



Department of Administration
Division of Equity, Diversity & Inclusion (DEDI)
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MBE/WBE ANNUAL DECLARATION OF ELIGIBILITY

Name of Business: _____

Physical Address: _____

Mailing Address: _____

City/Town _____ **State:** _____ **Zip Code:** _____

Federal ID No.: _____ **Phone No: ()** _____ **# of Employees:** _____

E-mail Address: _____ **Jurisdiction of Original Certification:** _____

Original Date of Certification: _____

Percentage Owned by Minority or Women: _____

I, _____ (full name printed), declare under penalty of perjury that I am the _____ (title) of the above-referenced firm, and that all of the foregoing information and statements submitted for eligibility are true, correct, and complete to the best of my knowledge. I further declare that my firm continues to meet the size, disadvantaged status, ownership, and control requirements of 49 CFR Part 26 and 13 CFR Part 121. I declare that my personal net worth does not exceed \$2,047,000, the economic disadvantage criteria per 49 CFR 26.68 for the MBE program.

I declare that I am a socially and economically disadvantaged individual who is an owner of the above-referenced firm seeking to continue to have an WBE/MBE certification. 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 in 49 CFR Part 26.67, without regard to my individual qualities.

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 place(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 decertification.

I agree to notify this certifying agency, the Minority Business Enterprise Compliance Office (MBECO) of the State of Rhode Island, of any 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 MBE/WBE Declaration of Eligibility (this form) with the notice.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE

FOREGOING IS TRUE AND CORRECT. EXECUTED ON _____.

Signature (owner) _____

Rev. 10/25/2024