



Minority-Owned Business Enterprise & Women-Owned Business Enterprise Certification Renewal Form

Instructions: Please fill out the form completely. Attach additional sheets if necessary. 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 paper application to:

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

Or by fax: (815) 967-6949

Or by scanning and emailing to:

John.Wuich@rockfordil.gov or Nora.Doyle@rockfordil.gov

For more information, please contact John Wuich, Contract and Grant Compliance Officer, at (779) 348-7392 or John.Wuich@rockfordil.gov.



Intake Date: _____
Date Assigned: _____
Assigned To: _____
Approval/Denial Date: _____

OFFICE USE ONLY

Minority-Owned Business Enterprise & Women-Owned Business Enterprise Certification Renewal Form

Name of Principal

Name of Business

Address

City

County

State

Zip Code

Office Phone #

Fax #

Cell Phone #

Email Address

Website Address

Contact Person for this Renewal

Title

FEIN (EIN) #

Dun & Bradstreet #

Click or tap to enter a date.

IDHR #

Expiration Date

Name of Shareholder(s), title, and percentage of stock or sole owner or partner(s)

Name

Title

Percentage

Name

Title

Percentage

Name

Title

Percentage

Name

Title

Percentage

Description of Product or Services:

CERTIFICATION RENEWAL AFFIDAVIT

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

_____ Title

OF

_____ Business Name

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.**

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)

Business 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)