number of the project
- 3b. *Title of Contract:* > Name of the project
- 3c. *Contract Start Date / End Date:* > Project operating period per fully executed contract
- 3d. *Schedule of Completion:* > Expected date of project completion
- 3e. *Original Contract Amount:* > Initial contract amount before any modification or change of order
- 3f. *DBE Goal for this contract:* > The established DBE Goal for the project
- 3g. *Committed DBE Goal for this contract:* > DBE goal that Prime Contractor has agreed to
- 3h. *Current Contract Amount:* > Initial contract amount plus all modifications or change orders
- 3i. *Modifications of Change of Orders:* > List all change orders, date of approval, amount of the modification/s

4. Payment From City of Cleveland/Airport Information:

- 4a. *Dollar Amount Paid by City of Cleveland to Date:*
> Total payments received from the City of Cleveland excluding those that are pending
- 4b. *% of Contract Completed to Date:* > % of project completion to date

5. Subconsultant Participation Section: (For each DBE, NONDBE and SBE)

- 5a. *Name of DBE, NONDBE and SBE Firms:* > List individual names of DBE, NONDBE and SBE

5b. Invoice/s Columns: *Total Amount of Invoice/s Submitted This Period:*

- > Total invoices for each subcontract from the Itemized Report
- Year-To Date Invoices:*
> Current Period + Prior invoices submitted by DBE, NONDBE and SBE

5c. Contract Payments and Balances Columns:

- Subcontract Approved Amount for Each Firm This Contract:*
> Amount of contract between Prime Contractor and Subcontractor/s
- Payments to Each Firm This Report Period:*
> Payments that are reported for the current period.
- Total Payments from Previous Report Period for Each Firm:*
> Year-to-Date payments to subconsultants from previous report
- Year-to-Date Payments to Each Firm:*
> Current Payments + Previous' YTD's

5d. Retention Columns:

- Retention From Submitted Invoice This Period:*
> Withheld amount from subconsultants' current invoice/s payable at a later date
- Year-To-Date Retention for Each Firm:*
> Total amount withheld payable at a later date

NOTE: Number 6 must be filled out for follow-ups.



CLEVELAND[™]
AIRPORT SYSTEM

CLE CLEVELAND HOPKINS
INTERNATIONAL AIRPORT
BKL CLEVELAND BUZZ
AIRPORT

ENCLOSURE B-7B

MONTHLY PAYMENT COMPLIANCE REPORT

FOR NON-FEDERALLY FUNDED PROJECTS

Monthly Reports Submitted to:
ROSITA TURNER
Emerging Business Enterprise Development (EBED)
Cleveland Hopkins International Airport
5300 Riverside Drive
PO Box 81009
Cleveland, Ohio 44181-0009

Instructions to B-7B (Monthly Payment Compliance Report)

A. SUMMARY

(First page of the report is basically the summary of the second page of the report)

1. Reporting Period Section:

- 1a. *Reporting Period:* > a monthly expense that starts on the 1st of each month
- 1b. *Report#:* > identify the number of the report whether the 1st of 2nd, etc

2. Prime Contractor Information:

- 2a. *Name:* > Prime Contractor's name
- 2b. *Address:* > Prime Contractor's address
- 2c. *Contact Company Official:* > Designated officer of the company whose approving expenses to be reported
- 2d. *Title of Contact Official / Telephone:* > Information of officer named in 2c

3. Local/OEO Contract Information Section:

- 3a. *Contract No./Project No.* > Identify contract number of the local/OEO project
- 3b. *Title of Contract:* > Name of the project
- 3c. *Contract Start Date / End Date:* > Project operating period per fully executed contract
- 3d. *Schedule of Completion:* > Expected date of project completion
- 3e. *Original Contract Amount:* > Initial contract amount before any modification or change of order
- 3f. *Pre Established CSB/MBE/FBE Goal for this contract:* > The pre-established CSB/MBE/FBE Goal is 30%
- 3g. *Established CSB/MBE/FBE Goal for this contract:* > Goal that Prime Contractor has agreed to
- 3h. *Current Contract Amount:* > Initial contract amount plus all modifications or change orders
- 3i. *Modifications of Change of Orders:* > List all change orders, date of approval, amount of the modification/s

