



**MASSACHUSETTS BAY TRANSPORTATION AUTHORITY
CAPITAL DELIVERY/CONTRACT ADMINISTRATION
10 PARK PLAZA, SUITE 5170
BOSTON, MASSACHUSETTS 02116**

SMALL BUSINESS ENTERPRISE (SBE) CONTRACTOR PREQUALIFICATION APPLICATION

Dear Small Business Owner,

MBTA would like to invite you to apply – or renew your SBE prequalification – in MBTA's Small Business Enterprise (SBE) Prequalification.

SBE Certification Criteria

Small Business Enterprise (SBE) means a firm that is currently certified as a “Small Business Enterprise” in one or more of the following programs:

- SBA 8 (a) Federal Small Business Administration
- SBE certified firms from any state outside of Massachusetts
- MWBE firms certified by Massachusetts Supplier Diversity Office (SDO)
- DBE from the Massachusetts Unified Certification Program (UCP)
- DBE from any state outside of Massachusetts
- SBE certification and pre-qualification are race neutral. Non-Minority or non-Female Owned businesses are eligible for participation and will be evaluated as part of the prequalification process

Prequalification Criteria

MBTA's SBE Prequalification Program is open to any business, regardless of the race or gender of its owner(s), if it meets the following guidelines:

1. The average annual gross receipts for the business for the past 3 years do not exceed \$28.48 million. This includes any affiliate businesses owned in whole or in part by any owner of the business applying, regardless of their ownership interest; and
2. MBTA will apply the current SBA business size standard(s) found in 13 CFR Part 121 appropriate to the types of work the firm seeks to perform, including the primary industry classification of the firm/ the approved applicable certification NAICS code(s) size standard.
3. The business must be at least 51% owned by one or more individuals whose personal net worth is less than \$1.32 million – not including the equity in their primary residence or their equity/investment in the business applying. Applicants cannot transfer ownership solely for the purpose of qualifying for the SBE program. MBTA will evaluate transfers of ownership within the past two years to determine compliance with the personal net worth requirements.

Prequalification Process

The MBTA SBE Prequalification process requires applicants to submit documentation of business size, personal net worth, and proof of capability to perform the services for which they are requesting.

The qualifying owners must possess all required licenses and/or Prequalification's in order to be eligible or to qualify for the applicable NAICS codes. The qualifying applicant(s) are required to execute the application affidavit in the presence of a notary.



MASSACHUSETTS BAY TRANSPORTATION AUTHORITY (MBTA) SMALL BUSINESS ENTERPRISE (SBE) PREQUALIFICATION APPLICATION

Prequalification Application

If your business qualifies, please complete and submit the attached MBTA SBE Application and Personal Financial Statement. Both forms, along with the supporting documents listed on page 3 of this cover letter, must be submitted to apply or renew. Please note, MBTA only accepts this SBE Prequalification Application and Personal Financial Statement. Alternative forms are not accepted. Documents may be submitted via email to SBEprequal@mbta.com.

Prequalification Processing

MBTA's Prequalification Department will process the application once it is complete. If your SBE prequalification application is incomplete, you will be notified via email of the specific deficiencies. Missing information must be submitted within 14 days unless an alternate time is agreed to.

A contractor may request a waiver of its prequalification limits in order to bid on a specific project. One-time waiver requests will be reviewed on a case-by-case basis. Waivers are granted at the discretion of the prequalification committee based upon current and past contractor work performance and references.

Prequalification Decision

If found eligible, you will receive a Prequalification Certificate. This certificate will include the NAICS codes indicating the types of work performed by the firm that may be counted toward MBTA's SBE goals. You may list or request on the application the NAICS codes you wish the Small Business Office to consider. However, the Small Business Office will determine as part of its evaluation process which NAICS codes a firm is eligible to be certified for, based on several eligibility factors, including the owner's ability to control each type of work. MBTA will, on request, provide an explanation for why it granted or omitted specific NAICS codes.

MBTA's SBE Prequalification is valid for 1 year – as long as the business remains within the business size and personal net worth guidelines. Prequalified SBEs must update their application and Prequalification file annually on or before their Prequalification anniversary date. Failure to submit an annual update will result in loss of SBE Prequalification.

