

JAA Small Business Enterprise (SBE) Program



JAA

Jacksonville
Aviation
Authority

SBE Program Continuing Eligibility Affidavit

DECLARATION

This declaration executed under penalty of perjury of the laws of the United States and State of Florida.
[Print All Items]

BUSINESS NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

MAILING: (If different): _____

PHONE: () _____ FAX: () _____

E-MAIL ADDRESS: _____

You must include the following information with the return of this affidavit:

1. COMPLETE BUSINESS TAX RETURNS FOR THIS BUSINESS AND ALL AFFILIATED BUSINESSES FOR LAST THREE YEARS (This must be a Form 1120,1120S, 1065 or a Schedule C)
2. UP-TO-DATE STATEMENT OF PERSONAL NET WORTH [PNW] (copy enclosed)
3. COMPLETE PERSONAL TAX RETURN FOR LAST THREE YEARS (a separate Form 1040 is required for owner)
4. CURRENT BUSINESS, OCCUPATIONAL, PROFESSIONAL LICENSES AND CERTIFICATIONS
5. SUPPORT DOCUMENTATION FOR ANY "YES", RESPONSE TO ITEMS "2" "4" OR "5" FOUND ON THE OTHER SIDE OF THIS AFFIDAVIT

Failing to submit this affidavit, by the Anniversary Date, and/or failing to provide all required support documentation, will result in SBE certification REMOVAL by the Department.

1. SBE FIRM'S GROSS RECEIPTS (past three years):

\$ _____ \$ _____ \$ _____

2. HAS THERE BEEN A CHANGE IN OWNERSHIP (last 3 years)? YES__ NO__ (If "yes," you must submit proof of investment; documents indicating citizenship status; stock certificates, partnership agreements, Corporation Meeting Minutes etc. reflecting said changes for all new owners.)
3. DOES THE PERSONAL NET WORTH (PNW) OF ANY OWNER EXCEED \$750,000.00? YES__ NO__ (If "yes," identify the owner(s) Personal Net Worth exclude your personal residence and the value of the SBE firm. Include all non-SBE business property, furnishings, jewelry, guns, stocks, bonds, IRAs, livestock, etc.)
4. HAS THERE BEEN A CHANGE IN MANAGEMENT (last 3 years)? (Include Board of Directors for Corporations) YES__ NO__ (If "yes," you must provide the names of new management staff and a description of their duties and responsibilities.)
5. HAS THERE BEEN ANY MATERIAL CHANGES (last 3 years)? (including but not limited to ownership, officers, Directors, scope of work being performed, daily operations, affiliations with other businesses or individuals or physical location of the firm) YES__ NO__ (If "yes," you must submit documentation supporting these changes.)

I understand that any material misrepresentation will be grounds for de-certification, and for initiation of actions under Federal and/or State laws regarding the making of false statements.

I hereby certify there have been no material changes to the information provided with this firm's most recent complete application for SBE certification, except those heretofore or herein conveyed in writing.

STATE OF _____

COUNTY OF _____

(SBE Owner's Printed Name)

(SBE Owner's Signature)

Corporate Seal:

Sworn to and subscribed before me this _____ day of _____, 20 _____

by _____
(Affiant's Printed Name)

He/She is personally known to me or has produced _____ as identification.
(Type of Identification)

STATE OF _____

(Signature of Notary)

(Notary's Printed Name)

My Commission Expires: _____

**THE JACKSONVILLE AVIATION AUTHORITY
SMALL BUSINESS ENTERPRISE**

OWNERS PERSONAL NET WORTH

Complete this form for: (1) each general partner whose combined interest totals 51% or more;
or (2) each stockholder making up 51% or more of voting stock.

Applicant Name Cell Phone

Residence Address Residence Phone

City, State and Zip Code

Business Name Business Phone

PERSONAL FINANCIAL STATEMENT As of _____, 20____

ASSETS		TOTAL LIABILITIES	
	(Omit Cents)		(Omit Cents)
Cash on hand and in Banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others (Describe in Section 1)	\$ _____
IRA or Other Retirement Account	\$ _____	Unpaid / Overdue Taxes (Describe in Section 5)	\$ _____
Accounts and Notes Receivable	\$ _____	Installment Account (Other)	\$ _____
Life Insurance - Cash Surrender Value Only (Complete Section 7)	\$ _____	Loans against Life Insurance Cash Surrender Value	\$ _____
Stocks and Bonds (Describe in Sec. 2)	\$ _____		\$ _____
Real Estate OTHER THAN Primary Residence (Describe in Section 3)	\$ _____	Total Mortgages on OTHER Real Estate (Describe in Section 3)	\$ _____
Automobile(s) - Present Value	\$ _____	Installment Account = Auto	\$ _____
Other Personal Property and Assets... (Describe in Section 4)	\$ _____	Other Liabilities (Describe in Section 6)	\$ _____
Business Value and Assets or "Book Value" (Describe in Section 4)	\$ _____		
Total Assets	\$ _____	Total Liabilities	\$ _____

NET WORTH (Total Assets minus Total Liabilities) = \$ _____

Source of Income		Contingent Liabilities	
Salary	\$ _____	As Endorser or Co-Maker	\$ _____
Net Investment Income	\$ _____	Legal Claims and Judgments	\$ _____
Real Estate Income	\$ _____	Provision for Federal Income Tax	\$ _____
Other Income	\$ _____	Other Special Debt	\$ _____

DETAILS OF PREVIOUS PAGE

Section 1. Notes Payable to Bank / Others

(Each Attachment must be identified as a part of this statement and signed.)

Name and Address of Note holder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed - Type of Collateral

Section 2. Stocks and Bonds

(Each attachment must be identified as a part of this statement and signed.)

Number of Shares	Name of Securities	Cost	Market Value Quotation / Exchange	Date of Quotation/Exchange	Total Value

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Section 3. Real Estate Owned
 (List each parcel separately. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name and Address of Mortgage Holder			
Mortgage Account No.			
Mortgage Balance			
Payment per Month			
Status of Mortgage			

Section 4. Other Personal Property and Other Assets (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and describe if delinquent.)

Section 5. Unpaid Taxes (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attached.)

Section 6. Other Liabilities (Describe in detail.)

Section 7. Life Insurance Held (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries.)

I authorize the Jacksonville Aviation Authority to verify the accuracy of the statements made in order to determine whether I meet the standards for participation in the SBE Program at the Jacksonville Aviation Authority.

PROVIDE COPIES OF YOUR 1040 FOR THE LAST THREE YEARS TO SUPPORT THIS STATEMENT.

These statements are true and correct to the best of my belief.

SIGNATURE:	TITLE:	SSN:	DATE:
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AFFIDAVIT

Owners Net Worth statement.

The undersigned swears that the initial and any supplemental information, statements and/or documents provided are: (i) provided in an effort to induce the grant of JAA SBE certification with the Jacksonville Aviation Authority; and (i) true and correct. Any material misrepresentation will be grounds for immediate de-certification, debarment and initiation of legal action under Federal, state and local laws concerning false statements.

STATE OF _____

Print Applicant's Name

COUNTY OF _____

Signature of Applicant

Corporate Seal:

Sworn to and subscribed before me this _____ day of _____, 20__ by _____ (Name of affiant). He/She is personally known to me or has produced _____ (type of identification) as identification.

State of _____

(Notary's printed name)

My commission expires

(Notary's Signature)