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SMALL BUSINESS PROVISION  
TITLE 49 CODE OF FEDERAL REGULATIONS PART 26

**ARKANSAS SMALL BUSINESS  
PROVISION CERTIFICATION  
APPLICATION**

10324 Interstate 30, P. O. Box 2261  
Little Rock, Arkansas 72203-2261  
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(501) 569-2259

Under Sec. 26.107 of 49 CFR Part 26, dated February 2, 1999, if at any time, the Department or a recipient has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, the Department may initiate suspension or debarment proceedings against the person or firm under 49 CFR Part 29, Governmentwide Debarment and Suspension (nonprocurement) and Governmentwide Requirements for Drug-free Workplace (grants), take enforcement action under 49 CFR Part 31, Program Fraud and Civil Remedies, and/or refer the matter to the Department of Justice for criminal prosecution under 18 U.S.C. 1001, which prohibits false statements in Federal programs.

**NOTICE OF NONDISCRIMINATION**

The Arkansas Department of Transportation (Department) complies with all civil rights provisions of federal statutes and related authorities that prohibited discrimination in programs and activities receiving federal financial assistance. Therefore, the Department does not discriminate on the basis of race, sex, color, age, national origin, religion or disability, in the admission, access to and treatment in Department's programs and activities, as well as the Department's hiring or employment practices. Complaints of alleged discrimination and inquiries regarding the Department's nondiscrimination policies may be directed to Joanna P. McFadden Section Head - EEO/DBE (ADA/504/Title VI Coordinator), P. O. Box 2261, Little Rock, AR 72203, (501) 569-2298, (Voice/TTY 711), or the following email address: Joanna.McFadden@ardot.gov.

This notice is available from the ADA/504/Title VI Coordinator in large print, on audiotape and in Braille.

# **GENERAL INFORMATION FOR THE ARKANSAS SMALL BUSINESS PROVISION**

The Arkansas Department of Transportation (Department) has developed a Small Business Provision (SBP), under 49 CFR Part 26.39, to promote small business participation. The intent of the SBP is to facilitate small business competition by eliminating any obstacles that may prevent their participation as prime contractors or as subcontractors.

**In order to be considered as a small business the business must meet the following criteria:**

- ⇒ Be an independent business whose viability does not depend on its relationship with another firm or firms.
- ⇒ It must be a for profit firm, which performs a commercially useful function and is ready, willing and able to perform work on U.S. DOT assisted contracts.
- ⇒ The firm must also have total gross receipts of not more than \$23.98 million (over a three-year average).
- ⇒ The owner(s) Personal Net Worth cannot exceed \$1.32 million.
- ⇒ The firm must be an established business with sufficient assets and resources to perform the work of their contracts.

**Commercially Useful Function is:**

- ⇒ The firm must be responsible for execution of the work of the contract or a distinct element of the work by actually performing, managing and supervising the work involved.

**Additional Information:**

- ARDOT's program goal award amount will be \$4-6 million. Set aside projects will be utilized as needed to achieve program goals.
- You must be SBP certified and Pre-Qualified by the Department prior to bidding on projects.
- Engineering and Architectural firms must turn in an annual FAR compliant overhead rate audit prior to receiving a contract.
- There will be a yearly Annual Update required to be filled out and submitted to the Department in order to stay SBP certified.



## ARDOT SMALL BUSINESS PROVISION CERTIFICATION APPLICATION

Is your firm currently certified as a DBE in the state of Arkansas?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> <b>STOP!</b> If you checked yes, you do not have to complete this application.
	<input type="checkbox"/> No	
(1) Contact person and Title:		(2) Legal name of firm:
(3) Phone #:	(4) Other Phone #:	(5) Fax #:
(6) E-mail:		(7) Website (if you have one):
(8) Street address of firm (No P. O. Box):	City:	County/Parish: State: Zip:
(9) Mailing address of firm (if different):	City:	County/Parish: State: Zip:
(10) Describe the primary activities of your firm:		(11) Federal Tax ID (if any):
(12) This firm was established on ____/____/____		(13) I/We have owned this firm since ____/____/____
(14) Method of acquisition (check all that apply): <input type="checkbox"/> Started new business <input type="checkbox"/> Bought existing business <input type="checkbox"/> Inherited business <input type="checkbox"/> Secured Consolidation <input type="checkbox"/> Merger or consolidation <input type="checkbox"/> Other (explain) _____		
(15) Is your firm "for profit"? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> <b>STOP!</b> If your firm is NOT for-profit, then you do NOT qualify for this program and do NOT need to fill out this application.	
(16) Type of Firm (check all that apply): <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other, Describe: _____		
(17) Specify the gross receipts of the firm for the last 3 years: Year _____ Total Receipts \$ _____ Year _____ Total Receipts \$ _____ Year _____ Total Receipts \$ _____		

## OWNERSHIP

**Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below (if more than one owner, attach separate sheets for each additional owner):**