4. Payment From City of Cleveland/Airport Information:

- 4a. *Dollar Amount Paid by City of Cleveland to Date:*
> Total payments received from the City of Cleveland excluding those that are pending
- 4b. *% of Contract Completed to Date:* > % of project completion to date

5. Subconsultant Participation Section: (For each certified CSB/MBE/FBE and NON-Certified CSB/MBE/FBE)

- 5a. *Name of certified CSB/MBE/FBE and NON-Certified CSB/MBE/FBE*
> List individual names of certified CSB/MBE/FBE and NON-Certified CSB/MBE/FBE)

- 5b. Invoice/s Columns: *Total Amount of Invoice/s Submitted This Period:*
> Total invoices for each subcontract from the Itemized Report
Year-To Date Invoices:
> Current Period + Prior invoices submitted by DBE and NONDBE

5c. Contract Payments and Balances Columns:

- Subcontract Approved Amount for Each Firm This Contract:*
> Amount of contract between Prime Contractor and Subcontractor/s
- Payments to Each Firm This Report Period:*
> Payments that are reported for the current period.
- Total Payments from Previous Report Period for Each Firm:*
> Year-to-Date payments to subconsultants from previous report
- Year-to-Date Payments to Each Firm:*
> Current Payments + Previous' YTD's

- 5d. Retention Columns: *Retention From Submitted Invoice This Period:*
> Withheld amount from subconsultants' current invoice/s payable at a later date
Year-To-Date Retention for Each Firm:
> Total amount withheld payable at a later date

NOTE: Number 6 must be filled out for follow-ups.

ENCLOSURE B-8

2ND/3RD TIER SUBCONTRACTOR/SUBCONSULTANT FORM

THIS FORM IS TO PROVIDE A LISTING OF ALL 2ND/3RD TIER SUB-CONTRACTORS AND SUBCONSULTANTS PERFORMING ON THE PROJECT. ALL SUBCONTRACTOR AGREEMENTS MUST BE PROVIDED PRIOR TO RECEIVING A DBE/ACDBE NTP (NOTICE TO PROCEED). DELAY IN RECEIPT OF THIS INFORMATION CAN DIRECTLY IMPACT PROJECT SCHEDULE.

DEFINITIONS

2ND TIER SUB-CONTRACTORS/CONSULTANTS – CONTRACTORS THAT CONTRACT DIRECTLY WITH THE 1ST TIER CONTRACTORS/CONSULTANTS.

3RD TIER SUB-CONTRACTOR/CONSULTANTS – CONTRACTORS THAT CONTRACT DIRECTLY WITH THE 2ND TIER CONTRACTORS/CONSULTANTS.

Name of Prime Contractor		Total Bid Amount						
Name of Project		*** All firms must provide FEDERAL TAX ID NUMBER AND COPIES OF AGREEMENTS***						
2 nd /3 rd Tier Sub-Contractor/Consultant Name	1 st TIER Sub-Contractor/Consultant w/Agreement w/ 2 nd /3 rd Tier	Identify 2 nd Tier 3 rd Tier	CERTIFIED DBE/ ACDBE (YES / NO)	Federal Tax ID (must provide)	Address	Contact Person	Scope of Work	Total Dollar Amount
1.								
2.								
3.								
4.								
5.								
6.								
7.								
TOTAL DOLLARS								

**ENCLOSURE B-9
EMERGENCY ADDITION-CONDITIONAL APPROVAL OF SUB-CONTRACTOR/CONSULTANT FORM
THIS FORM IS TO BE USED ONLY WHEN SUBCONTRACTORS/CONSULTANTS ARE TO BE ADDED
ON AN EMERGENCY BASIS**

APPROVAL WILL BE GRANTED WITHIN 24 HOURS OF THE FORMAL REQUEST

PROJECT: _____
 CONTRACT AMOUNT: _____
 EST. WORK START DATE: _____
 EST. COMPLETION DATE: _____
 SUPPLIER ONLY: _____ YES/NO _____

TO THE DIRECTOR OF THE CLEVELAND AIRPORT SYSTEM,
 I RESPECTFULLY REQUEST YOUR CONSENT TO SUBLET THE FOLLOWING WORK TO:
 SUBCONTRACTOR/CONSULTANT TO PERFORM:

FEDERAL TAX ID: _____
 WORK TO BE PERFORMED (ADD NAICS CODES):

CONTACT PERSON: _____
 ADDRESS AND PHONE NUMBER:

SUB-SUB (ONLY FOR SUBS OF SUBS – PLEASE LIST ORIGINAL SUBS NAME):

TIER: 1, 2 OR 3	DBE CERTIFIED & CERTIFICATION DATE (YES/NO)	EST. START & COMPLETION DATE	PERCENTAGE (%)	TOTAL CONTRACT AMOUNT (\$)

BY SIGNING THIS FORM, THE CONTRACTOR LISTED BELOW HAS MADE ASSURANCES THAT ALL SUBCONTRACTORS LISTED ABOVE WHO ARE UTILIZED TOWARDS THE FULFILLMENT OF A DBE GOAL WILL BE PERFORMING A COMMERCIALY USEFUL FUNCTION AS OUTLINED IN 49 CFR PART 26. IF IT IS DISCOVERED THAT THE DBE IS NOT PERFORMING OR HAS NOT PERFORMED A COMMERCIALY USEFUL FUNCTION, THE PRIME CONTRACTOR WILL IMMEDIATELY NOTIFY THE EBED OFFICE OF ITS FINDINGS. **THE APPROVAL OF THIS FORM IS CONDITIONAL.** FINAL APPROVAL WILL NOT BE GRANTED UNTIL ALL EBED A & B FORMS ARE COMPLETED & CONTRACTUAL AGREEMENTS ARE SIGNED AND PROVIDED TO THE EBED OFFICE WITHIN 5 DAYS OF SIGNATURE. THIS ADDITION MUST BE APPROVED BY THE AIRPORT DIRECTOR AND CITY OF CLEVELAND BOARD OF CONTROL. THIS CONTRACT IS SUBJECT TO STATE OF OHIO PREVAILING WAGE OR FEDERAL DAVIS BACON (WAGE & HOUR) REQUIREMENTS. PLEASE CONTACT 216-265-3353 FOR ADDITIONAL INFORMATION. IF THE WAGE & HOUR STANDARDS ARE NOT COMPLIED, PAYMENT TO THE CONTRACTOR CAN BE STOPPED OR THE PROJECT CAN BE STOPPED ENTIRELY.

CONTRACTOR SIGNATURE: _____
 REQUESTED SUB-CONTRACTOR SIGNATURE: _____
 EBED SIGNATURE: _____
 APPROVED: _____ DENIED: _____
 REASON FOR DENIAL: _____

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**SMALL BUSINESS ENTERPRISE
(SBE)
CERTIFICATION VERIFICATION
PROCESS**

Cleveland Airport System

Small Business Enterprise (SBE) Element Guidelines

March 2013

In fourth quarter 2012, Cleveland Airport System (CAS) received approval from the Federal Aviation Administration for the addition of the Small Business Enterprise (SBE) element to its Disadvantaged Business Enterprise and Airport Concessions Disadvantaged Business Enterprise (DBE and ACDBE) programs.

The Airport is including this SBE element to facilitate competition by expanding opportunities for small businesses. The Airport is committed to taking all reasonable steps to eliminate obstacles to small businesses that may preclude their participation in procurements as prime contractors or subcontractors. The Airport will meet these objects using combinations of the following methods and strategies:

Set-Asides – Where feasible, the Airport will establish a percentage of the total value of all prime contract and subcontract awards to be set-aside for participation by SBEs on FAA-assisted contracts. A set-aside is the reserving of a contract or a portion of a contract exclusively for participation by SBE firms. A SBE set-aside is open to all small businesses regardless of the owner's gender, race or geographic location.

Unbundling – The Airport, where feasible, may “unbundle” projects or separate large contracts which may be suitable for small business participation. The Airport will conduct contract reviews on each FAA-assisted contract to determine whether portions of the project could be unbundled or bid separately. Similarly, the Airport will encourage its prime contractors or prime consultants to unbundle contracts to facilitate participation by small businesses.

Certification and Verification Procedures

Firms seeking certification with the Airport must not exceed fifty percent (50%) of the NAICS Code threshold established by the SBA for their specific industry. All firms whose gross receipts exceed 50% of its industry NAICS threshold will not be certified as a SBE with the Airport. Firms seeking certification should verify thresholds by visiting SBA Website at:

<http://www.sba.gov/content/small-business-size-standards>

The Airport will accept the following certifications for evaluation and possible certification and participation in the small business element of the Airport's DBE Program with applicable stipulations:

1. City of Cleveland, Office of Equal Opportunity Cleveland Small Business Certification (CSB) only.
2. Cuyahoga County Small Business Enterprise Certification
3. US SBA 8(a) Certification

4. Northeast Ohio Regional Sewer District Certification
5. Northern Ohio Supplier Diversity Council

*All firms certified with the entities listed above seeking Airport small business certification must submit the most recent three (3) years business tax returns, complete sections 1 and 3 part B of the Ohio UCP DBE application and submit proof of certification and areas of expertise with its Airport Small Business application.

**For purposes of the small business element of the Airport's DBE program, small businesses which are also owned and controlled by socially disadvantaged individuals will be encouraged to seek DBE certification.

***Minority and women-owned business enterprises awarded contracts under the small business enterprise set-aside will be strongly encouraged to seek DBE certification in order to be counted towards race neutral DBE participation.

Registry

The Airport will maintain an Airport Small Business Registry for all firms it grants SBE designation. This registry is separate from the Ohio UCP DBE Directory and maintained solely by the Airport.

Contracts and Goals

The project manager (PM) and DBELO or the Small Business Officer (SBO) will review FAA-assisted purchases and contracts to assess the small business opportunities, giving consideration to the size and scope of each purchase or contract to establish the set aside percentage. **This set-aside is in addition to the DBE contract goals which may be required pursuant to applicable law or policy.** All Airport FAA-assisted contracts will have a minimum of a ten percent (10%) SBE set-aside goal assigned. All FAA-assisted contracts will be reviewed individually to determine if the SBE 10% set-aside goal is appropriate. The goal maybe increased or decreased based on size and scope of the purchase. If it is determined after consideration of size and scope that a SBE goal of zero percent (0%) or no goal is to be assigned to a contract, the PM and/or SBO will document why a small business set aside goal is inappropriate.

The Airport, where feasible, may "unbundle" projects or separate large contracts which may be suitable for small business participation. The Airport will conduct contract reviews on each FAA-assisted contract to determine whether portions of the project could be unbundled or bid separately. Similarly, the Airport will encourage its prime contractors or prime consultants to unbundle contracts to facilitate participation by small businesses.

Monitoring

All FAA-assisted contracts will be monitored monthly for small business participation. All prime and SBE subcontractors will be required to submit monthly payment compliance information to the EBED monitor and through the PRISM contract compliance system. All prime contractors and their SBE subcontractors will be required to adhere to all Davis Bacon regulations and report weekly to the prevailing wage coordinator and through the PRISM contract compliance system. There may be additional compliance reporting requirements that contractors and SBE subcontractors will be subject to.

Enforcement

A firm that does not meet the eligibility criteria of the Airport's small business program and that attempts to participate in a FAA-assisted program as a small business enterprise on the basis of false, fraudulent, or deceitful statements or representations or under circumstances indicating a serious lack of business integrity or honesty, the Airport may withhold payment, initiate suspension or debarment proceedings against that firm and recommend to The Department of Justice additional actions.

The Airport may refer to the Department of Justice, for prosecution under 18 U.S.C. 1001 or other applicable provisions of law, any person who makes a false or fraudulent statement in connection with participation of a small business in any FAA-assisted program or otherwise violates applicable Federal statutes.

Assurances

The Airport makes the following assurances:

1. The DBE Program, including its small business element is not prohibited by state law;
2. Certified DBEs that meet the size criteria established under the DBE Program are presumptively eligible to participate in the small business element of the DBE Program;
3. There are no geographic or local preferences or limitations imposed on FAA-assisted contracts and the DBE Program is open to small businesses regardless of their location;
4. There are no limits on the number of contracts awarded to firms participating in the DBE Program;
5. Reasonable effort will be made to avoid creating barriers to the use of new, emerging, or untried businesses; and
6. Aggressive steps will be taken to encourage those minority and women owned firms participating in the small business element of the DBE Program that are eligible for DBE certification to become certified.

