



*Nicholas O. Meyer Legal Director*

## **Minority Business Enterprise & Women Business Enterprise Certification Renewal Form**

Instructions: Please fill out the form completely. Attach additional sheets if necessary. The information required is necessary to verify the applicant's eligibility as a small business at least 51% owned by women or minorities (Black/African Americans [B], Hispanic Americans [H], Native Americans [N], Asian Americans [A]), or any other individuals found to be disadvantaged under the Small Business Act, including females regardless of ethnicity and whose management and daily operations are controlled by such individuals. Failure to respond truthfully to any question in this form, or failure to cooperate fully with further inquiry after application will result in denial of eligibility. Incomplete forms will be returned.

Submit your completed renewal application to:

City of Rockford  
Legal Department  
425 East State Street  
Rockford, IL 61104

**For more information, please contact Michelle Vella, Contract and Grant Compliance Officer, at  
(779) 348-7392 or [michelle.vella@rockfordil.gov](mailto:michelle.vella@rockfordil.gov).**



Nicholas O. Meyer Legal Director

**CITY OF ROCKFORD  
CERTIFICATION RENEWAL FORM**

**Principal's Name:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, & Zip** \_\_\_\_\_

**Contact Person** \_\_\_\_\_

**Business Phone** \_\_\_\_\_ **Fax Phone** \_\_\_\_\_

**Mobile Phone** \_\_\_\_\_ **Other #** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Web Site** \_\_\_\_\_

**FEIN or EIN #** \_\_\_\_\_ **Dun & Bradstreet #** \_\_\_\_\_

**IDHR # & Expiration Date** \_\_\_\_\_

**Name of Shareholder(s), Title & (% of Stock) or Sole Owner or Partner(s):**

_____	<b>Title</b>	<b>%</b>	_____
_____	<b>Title</b>	<b>%</b>	_____
_____	<b>Title</b>	<b>%</b>	_____
_____	<b>Title</b>	<b>%</b>	_____
_____	<b>Title</b>	<b>%</b>	_____

**Description of Products or Services:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**CERTIFICATION RENEWAL AFFIDAVIT**

Upon penalty of perjury, the undersigned certifies that he/she is the \_\_\_\_\_  
Title

Of \_\_\_\_\_  
Name of Company

That he or she is authorized by the Company to execute this application on its behalf, that he or she has personal knowledge of the statements made in this application, and that the same are true.

The firm also affirms that the Minority or Women interests in the business constitute majority control over business operations. Further, the undersigned agrees to provide written changes in the submitted information within 10 days after the filing of this application and before the work of this firm is completed on any City awarded contract. The City of Rockford must be informed in writing of the changes, and failure to do so may result in denial of the Certification Declaration Affidavit as a Minority/Women Business and/or pending contract, if applicable. The firm must further provide, upon request, information of any work performed on any specified project regarding type of work performed, its duration, amount of payment to the firm, and to permit the audit and examination of books, records and files of the named firm. **ANY MATERIAL MISREPRESENTATION OF INFORMATION IN THIS DOCUMENT WILL BE GROUNDS FOR: (1) DENIAL OF CERTIFICATION ACCEPTANCE (2) TERMINATING ANY CONTRACT WHICH MAY BE AWARDED AND (3) INITIATING ACTION UNDER FEDERAL OR STATE LAWS CONCERNING FALSE STATEMENTS.**

**For City of Rockford Certification Program:**

The undersigned certifies that he/she will cooperate with the Equal Opportunity Compliance Officer (EOCO) as provided by the City of Rockford Municipal Code as stated and understands and will abide by all provisions of the City's Ordinance.

\_\_\_\_\_  
Signature Title(s)

\_\_\_\_\_  
Firm Name County State

\_\_\_\_\_  
Date Corporate Seal (where appropriate)

Name(s): \_\_\_\_\_

Personally known to me, who, being duly sworn, did execute the foregoing affidavit and did so as his or her free act and deed.

\_\_\_\_\_  
Notary Public Commission Expires

(seal)

**If the foregoing certification application has been photocopied, the accuracy of the photocopied entries must have an original signature and date on the bottom of each page of the application.**