(1) Name:	(2) Title:	(3) Home Phone #:
(4) Home Address (street and number):		City: State: Zip:
(5) Gender (Optional): <input type="checkbox"/> Male <input type="checkbox"/> Female	(6) Ethnic group membership (check all that apply) (Optional): <input type="checkbox"/> Black <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Hispanic <input type="checkbox"/> Subcontinent Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other ( <i>specify</i> ): _____	
(7) U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		
(8) Lawfully Admitted Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No		
(9) What is the Personal Net Worth (PNW) of the owner(s) applying for Small Business qualification?  Personal Net Worth \$ _____		
(10) Percentage owned:	(11) Familial relationship to other owners:	

### (1) Equipment

Type of Equipment	Make/Model	Current Value	Owned or Leased?
(a)			
(b)			
(c)			

### (2) Vehicles

Type of Vehicle	Make/Model	Current Value	Owned or Leased?
(a)			
(b)			
(c)			

**List current licenses/permits held by any owner and/or employee of your firm (e.g., contractor, engineer, architect, etc.) (attach additional sheets if needed):**

Name of License/Permit Holder	Type of License/Permit	Expiration Date	License Number and State
(1)			
(2)			
(3)			

**List the three largest contracts completed by your firm in the past three years, if any:**

Name of Owner/Contractor	Name/Location of Project	Type of Work Performed	Dollar Value of Contract
(1)			
(2)			
(3)			

**List the three largest active jobs on which your firm is currently working:**

Name of Prime Contractor and Project Number	Location of Project	Type of Work	Project Start Date	Anticipated Completion Date	Dollar Value of Contract
(1)					
(2)					
(3)					

**\*\*\*Pre-qualified questionnaire must be completed prior to certification\*\*\***

**SMALL BUSINESS CERTIFICATION APPLICATION SUPPORTING DOCUMENTS CHECKLIST**  
 In order to complete your application for Small Business certification, you must attach copies of all the following documents as they apply to you and your firm.

**All Applicants**

- Personal Net Worth Statement (PNWS) (form available with this application)
- Bank statement(s) for both checking and/or savings accounts, Mortgage Statement(s), and IRA Statement(s) that include the name of the bank(s), name of account holder(s), and account balance(s) as stated on the PFS
- Personal tax returns for the past three years, if applicable
- Your firm's tax returns (gross receipts) and all related schedules for the past three years
- All relevant licenses, license renewal forms, permits, and haul authority forms

**Sole Proprietorship**

- Copy of assumed name certificate

**Partnership or Joint Venture**

- Original and any amended Partnership or Joint Venture Agreements

**Corporation or LLC**

- Official Articles of Incorporation (*Signed by the state official*)
- Official Certificate of Formation (for LLCs)

**NOTE:** The specific state UCP to which you are applying may have additional required documents that you must also supply with your application. Contact the appropriate certifying agency to which you are applying to find out if more is required.



### AFFIDAVIT OF CERTIFICATION

This form must be signed and notarized for each owner upon which disadvantaged status is relied.

**A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.**

I \_\_\_\_\_ (full name printed),  
swear or affirm under penalty of law that I am  
\_\_\_\_\_ (title) of the applicant firm

\_\_\_\_\_ and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

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 I authorize such agency to contact any entity named in the application, and the named firm's bonding companies, 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 agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its places(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

If awarded a contract, subcontract, concession lease or sublease, I agree to promptly and directly provide the prime contractor, if any, and the Department, recipient agency, or federal funding agency on an ongoing basis, current, complete and accurate information regarding (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to provide written notice to the recipient agency or Unified Certification Program of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership changes, address/telephone number, personal net worth exceeding \$1.32 million, etc.).

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.

I certify that I am a socially and economically disadvantaged individual who is an owner of the above-referenced firm seeking certification as a Disadvantaged Business Enterprise or Airport Concession Disadvantaged Business Enterprise. In support of my application, I certify that I am a member of one or more of the following groups, and that I have held myself out as a member of the group(s): (Check all that apply):

- Female     Black American     Hispanic American
- Native American     Asian-Pacific American
- Subcontinent Asian American     Other (specify)

I certify that I am socially disadvantaged because I have been subjected to racial or ethnic prejudice or cultural bias, or have suffered the effects of discrimination, because of my identity as a member of one or more of the groups identified above, without regard to my individual qualities.

I further certify that my personal net worth does not exceed \$1.32 million, and that I am economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged.

I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

Signature \_\_\_\_\_ (DBE/ACDBE Applicant)      \_\_\_\_\_ (Date)

#### NOTARY CERTIFICATE



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	(Omit Cents)	LIABILITIES	(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	\$
		<b>NET WORTH</b>	

**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

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

<b>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).</b>			
	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)			

<b>Section 5. Life Insurance Held (Give face amount and cash surrender value of policies, name of insurance company and beneficiaries).</b>				
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).