Please contact the following Emerging Business Enterprise Development (EBED) staff:

Mr. Jermaine Brooks
Certification Officer
216-265-3389
jbrooks@clevelandairport.com

Mrs. Rosita Turner
Lead Contract Compliance Officer (construction)
216-265-6606
rturner@clevelandairport.com

Mr. Roman Orinoco
Contract Compliance Officer (professional services)
216-265-6197
rorinoco@clevelandairport.com

Mr. Leonard Goins
Prevailing Wage Coordinator
216-265-3353
lgoins@clevelandairport.com

SECTION 1: COMPANY INFORMATION

A. General Information

1. *Legal name of business:		2. *Other names used by business:	
3. Website (if have one):		4. *Federal tax ID:	
5. *Company phone #:	6. Other phone #:	7. Company fax #:	
8. E-mail communications: <input type="checkbox"/> Yes <input type="checkbox"/> No		9. *County	
10. *Street address of firm (No P.O. box):		City:	State: Zip:
11. Mailing address of firm (if different):		City:	State: Zip:

*Indicates required field

DBE Unified Certification Application

B. Business Profile

1. *Date the firm was established: ___/___/___	2. *I/We have owned this firm since: ___/___/___
3. *Method of acquisition (<i>check all that apply</i>): <input type="checkbox"/> Started new <input type="checkbox"/> Inherited <input type="checkbox"/> Purchased existing <input type="checkbox"/> Merger or consolidation <input type="checkbox"/> Secured concession <input type="checkbox"/> Other (<i>explain</i>)	
4. *Number of employees: Full time _____ Part time _____	
5. *Legal structure (<i>check all that apply</i>): <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> C-Corporation	
6. *Has your firm ever existed under different ownership, a different type of ownership, or a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No, If Yes, explain:	
7. *Does this firm rely on any other firm for management functions or employee payroll? <input type="checkbox"/> Yes <input type="checkbox"/> No, If Yes, explain:	
8. *Specify the annual gross receipts of the firm for the last 3 complete fiscal years: <div style="float: right; text-align: right;"> Year _____ Total receipts \$ _____ Year _____ Total receipts \$ _____ Year _____ Total receipts \$ _____ </div>	
9. *Type(s) of work (<i>NAICS code will be assigned based on type of work description. Provide as much description as possible.</i>) a. Type of work description: b. Type of work description: c. Type of work description:	

*Indicates required field

SECTION 2: COMPANY OWNERS AND REPRESENTATIVES

Instructions:

- This application must include every individual with ownership in the firm, every individual who is an officer of the company or on the board of directors, and every employee with significant responsibilities as listed in section B.
- One of the individuals entered must be designated as the company contact. The company contact will be the person to whom future correspondence will be addressed.
- If necessary, copy the pages of this application to enter information for additional individuals.
 - ⇒ At the top of each page is a place for the owner or representative's name. This is critical if your application has more than one individual—it will allow you to keep track of which owner or representative the information pertains to.

A. General Information (Company Owner or Representative)

1. *Name (first, middle initial, last):	2. *Role: <input type="checkbox"/> Company Owner <input type="checkbox"/> Company Representative	3. *Title:
4. *Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	5. *Ethnic group membership (<i>check all that apply</i>): <input type="checkbox"/> White Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Subcontinent Asian <input type="checkbox"/> Other (<i>specify</i>) _____	
6. *Salary: \$ _____		
7. Phone #: (____) _____ - _____ ext _____		
8. *Is this owner or representative the company contact? (<i>One, and only one, owner or representative must be designated as the company contact.</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. *Enable online account? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter email address: _____		

*Indicates required field

DBE Unified Certification Application

Name (first, middle initial, last):

Instructions:

- Owner information must be provided for every company owner, regardless of the percentage of ownership. If necessary, copy the pages of this application to add additional owners.

C. Personal Information (Company Owner)

1. *Home address (street and number):	City:	State:	Zip:
2. *Home phone #:	3. *Ownership percentage:	4. *Married status:	<input type="checkbox"/> Married <input type="checkbox"/> Single
5. *U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	6. If No, legal permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Familial relationship to other owners:			
8. Has any trust been created for the benefit of this disadvantaged owner? If Yes, explain: <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. *Number of years as an owner?			
10. Please list all investments made to acquire current ownership stake in the company:			
	Date	Ownership %	# of Shares
			Share Class
			Investment
*1.			Cash \$
			Real Estate \$
			Equipment \$
			Other \$
2.			Cash \$
			Real Estate \$
			Equipment \$
			Other \$
3.			Cash \$
			Real Estate \$
			Equipment \$
			Other \$
11. Do any of your immediate family members own or manage another company? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, then list (use additional space if needed):			
	Name	Relationship	Company
			Type of Business
			Own or Manage?
1.			
2.			
3.			

