

**SCHEDULE B -2
MPS - NEIGHBORHOOD SCHOOLS INITIATIVE
Affidavit of Business Status**



I hereby declare and affirm that I, _____ am the owner or duly authorized representative of:

NAME OF CONTRACTOR/SERVICE PROVIDER

e-mail Address

Street Address

Phone Number

Fax Number

City

State

Zip Code

County

The above firm is certified * as a DBE or EBE by the following - - *Check all that apply*

Milw County Disadvantaged Business Development

Wisconsin Department of Transportation (DOT)

City of Milwaukee Emerging Business Enterprise Program

Other DOT (Please Specify)

SBA (Federal) 8a Program

Other Agency being submitted for approval

*** Copies of the above checked Certification documents must be attached**

Has your firm ever been certified as a Minority Business Enterprise and/or a Woman Business Enterprise by an agency that no longer provides such certification? YES NO

If yes, has your company ownership, legal structure or management changed since your company was certified MBE and/or WBE? YES NO

Please attach a copy of your expired MBE/WBE certificate and check here, if attached

**This form should be returned to Prism Technical 10 days before any bid is due at MPS.
Additional information may be requested.**

The undersigned affirms the Disadvantaged or Emerging Business Enterprise stated herein is owned, managed and controlled by one of the following (please only check one):

Minority

Woman

Signature of Owner or Authorized Representative

State of

Title (please print)

County of

E-mail Address

Subscribed and sworn to before me this _____ Day of _____, 200____ AD

Notary Public, State of Wisconsin

My Commission Expires

In all proposed Joint Ventures, each HUB Firm Venturer must submit a copy of their original Letter of Certification from a certification agency acceptable to the Office of Neighborhood Schools.

Approval subject to the provisions of the current MPS NSI Participation Plan.

IM Approval

Date

