

Instructions for Completing the USDOT Declaration of Eligibility

Completion and submission of the U.S. Department of Transportation's (USDOT) Declaration of Eligibility form, formerly known as the Annual Affidavit of No Change, is <u>required each year within 30 days prior to a DBE firm's certification anniversary date</u>.

By signing the Declaration of Eligibility, the firm's owner declares, under penalty of perjury, that there have been no unreported changes in the firm's circumstances affecting its business size, disadvantaged status, ownership, or control.

If there have been changes in your firm's circumstances that may affect its DBE eligibility, you are required to notify the NDOT Highway Civil Rights Office in writing within 30 days of the change. Failure to do so may result in the removal of the firm's DBE eligibility. Events that may affect your firm's DBE eligibility include change in ownership or ownership structure; a change in your personal net worth; the firm's acquisition of or acquisition by another firm; or an action of decertification, certification suspension, or certification denial taken by another State in which your firm has been or has attempted to be DBE certified. If there have been unreported changes in your firm's circumstances, submit notice of them with the completed Declaration of Eligibility form.

The Declaration of Eligibility affirms that your firm continues to meet the Small Business Administration's (SBA) business size standards for small businesses and does not exceed the USDOT's DBE business size cap of \$30.72 million. Firms having average annual gross receipts in excess of the \$30.72 million cap over the previous three (3) fiscal years do not qualify as a DBE regardless of the SBA's business size standards.

In addition to the signed Declaration of Eligibility form, include:

- The most recent federal business tax return, including all schedules and attachments, for the DBE firm and any of its affiliates and subsidiaries.
- If you are a sole proprietor or your firm is an LLC and you report the firm's income on Schedule C of your personal federal tax return, submit your most recent federal personal tax return, including all schedules and attachments.
- A list of all Unified Certification Programs that have certified the firm as a DBE.

If you fail to provide a completed Declaration of Eligibility along with the required tax return and any other applicable documentation in a timely manner, you may be deemed to have failed to cooperate under § 26.109(c) of the federal DBE program regulations, and NDOT will be required to take steps to remove your firm's eligibility.

The Declaration of Eligibility and supporting documentation may be emailed to ndot.hcro-dbe@nebraska.gov or mailed to the address shown below:

Civil Rights Office - DBE Nebraska Dept. of Transportation P.O. Box 94759 Lincoln, NE 68509-4759

Questions may be emailed to ndot.hcro-dbe@nebraska.gov or call 402-479-4531.

OMB APPROVAL NO: 2105-0586 EXPIRATION DATE: 05/31/2027

OMB CONTROL NUMBER: 2105-0586 EXPIRATION DATE: 05/31/2027

Paperwork Reduction Act Burden Statement

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2105-0586. Public reporting for this collection of information is estimated to be approximately 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information.

All responses to this collection of information are mandatory under 49 CFR §§ 23.39 and 26.83); the nature and extent of confidentiality to be provided, if any under 49 CFR §§ 26.83 and 26.109. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, (your agency name and address), Washington, D.C. 20590.

Privacy Act Statement (5 U.S.C. § 552a, as amended):

AUTHORITY: 42 U.S.C. 2000d et seq., § 12101 et seq., 42 U.S.C. 6101 et seq.; 29 U.S.C. 794, 749d; 49 U.S.C. 47113; 42 U.S.C. 12101; 49 CFR Part 23; 49 CFR Part 26, and Executive Order 13160.

PURPOSE(S): DOT will use the information collected to respond to Disadvantaged Business Enterprise (DBE) and Airport Concession Disadvantaged Business Enterprise (ACDBE) inquiries and adjudicate appeals.

ROUTINE USE(S): In accordance with DOT's system of records notice, DOT/ALL–24 Departmental Office of Civil Rights System, 76 FR 71108 (Nov. 16, 2011), the information provided may be disclosed to the U. S. Department of Justice, including United States Attorney's Offices, or other Federal agency conducting litigation or in proceedings before any court, adjudicative or administrative body, when it is necessary to the litigation and one of the following is a party to the litigation or has an interest in such litigation. A comprehensive list of routine uses can be found in DOT/ALL 24 and DOT's General Statement of Routine uses, 75 FR 82138 (Dec. 29, 2010). 77 FR 42796 (July 20, 2012), 84 FR 55222 (Oct. 15, 2019).

DISCLOSURE: Provision of the requested information is voluntary; however, failure to furnish the requested information may result in the denial of a DBE or ACDBE application and an inability of the Department to process an appeal or inquiry from any party.



OMB APPROVAL NO: 2105-0586 EXPIRATION DATE: 05/31/2027

DECLARATION OF ELIGIBILITY

This form must be signed by EACH OWNER upon whose disadvantaged status the firm relies for certification.

A FALSE STATEMENT OR MATERIAL OMISSION MADE IN CONNECTION WITH THIS SUBMISSION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, DECERTIFICATION, OR SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE UNDER FEDERAL AND STATE LAW.

| I (ful | ll name printed), declare |
|------------------------------------|------------------------------|
| under penalty of perjury that I ar | . ,, |
| firm | , all of the foregoing |
| information and statements su | ıbmitted for eligibility are |
| true, correct, and complete to tl | he best of my knowledge. |
| The responses include all mate | rial information necessary |
| to fully and accurately identify a | nd explain the operations, |
| capabilities and pertinent history | of the named firm as well |
| as the ownership, control, and a | ffiliations thereof. |

I recognize that the information submitted in this material is for the purpose of inducing certification 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 material, and I authorize such agency to contact any entity named in certification material, 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 or decertification.

If awarded a contract, subcontract, concession lease or sublease, as detailed in § 26.55, 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 my firm's (1) commercially useful function (CUF) performed on the project or concession lease; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to notify the certifying agency of a material change in circumstances that affects my firm's eligibility within 30 days of its occurrence, explain the change fully, and include a duly executed Declaration of Eligibility (this form) with the notice.

I acknowledge and agree that any misrepresentations in certification materials or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or

decertification; suspension and debarment; and for initiating action under federal and/or state law.

I declare 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 declare 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):

Women Black American Hispanic American
Native American Asian Pacific American
Subcontinent Asian American
Other pursuant to 49 CFR § 26.67(d)

I declare 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 declare that my personal net worth does not exceed the DBE program's limit posted on https://www.transportation.gov/DBEPNW, 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.

PURSUANT TO 28 USC § 1746:

| ECLARE UNDE | R PENALTY OF I | PERJURY UNI | DER THE LAW | 'S OF |
|-------------|----------------|-------------|-------------|-------|
| | ATES OF AMER | | HE FOREGOIN | IG IS |
| UE AND CORR | ECT. EXECUTED | ON | | |
| | | | | |
| | | | | |
| | | | | |
| SIGNATURE | | | | |
| (OWNER) | | | | |
| (OTTILEN) | | | | |
| | | | | |