*Indicates required field

DBE Unified Certification Application

Name (first, middle initial, last):

Instructions:

- Complete the following worksheets first, then use the information to complete the balance sheet at the end of the section.
- Complete all fields of an applicable worksheet. For example, if an owner has stocks, be sure to provide Security Name, Number of Shares, and Year-end Market Value per Share.
- If more than one owner is applying, supply the following information for each owner (*make copies of these pages if necessary*).

D. Personal Net Worth Worksheets (Required for all owners)

Enter year for which the following net worth worksheets apply:

Life Insurance Worksheet			
Insurance Company	Face Amount	Cash Surrender Value	Beneficiaries
1.			
2.			
3.			
4.			

Stocks and Bonds Worksheet		
Security Name	Number of Shares	Year-end Market Value per Share
1.		
2.		
3.		
4.		

Unpaid Taxes Worksheet	
Type of Tax	Amount
1.	
2.	
3.	
4.	

DBE Unified Certification Application

Name (first, middle initial, last):

Real Estate and Real Estate Mortgages Worksheet

Type of Property	Street Address	Date Purchased	Original Cost	Current Estimated Value
1.				

Is there a mortgage on the property? Yes No *(If Yes, complete the mortgage holder information for each mortgage on the property.)*

Name of mortgage holder: _____ Mortgage balance: \$ _____

Mortgage holder address:
 Street (No P.O. box): _____ City: _____ State: _____ Zip: _____

Type of Property	Street Address	Date Purchased	Original Cost	Current Estimated Value
2.				

Is there a mortgage on the property? Yes No *(If Yes, complete the mortgage holder information for each mortgage on the property.)*

Name of mortgage holder: _____ Mortgage balance: \$ _____

Mortgage holder address:
 Street (No P.O. box): _____ City: _____ State: _____ Zip: _____

Type of Property	Street Address	Date Purchased	Original Cost	Current Estimated Value
3.				

Is there a mortgage on the property? Yes No *(If Yes, complete the mortgage holder information for each mortgage on the property.)*

Name of mortgage holder: _____ Mortgage balance: \$ _____

Mortgage holder address:
 Street (No P.O. box): _____ City: _____ State: _____ Zip: _____

DBE Unified Certification Application

Name (first, middle initial, last):

Other Personal Property Worksheet		
Asset Name	Asset Type	Current Estimated Value
1.		
2.		
3.		
4.		

Other Assets Worksheet		
Asset Name	Asset Type	Current Estimated Value
1.		
2.		
3.		
4.		

Notes Payable Worksheet						
Noteholder Name	Noteholder Address	Original Balance	Current Balance	Payment Amount	Payment Frequency	Collateral Type
1.						
2.						
3.						
4.						

Other Liabilities Worksheet	
Liability	Amount
1.	
2.	
3.	
4.	

DBE Unified Certification Application

Name (first, middle initial, last):

E. Personal Net Worth Statement (Required for all owners)

Balance Sheet			
Assets	(Omit cents)	Liabilities	(Omit cents)
Cash on hand and in banks:	\$	Accounts payable:	\$
Savings accounts:	\$	Notes payable to banks and others (worksheet):	\$
IRA or other retirement accounts:	\$		
Accounts and notes receivable:	\$	Installment account (other):	\$
Life insurance (worksheet):	\$	Loan on life insurance:	\$
Stocks and bonds (worksheet):	\$	Unpaid taxes (worksheet):	\$
Real estate (worksheet):	\$	Mortgages on real estate (worksheet):	\$
Automobiles-estimated current value:	\$	Installment account (auto):	\$
Other personal property (worksheet):	\$		
Other assets (worksheet):	\$	Other liabilities (worksheet):	\$
Total assets:	\$	Total liabilities:	\$
(minus total liabilities)	<u>(-\$)</u>		
Owner net worth:	\$	Year: _____	