MBTA administers the MBTA SBE Program and prequalified firms to participate on its MBTA projects within its SBE Program. MBTA does not recognize or accept non-MBTA SBE Prequalifications. All firms seeking to participate in MBTA's SBE Prequalification Program must complete the MBTA's SBE prequalification application to be listed on MBTA's SBE prequalification list.

If you have questions or concerns regarding SBE prequalification, please contact the Small Business Office by email at SBEprequal@mbta.com. For more information on MBTA's SBE Prequalification and Business Opportunities, please visit the MBTA Business Center at https://bc.mbta.com/business_center/bidding_solicitations/current_solicitations/

Rights of a contractor for Appeal

A contractor or prospective bidder who is aggrieved by a decision or determination of the Authority may file a new application for prequalification at any time, or within fifteen (15) calendar days after receiving notice of such decision or determination, may make written request for a review by the prequalification committee. A request for review shall set forth the argument for a revision of the decision. The prequalification committee shall render a decision within fifteen (15) calendar days following receipt of the request. The previous rating or decision shall remain in effect until the prequalification committee renders a decision in writing on the appeal. The decision of the prequalification committee shall be final and binding, subject to any rights of the contractor or prospective bidder to a judicial review.



**MASSACHUSETTS BAY TRANSPORTATION AUTHORITY (MBTA)
SMALL BUSINESS ENTERPRISE (SBE) PREQUALIFICATION APPLICATION**

MBTA SBE Application Supporting Documents Checklist

In order to complete your application for SBE Prequalification, you must include copies of the following required documents. While SBE Prequalification Statements can be submitted up until the bid opening date, Contractors should allow for ample time for the Authority to evaluate and respond to the SBE Prequalification Statement prior to the bid opening date. If a SBE's Prequalification is not approved by the MBTA, the SBE will not be eligible to submit on such SBE projects.

The applicant is responsible for demonstrating its eligibility for MBTA's SBE program and is required to cooperate with requests by MBTA to assist MBTA in making the determination in a timely manner. If an applicant does not provide requested information within the allotted time provided by MBTA, or if it submits incomplete information, MBTA may presume that disclosure of the missing information would adversely affect the firm or would demonstrate lack of eligibility in the area to which the information relates. Failure to supply the required documents, or any subsequently requested documents, may result in denial of Prequalification.

All applicants submitting for new, or renewal of their prequalification must provide the following:

- Current resumes, including education and dates and places of employment with duties and responsibilities held, for all owners, directors, officers, and key personnel; and work history of the firm related to the services.
- Personal financial statement for each qualifying economically disadvantaged owner comprising 51% or more ownership of the firm. If not available, a letter from a certified public accountant stating that personal net worth has not exceeded the \$1.32 million threshold requirement, excluding the value of the business and personal residence, will be accepted.
- Federal income tax returns, including all supporting schedules and attachments, for the firm and all affiliates for the past applicable three (3) years or years in business if less than (3) years.
- Copies of all licenses, trainings, or pertinent certifications necessary to engage in the company's operations;
- Surety letter with power-of-attorney signing authorization indicating bonding capacity. Surety must have a B+ or better rating with the A.M. Best Company.
- An itemized list of all equipment owned and leased by the company;
- A Certificate of Good Standing issued by the Massachusetts Secretary of State, indicating that contractor has been in business for at least one year.
- Applicants must show evidence OSHA 10 Certification. Any additional safety training may be job specific and will be provided in bidding documents.
- Company must register with the federal government's System for Award Management (SAM) (www.sam.gov), the primary database of vendors doing business with the federal government. This registration is sometimes referred to as "**self-certifying**" your small business. Federal Acquisitions Regulations (FAR) require all prospective vendors to be registered in SAM prior to the award of a contract, basic agreement, basic ordering agreement, or blanket purchase agreement. **PLEASE MAKE SURE THAT YOUR COMPANYS STATUS APPEARS IN SAM'S PUBLIC SEARCH.**



**MASSACHUSETTS BAY TRANSPORTATION AUTHORITY (MBTA)
SMALL BUSINESS ENTERPRISE (SBE) PREQUALIFICATION APPLICATION**

INSTRUCTIONS: All questions must be answered and all information requested must be submitted. **DO NOT LEAVE ANY SPACE BLANK; ENTER "N/A" FOR NOT APPLICABLE.** Please email your completed application and Personal Financial Statement (forms are available for download in the Business Center at www.MBTA.com) to the address listed above. If the application is not legible, complete, signed, dated, notarized, and accompanied by all documentation, you will be contacted to correct the deficiency. For assistance, please email SBEprequal@mbta.com.

Application Type: <input type="checkbox"/> New Application <input type="checkbox"/> Renewal		How Did You Hear About MBTA's SBE Program? IF THIS PREQUALIFICATION IS FOR A SPECIFIC PROJECT, PLEASE PROVIDE CONTRACT # AND CONTRACT TITLE _____ <input type="checkbox"/> I am Renewing <input type="checkbox"/> MBTA Website <input type="checkbox"/> Seminar/Workshop <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other _____	
1. Name of Firm		2. EIN	
3. Physical Address	City	State	Zip
4. Mailing Address (if different)	City	State	Zip
5. Contact Name		6. Business Phone	
		7. Mobile Number	
8. Email		9. Website	
10. Type of Ownership (Check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Corporation			
11. Date Established	12. Date Incorporated/Organized	13. State of Incorporation	
14. Nature of the Firm's Work			
15. Primary Owner's Citizenship, Ethnicity, and Gender			
Citizenship <input type="checkbox"/> US Citizen <input type="checkbox"/> Lawful Permanent Resident <input type="checkbox"/> Other (Explain)	Ethnicity <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Subcontinent Asian <input type="checkbox"/> Native American <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Other <input type="checkbox"/> Caucasian	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	



**MASSACHUSETTS BAY TRANSPORTATION AUTHORITY (MBTA)
SMALL BUSINESS ENTERPRISE (SBE) PREQUALIFICATION APPLICATION**

16. Ownership Details

If you indicated Sole Proprietor in Question 10, please provide the following information:

Name	Social Security Number	Ethnicity	Gender	# of Years as Owner
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If you indicated Partnership, Limited Liability Company (LLC), or Corporation in Question 10, please provide the following information (attach additional pages if needed):

Name	Board/Management Position	Ethnicity	Gender	Number of Shares Held	Ownership %	Date Acquired
			<input type="checkbox"/> Female <input type="checkbox"/> Male			
			<input type="checkbox"/> Female <input type="checkbox"/> Male			
			<input type="checkbox"/> Female <input type="checkbox"/> Male			
			<input type="checkbox"/> Female <input type="checkbox"/> Male			
Total Number of Shares Issued			Number of Shares Outstanding			

17. Is the firm owned in full or in part by another company?

- Yes No

(If yes, on a separate sheet, list the parent company's owners, percentage held by each, and the names and addresses of its directors and officers. If minorities, please indicate.)

18. Identify any individual named in questions 16 or 17 who currently is, or who was within the last three years, an owner, manager, or employee of another firm that has an ownership interest in or present business relationship with the firm. Present business relationships include the sharing of space, employees, equipment, or financing. Explain any such relationships below.

19. Have there been any transfers/changes of ownership in the past two years?

- Yes No

(If yes, explain on a separate sheet.)



**MASSACHUSETTS BAY TRANSPORTATION AUTHORITY (MBTA)
SMALL BUSINESS ENTERPRISE (SBE) PREQUALIFICATION APPLICATION**

20. Gross receipts and employment levels. Beginning with the most recent year in which the business filed a federal income tax return with the Internal Revenue Service (IRS) and going back three previous years, provide the gross receipts figures as they were reported on the federal income tax returns. Also, provide the total number of employees for each year.

Tax Year	Gross Receipts	# of Employees

21. Does the company own/lease the equipment necessary to provide the essential functions of its business? (List owned/leased equipment on separate sheet, by type and quantity.)

- Yes No

22. List all Certification's (DBE, MBE, WBE, ESB, SBE, VOSB, etc.) the firm has received. (Please provide copies of Certification letters.)

23. Has the firm or an affiliate ever been denied Prequalification or Certification by a government agency? (If yes, provide copies of all such denial letters and any appeal decisions.)

- Yes No

24. List the three (3) largest contracts completed by the firm. If the firm does not perform contract-based work, provide three business references with contact information. List work experience based on similar type of work, add additional sheet if necessary.

Contract With	Contact Person	Phone Number	Contract Amount	Type of Work	Completion Date

25. What of products or services does the business provide? For a list of NAICS codes, go to <https://www.naics.com/search/>.

NAICS Code

NAICS Code Description

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



**MASSACHUSETTS BAY TRANSPORTATION AUTHORITY (MBTA)
SMALL BUSINESS ENTERPRISE (SBE) PREQUALIFICATION APPLICATION**

The undersigned affirms under penalty of perjury, that the information provided in this application is correct and true, and includes all material information necessary to identify and explain the operations of the applicant firms well as the ownership thereof.

The undersigned also states that he or she has the authority to execute the affidavit and does so as his or her free act and deed. The undersigned also affirms that:

1. The business can perform all listed services in a professional and competent manner;
2. The business has legal access to all listed products and can provide them in a timely manner; and
3. The business is operating within the following SBE Program guidelines:
 - The average annual gross revenues for the business for the past 3 years are less than \$28.48 million; and
 - Even if the firm meets the above SBE Program requirement, a firm is not an eligible SBE for purposes of MBTA's SBE Program in any fiscal year if the firm (including its affiliates) exceeds the size standard associated with the average annual gross receipts for the previous three fiscal years for the applicable NAICS code(s) assigned to the work/services to be provided.
 - The personal net worth of the qualifying owner(s) of the business is less than \$1.32 million, not including the equity in his or her primary residence and in the applicant business.

Any fraud or misrepresentation concerning information provided in the application will result in the maximum legal prosecution allowed by prevailing statutes.

As a participant in the MBTA SBE Program, I promise to notify the MBTA Small Business Office; 10 Park Plaza, Suite 5170, Boston, MA 02116, within thirty (30) days in writing of:

- Any changes to ownership, location, contact information and/or service offerings by the business; and
- Any change of the financial status of the business that would violate the financial guidelines of the MBTA SBE Program as outlined above.

I understand that this MBTA SBE Prequalification may be investigated, audited, suspended, or revoked at any time for cause at the discretion of the MBTA Small Business Office.

_____ (printed name)

_____ (title)

_____ (signature)

_____ (date)

NOTARY

The foregoing affidavit was subscribed and sworn to before me on this _____ day of _____, 20____ by _____.

SEAL

Notary Public Signature

Commission Expiration Date



**MASSACHUSETTS BAY TRANSPORTATION AUTHORITY (MBTA)
SMALL BUSINESS ENTERPRISE (SBE) PREQUALIFICATION APPLICATION**

**MASSACHUSETTS BAY TRANSPORTATION AUTHORITY (MBTA)
PERSONAL FINANCIAL STATEMENT**

(Submit with SBE Prequalification Application)

As of _____, 20_____

CONFIDENTIAL

Check if: Joint Individual

INSTRUCTIONS: Complete this form for each majority owner or stockholder whose individual or combined interest makes up 51% or more of the company's ownership. Do not leave any item blank; enter "0" or "N/A." This statement must be notarized before submitting with the SBE Prequalification Application.

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant	

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
1. Cash on Hand and in Banks	\$ _____	12. Accounts Payable	\$ _____
2. Savings Accounts	\$ _____	13. Notes Payable to Banks and Others.....	\$ _____
3. IRA or Other Retirement Account	\$ _____	14. Installment Account (Auto)	\$ _____
4. Accounts and Notes Receivable	\$ _____	15. Installment Account (Other).....	\$ _____
5. Life Insurance – Cash Surrender Value Only	\$ _____	16. Loan on Life Insurance.....	\$ _____
6. Stocks and Bonds.....	\$ _____	17. Mortgages on Real Estate.....	\$ _____
7. Real Estate	\$ _____	18. Unpaid Taxes	\$ _____
8. Automobile(s) – Present Value.....	\$ _____	19. Other Liabilities	\$ _____
9. Other Personal Property	\$ _____	20. Total Liabilities (add lines 12-19)	\$ _____
10. Other Assets	\$ _____	21. Net Worth	\$ _____
11. Total Assets (add lines 1-10)	\$ _____	Total Assets (line 11) minus Total Liabilities (line 20)	

Sources of Income	Contingent Liabilities		
22. Salary.....	\$ _____	26. As Endorser or Co-Maker	\$ _____
23. Net Investment Income.....	\$ _____	27. Legal Claims and Judgements	\$ _____
24. Real Estate Income	\$ _____	28. Provision for Federal Income Tax.....	\$ _____
25. Other Income	\$ _____	29. Other Special Debt.....	\$ _____

Section 1 Notes Payable to Banks and Others (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral
	\$ _____	\$ _____	\$ _____	\$ _____	
	\$ _____	\$ _____	\$ _____	\$ _____	
	\$ _____	\$ _____	\$ _____	\$ _____	

Section 2 Stocks and Bonds (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Name of Securities	Number of Shares Held	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Current Value
		\$ _____	\$ _____		\$ _____
		\$ _____	\$ _____		\$ _____
		\$ _____	\$ _____		\$ _____
		\$ _____	\$ _____		\$ _____



U.S. Department of
Transportation

**Personal Net Worth Statement
For DBE/ACDBE Program Eligibility**

As of _____

OMB APPROVAL NO:
EXPIRATION DATE:

This form is used by all participants in the U.S. Department of Transportation's Disadvantaged Business Enterprise (DBE) Programs. Each individual owner of a firm applying to participate as a DBE or ACDBE, whose ownership and control are relied upon for DBE certification must complete this form. Each person signing this form authorizes the Unified Certification Program (UCP) recipient to make inquiries as necessary to verify the accuracy of the statements made. The agency you apply to will use the information provided to determine whether an owner is economically disadvantaged as defined in the DBE program regulations 49 C.F.R. Parts 23 and 26. **Return form to appropriate UCP certifying member, not U.S. DOT.**

Name		Business Phone
Residence Address (As reported to the IRS) City, State and Zip Code		Residence Phone
Business Name of Applicant Firm		
Spouse's Full Name (Marital Status: Single, Married, Divorced, Union)		

ASSETS		LIABILITIES	
	(Omit Cents)		(Omit Cents)
Cash and Cash Equivalents	\$	Loan on Life Insurance (Complete Section 5)	\$
Retirement Accounts (IRAs, 401Ks, 403Bs, Pensions, etc.) (Report full value minus tax and interest penalties that would apply if assets were distributed today) (Complete Section 3)	\$	Mortgages on Real Estate Excluding Primary Residence Debt (Complete Section 4)	\$
Brokerage, Investment Accounts	\$	Notes, Obligations on Personal Property (Complete Section 6)	\$
Assets Held in Trust	\$	Notes & Accounts Payable to Banks and Others (Complete Section 2)	\$
Loans to Shareholders & Other Receivables (Complete section 6)	\$	Other Liabilities (Complete Section 8)	\$
Real Estate Excluding Primary Residence (Complete Section 4)	\$	Unpaid Taxes (Complete Section 8)	\$
Life Insurance (Cash Surrender Value Only) (Complete Section 5)	\$		
Other Personal Property and Assets (Complete Section 6)	\$		
Business Interests Other Than the Applicant Firm (Complete Section 7)	\$		
Total Assets	\$	Total Liabilities	\$
		NET WORTH	

Section 2. Notes Payable to Banks and Others

Name of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Brokerage and custodial accounts, stocks, bonds, retirement accounts. (Full Value) (Use attachments if necessary).				
Name of Security / Brokerage Account / Retirement Account	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned (Including Primary Residence, Investment Properties, Personal Property Leased or Rented for Business Purposes, Farm Properties, or any Other Income Producing property). (List each parcel separately. Add additional sheets if necessary).			
	Primary Residence	Property B	Property C
Type of Property			
Address			
Date Acquired and Method of Acquisition (purchase, inherit, divorce, gift, etc.)			
Names on Deed			
Purchase Price			
Present Market Value			
Source of Market Valuation			
Name of all Mortgage Holders			
Mortgage Acc. # and balance (as of date of form)			
Equity line of credit balance			
Amount of Payment Per Month/Year (Specify)			

Section 5. Life Insurance Held (Give face amount and cash surrender value of policies, name of insurance company and beneficiaries).				
Insurance Company	Face Value	Cash Surrender Amount	Beneficiaries	Loan on Policy Information

Section 6. Other Personal Property and Assets (Use attachments as necessary)

Type of Property or Asset	Total Present Value	Amount of Liability (Balance)	Is this asset insured?	Lien or Note amount and Terms of Payment
Automobiles and Vehicles (including recreation vehicles, motorcycles, boats, etc.) Include personally owned vehicles that are leased or rented to businesses or other individuals.				
Household Goods / Jewelry				
Other (List)				
Accounts and Notes Receivables				

Section 7. Value of Other Business Investments, Other Businesses Owned (excluding applicant firm)

Sole Proprietorships, General Partners, Joint Ventures, Limited Liability Companies, Closely-held and Public Traded Corporations

Section 8. Other Liabilities and Unpaid Taxes (Describe)

Section 9. Transfer of Assets: Have you within 2 years of this personal net worth statement, transferred assets to a spouse, domestic partner, relative, or entity in which you have an ownership or beneficial interest including a trust? Yes No If yes, describe.

I declare under penalty of perjury that the information provided in this personal net worth statement and supporting documents is complete, true and correct. I certify that no assets have been transferred to any beneficiary for less than fair market value in the last two years. I recognize that the information submitted in this application is for the purpose of inducing certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application and this personal net worth statement, and I authorize such agency to contact any entity named in the application or this personal financial statement, including the names banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility. I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

NOTARY CERTIFICATE:

(Insert applicable state acknowledgment, affirmation, or oath)

Signature (DBE/ACDBE Owner)

Date

In collecting the information requested by this form, the Department of Transportation complies with Federal Freedom of Information and Privacy Act (5 U.S.C. 552 and 552a) provisions. The Privacy Act provides comprehensive protections for your personal information. This includes how information is collected, used, disclosed, stored, and discarded. Your information will not be disclosed to third parties without your consent. The information collected will be used solely to determine your firm's eligibility to participate in the Disadvantaged Business Enterprise (DBE) Program or Airport Concessionaire DBE Programs as defined in 49 C.F.R. Parts 23 and 26. You may review DOT's complete Privacy Act Statement in the Federal Register published on April 11, 2000 (65 FR 19477).



General Instructions for Completing the Personal Net Worth Statement for DBE/ACDBE Program Eligibility

Please do not make adjustments to your figures pursuant to U.S. DOT regulations 49 C.F.R. Parts 23 and 26. The agency that you apply to will use the information provided on your completed Personal Net Worth (PNW) Statement to determine whether you meet the economic disadvantage requirements of 49 C.F.R. Parts 23 and 26. If there are discrepancies or questions regarding your form, it may be returned to you to correct and complete again.

An individual's personal net worth according to 49 C.F.R. Parts 23 and 26 includes only his or her own share of assets held separately, jointly, or as community property with the individual's spouse and excludes the following:

- Individual's ownership interest in the applicant firm;
- Individual's equity in his or her primary residence;
- Tax and interest penalties that would accrue if retirement savings or investments (e.g., pension plans, Individual Retirement Accounts, 401(k) accounts, etc.) were distributed at the present time.

Indicate on the form, if any items are jointly owned. If the personal net worth of the majority owner(s) of the firm exceeds \$1.32 million, as defined by 49 C.F.R. Parts 23 and 26, the firm is not eligible for DBE or ACDBE certification. If the personal net worth of the majority owner(s) exceeds the \$1.32 million cap at any time after your firm is certified, the firm is no longer eligible for certification. Should that occur, it is your responsibility to contact your certifying agency in writing to advise that your firm no longer qualifies as a DBE or ACDBE. You must fill out all line items on the Personal Net Worth Statement.

If necessary, use additional sheets of paper to report all information and details. If you have any questions about completing this form, please contact one of the UCP certifying agencies.

Assets

All assets must be reported at their current fair market values as of the date of your statement. ***Assessor's assessed value for real estate, for example, is not acceptable.*** Assets held in a trust should be included.

Cash and Cash Equivalents: On page 1, enter the total amount of cash or cash equivalents in bank accounts, including checking, savings, money market, certificates of deposit held domestic or foreign. Provide copies of the bank statement.

Retirement Accounts, IRA, 401Ks, 403Bs, Pensions: On page 1, enter the full value minus tax and interest penalties that would apply if assets were distributed as of the date of the form. Describe the number of shares, name of securities, cost market value, date of quotation, and total value in section 3 on page 2.

Brokerage and Custodial Accounts, Stocks, Bonds, Retirement Accounts: Report total value on page 1, and on page 2, section 3, enter the name of the security, brokerage account, retirement account, etc.; the cost; market value of the asset; the date of quotation; and total value as of the date of the PNW statement.

Assets Held in Trust: Enter the total value of the assets held in trust on page 1, and provide the names of beneficiaries and trustees, and other information in Section 6 on page 3.

Loans to Shareholders and Other Receivables not listed: Enter amounts loaned to you from your firm, from any other business entity in which you hold an ownership interest, and other receivables not listed above. Complete Section 6 on page 3.

Real Estate: The total value of real estate excluding your primary residence should be listed on page 1. In section 4 on page 2, please list your primary residence in column 1, including the address, method of acquisition, date of acquired, names of deed, purchase price, present fair market value, source of market valuation, names of all mortgage holders, mortgage account number and balance, equity line of credit balance, and amount of payment. List this information for all real estate held. Please ensure that this section contains all real estate owned, including rental properties, vacation properties, commercial properties, personal property leased or rented for business purposes, farm properties and any other income producing properties, etc. Attach additional sheets if needed.

Life Insurance: On page 1, enter the cash surrender value of this asset. In section 5 on page 2, enter the name of the insurance company, the face value of the policy, cash surrender value, beneficiary names, and loans on the policy.

Other Personal Property and Assets: Enter the total value of personal property and assets you own on page 1. Personal property includes motor vehicles, boats, trailers, jewelry, furniture, household goods, collectibles, clothing, and personally owned vehicles that are leased or rented to businesses or other individuals. In section 6 on page 3, list these assets and enter the present value, the balance of any liabilities, whether the asset is insured, and lien or note information and terms of payments. For accounts and notes receivable, enter the total value of all monies owed to you personally, if any. This should include shareholder loans to the applicant firm, if those exist. If the asset is insured, you may be asked to provide a copy of the policy. You may also be asked to provide a copy of any liens or notes on the property.

Other Business Interests Other than Applicant Firm: On page 1, enter the total value of your other business investments (excluding the applicant firm). In section 7 on page 3, enter information concerning the businesses you

hold an ownership interest in, such as sole proprietorships, partnerships, joint ventures, corporations, or limited liability corporations (other than the applicant firm). Do not reduce the value of these entries by any loans from the outside firm to the DBE/ACDBE applicant business.

Liabilities

Mortgages on Real Estate: Enter the total balance on all mortgages payable on real estate on page 1.

Loans on Life Insurance: Enter the total value of all loans due on life insurance policies on page 1, and complete section 5 on page 2.

Notes & Accounts Payable to Bank and Others: On page 1, section 2, enter details concerning any liability, including name of noteholders, original and current balances, payment terms, and security/collateral information. The entries should include automobile installment accounts. This should not, however, include any mortgage balances as this information is captured in section 4. Do not include loans for your business or mortgages for your properties in this section. You may be asked to submit copy of note/security agreement, and the most recent account statement.

Other Liabilities: On page 1, enter the total value due on all other liabilities not listed in the previous entries. In section 8, page 3, report the name of the individual obligated, names of co-signers, description of the liability, the name of the entity owed, the date of the obligation, payment amounts and terms. Note: Do not include contingent liabilities in this section. Contingent liabilities are liabilities that belong to you only if an event(s) should occur. For example, if you

have co-signed on a relative's loan, but you are not responsible for the debt until your relative defaults, that is a contingent liability. Contingent liabilities do not count toward your net worth until they become actual liabilities.

Unpaid Taxes: Enter the total amount of all taxes that are currently due, but are unpaid on page 1, and complete section 8 on page 3. Contingent tax liabilities or anticipated taxes for current year should not be included. Describe in detail the name of the individual obligated, names of co-signers, the type of unpaid tax, to whom the tax is payable, due date, amount, and to what property, if any, the tax lien attaches. If none, state "NONE." You must include documentation, such as tax liens, to support the amounts.

Transfers of Assets:

Transfers of Assets: If you checked the box indicating yes on page 3 in this category, provide details on all asset transfers (within 2 years of the date of this personal net worth statement) to a spouse, domestic partner, relative, or entity in which you have an ownership or beneficial interest including a trust. Include a description of the asset; names of individuals on the deed, title, note or other instrument indicating ownership rights; the names of individuals receiving the assets and their relation to the transferor; the date of the transfer; and the value or consideration received. Submit documentation requested on the form related to the transfer.

Affidavit

Be sure to sign and date the statement. The Personal Net Worth Statement must be notarized