



Targeted Business Annual Affidavit

for the City of Madison

Check all that apply:

- Disadvantaged Business Enterprise
- Minority Business Enterprise
- Women Business Enterprise
- Small Business Enterprise

Need Assistance? Call us at 608-266-4910

In order to maintain your eligibility to participate in the City of Madison Targeted Business Program please complete and return this affidavit to the Affirmative Action Division, 210 Martin Luther King, Jr. Blvd., Rm. 523, Madison, WI 53703.

Company	
Address	
City, State, Zip Code	
Contact Name/Title	
Telephone	
FAX	
E-MAIL	
Website	
NAICS Code	

Gross Receipts \$ _____ Current year to date \$ _____ Prior Year

Please include a copy of your firm's most recent business tax returns.

Since last years certification/annual affidavit, have there been changes to this firm in the following areas? (check any/all that apply)

<input type="checkbox"/> Legal Structure	<input type="checkbox"/> Licensing Status with the City of Madison or State of Wisconsin
<input type="checkbox"/> Ownership/Stockholders	<input type="checkbox"/> Board of Directors/Officers
<input type="checkbox"/> Financial contributions from Owners or Stockholders	<input type="checkbox"/> Signing Checks
<input type="checkbox"/> Signing Contracts, Security Bonds, & Insurance	<input type="checkbox"/> Final Decisions
<input type="checkbox"/> Management Decisions	<input type="checkbox"/> Estimating
<input type="checkbox"/> Marketing/Sales	<input type="checkbox"/> Hiring/Firing of Personnel
<input type="checkbox"/> Business Loans	<input type="checkbox"/> Supervision of Personnel
<input type="checkbox"/> Ownership by or employment of a current/former owner/employee of another business	<input type="checkbox"/> Agreements which restrict ownership or control of any owners

All businesses must submit supporting documentation for all boxes that were checked above.

Has this business or any owner or officer of this business ever been denied certification or recertification? YES NO

Please clarify if the company has added any new products or services since the last affidavit was submitted.

Index in Directory under:

<input type="checkbox"/> Architect/Engineering	<input type="checkbox"/> Consultant	<input type="checkbox"/> Contractor	<input type="checkbox"/> Finance	<input type="checkbox"/> Retail
<input type="checkbox"/> Wholesaler/Distributor	<input type="checkbox"/> Fabricator	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Service	<input type="checkbox"/> Transportation
<input type="checkbox"/> Other; please specify: _____				

AFFIDAVIT

The undersigned swears that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations of:

_____ as well as the ownership thereof.
(name of firm)

Further, the undersigned agrees to provide directly to the City of Madison Contract Compliance Officer current, complete, and accurate information regarding actual work performed on any City of Madison projects, the payment thereof and any proposed changes, if any, of the foregoing arrangements, and to permit the audit and examination of books, records, and files of the named firm. The undersigned understands that any material misrepresentation will be grounds for terminating any contract which may be awarded and for initiating action under federal or state laws concerning false statements.

If, after filing this document, there is any significant change in this information submitted, the undersigned will inform the City of Madison Contract Compliance Officer directly of the change, within ten (10) days of when the change occurred.

Signature _____

Name _____

Title _____

Date _____

Date _____

State of _____

County of _____

On this _____ day of _____, 20____, before me, appeared

_____, to me personally known, who, being duly sworn,
(name)

did execute the foregoing affidavit, and did state that he or she was properly authorized by

_____ to execute the affidavit and did so of his or her free act and deed.
(name of firm)

Notary Public _____ Commission Expires _____

(Seal)

For Office Use Only

- Disadvantaged Business Enterprise
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Firm's Anniversary Date: _____