

# Alaska Unified Certification Program (AUCP) DBE Annual No Change Declaration ANC-Owned Firms Certified under 49 CFR 26.63(c)(2)

The purpose of the annual declaration is to verify your firm's continued eligibility in the program and identify changes that may affect Disadvantaged Business Enterprise (DBE) certification. This information is required to maintain DBE certification with the AUCP.

All Applicant Must Submit:

Annual No Change Declaration

**Current Business Information Form** 

#### **Documents must be submitted to the AUCP Office:**

Alaska Department of Transportation & Public Facilities Civil Rights Office PO Box 196900

Anchorage AK 99519-6900

Phone: 907-269-0845 Fax: 907-269-0847 Email: sarah.starzec@alaska.gov

#### Code of Federal Regulations (CFR) §26.83 (j) states:

(j) A DBE must provide its certifier(s), every year on the anniversary of its original certification, a new DOE along with the specified documentation in § 26.65(a), including gross receipts for its most recently completed fiscal year, calculated on a cash basis regardless of the DBE's overall accounting method. The sufficiency of documentation (and its probative value) may vary by business type, size, history, resources, and overall circumstances. However, the following documents may generally be considered "safe harbors," provided that they include all reportable receipts, properly calculated, for the full reporting period: audited financial statements, a CPA's signed attestation of correctness and completeness, or all income-related portions of one or more (when there are affiliates) signed Federal income tax returns as filed. **Non-compliance, whether full or partial, is a § 26.109(c) failure to cooperate.** 

#### Code of Federal Regulations (CFR) §26.83 (i) states:

- (i) If you are a DBE, you must inform the recipient or UCP in writing of any change in circumstances affecting your ability to meet size, disadvantaged status, ownership, or control requirements of this part or any material change in the information provided in your application form.
  - (1) Changes in management responsibility among members of a limited liability company are covered by this requirement.
  - (2) You must attach supporting documentation describing in detail the nature of such changes.
  - (3) The DBE must notify the certifier of a material change in its circumstances that affects its continued eligibility within 30 days of its occurrence, explain the change fully, and include a duly executed DOE with the notice. **The DBE's non-compliance is a § 26.109(c) failure to cooperate.**



#### ALASKA UNIFIED CERTIFICATION PROGRAM

Alaska Department of Transportation & Public Facilities Civil Rights Office, PO Box 196900, Anchorage AK 99519

Phone: 907-269-0845 Fax: 907-269-0847

## ANNUAL NO CHANGE DECLARATION FOR ALASKA NATIVE CORPORATION (ANC) OWNED FIRMS

	`	,		
I	(full name printed),	declare under penalty o	f perjury the	at I am
information and statements submitted for eligibili include all material information necessary to full history of the named firm as well as the ownersh	y and accurately identify and e	lete to the best of my kno explain the operations, ca	wledge. Th	e responses
I recognize that the information submitted in this I understand that a government agency may, by n in the material, and I authorize such agency to co companies, banking institutions, credit agencies, the information supplied and determining the national supplied and determining the supplied	neans it deems appropriate, de ntact any entity named in certi contractors, clients, and other	termine the accuracy and fication material, and the	truth of the named firn	statements n's bonding
I agree to submit to government audit, examinate exist, of the named firm and its affiliate's inspect principals, agents, and employees. I understand to decertification.	tion of its places(s) of business	s and equipment, and to	permit inter	
If awarded a contract, subcontract, concession le provide the prime contractor, if any, and the Dep current, complete and accurate information regard project or concession lease; (2) payments; and (3)	partment, recipient agency, or a rding my firm's (1) commercia	federal funding agency, ally useful function (CU)	on an ongoi F) performe	ng basis,
I agree to notify the certifying agency of a mater its occurrence and explain the change fully. I ack in records pertaining to a contract or subcontract awarded; denial or decertification; suspension ar	knowledge and agree that any a will be grounds for terminating	misrepresentations in central any contract or subcontract or subco	rtification m ntract which	naterials or may be
I declare that I am a representative of the above-following is true:	referenced ANC-owned firm a	and in accordance with 4	9 CFR 26.6	3(c)(2) the
The Settlement Common Stock of the underlying Common Stock and by Natives and descendants total voting power of the corporation for purpose	of Natives represents a majori	•		
The shares of stock or other units of common ow the ANC and by holders of its Settlement Comm total voting power of the entity for the purpose of	on Stock represent a majority	of both the total equity of	of the entity	•
The subsidiary, joint venture, or partnership entiror small disadvantaged business program.	ty has been certified by the Sm	nall Business Administra	tion under t	he 8(a)
PURSUANT TO 28 USC § 1746: I DECLARE STATES OF AMERICA THAT THE FOREGO			WS OF TH	E UNITED
Executed OnSignature				

### **CURRENT BUSINESS INFORMATION**

FIRM NAME
PHYSICAL ADDRESS
MAILING ADDRESS
BUSINESS PHONE FAX CELL
BUSINESS EMAIL ADDRESS
BUSINESS WEBSITE ADDRESS
BUSINESS CONTACT PERSON
HAS THE OWNERSHIP OF YOUR BUSINESS CHANGED? YES NO (If so, please provide supporting documentation)
HAS THE BUSINESS STRUCTURE CHANGED? (i.e., Changed from a Sole Proprietor to a LLC)  YES NO (If so, please provide supporting documentation)
HAS THE MANAGEMENT OF YOUR BUSINESS CHANGED?  YES NO (If so, please provide supporting documentation)
EMPLOYER IDENTIFICATION NUMBER (EIN)
AASHTOWare VENDOR ID:
FOR BIDDING OPPORTUNITIES PLEASE REGISTER YOUR BUSINESS <a href="https://dot.alaska.gov/procurement/">https://dot.alaska.gov/procurement/</a>
WHICH AREA OF THE STATE DO YOU WISH TO PROVIDE YOUR SERVICES?
☐ Northern Region ☐ Central Region ☐ Southcoast Region ☐ Statewide
WHAT IS YOUR FIRM'S BONDING LIMIT? (Please provide supporting documentation)
Signature of Representative Date

DESCRIBE THE CHANGES TO YOUR BUSINESS OWNERSHIP:
DESCRIBE THE CHANGES TO YOUR BUSINESS STRUCTURE:
DESCRIBE THE CHANGES TO YOUR BUSINESS MANAGEMENT: