

DATE: _____

JOINT VENTURE, PARTNERSHIP, AND ASSOCIATION AFFIDAVIT

JOINT VENTURE, PARTNERSHIP, OR ASSOCIATION NAME: _____

This affidavit should be accompanied by documentation demonstrating the current Certification of all MBE and WBE firms involved. All information requested in this Affidavit is required. If additional space is needed, additional sheets may be attached.

I. NON MWBE OR LARGER MBE/WBE FIRM: _____

ADDRESS: _____ **CONTACT:** _____
_____ **PHONE:** _____

II. SMALLER MBE/WBE FIRM: _____

ADDRESS: _____ **CONTACT:** _____
_____ **PHONE:** _____

III. ROLE OF THE SMALLER MBE/WBE FIRM

Please describe the role of the smaller MBE/WBE firm in the joint venture, partnership, or association. If additional space is needed, additional sheets may be attached.

IV. JOINT VENTURE, PARTNERSHIP, OR ASSOCIATION AGREEMENT. In order to demonstrate the MBE and/or WBE firm's share in the ownership, control, management responsibilities, risks and profits of the Joint Venture, Partnership, or Association, the proposed joint venture agreement must include specific details related to: (1) the contributions of capital and equipment; (2) work items to be performed by the MBE/WBE firm's own forces; (3) work items to be performed under the supervision of the MBE/WBE firm; and (4) the commitment of management, supervisory and operative personnel employed by the MBE/WBE to be dedicated to the performance of the project.

V. OWNERSHIP OF THE JOINT VENTURE, PARTNERSHIP, OR ASSOCIATION.

A. PERCENTAGES OF OWNERSHIP

SMALLER MBE/WBE FIRM: _____
NON MWBE OR LARGER MBE/WBE FIRM: _____

JOINT VENTURE, PARTNERSHIP, AND ASSOCIATION AFFIDAVIT

B. PERCENTAGES OF OTHER BUSINESS NEEDS

1. **PROFIT AND LOSS SHARING:** _____

2. **TOTAL CAPITAL CONTRIBUTIONS:** _____

i. **INITIAL CONTRIBUTIONS:** _____

ii. **CONTINUING CONTRIBUTIONS:** _____

3. EQUIPMENT CONTRIBUTIONS

FIRM	NUMBER	VALUE	EQUIPMENT TYPE

4. **OWNERSHIP INTERESTS.** Please describe all ownership interests, including ownership options or other agreements that restrict or limit ownership and/or control: _____

5. **ALL WRITTEN AGREEMENTS.** Please include copies of all written agreements between the firms completing this affidavit when submitting this affidavit to the MWSBE Division.

6. **ALL CITY, COUNTY, AND BLUEPRINT CONTRACTS.** Please identify all contracts with the City of Tallahassee, Leon County Government, and Blueprint Intergovernmental Agency involving the firms completing this affidavit.

FIRM	ENTITY	PROJECT

JOINT VENTURE, PARTNERSHIP, AND ASSOCIATION AFFIDAVIT

VI. **AUTHORIZED AGENTS.** Please identify by name and firm all individuals who are responsible for and have authority to engage in the following management functions for the Joint Venture, Partnership, or Association.

A. **SIGN CHECKS**

FIRM	SIGNATORY	CONTACT INFORMATION

B. **SIGN CONTRACTS**

FIRM	SIGNATORY	CONTACT INFORMATION

C. **SIGN, CO-SIGN, AND/OR COLLATERALIZE LOANS**

FIRM	SIGNATORY	CONTACT INFORMATION

D. **ACQUIRE LINES OF CREDIT**

FIRM	SIGNATORY	CONTACT INFORMATION

E. **ACQUIRE PAYMENT AND PERFORMANCE BONDS**

FIRM	SIGNATORY	CONTACT INFORMATION

F. **MANAGE CONTRACT PERFORMANCE**

EXPERTISE	FIRM	SIGNATORY
Field Operations		
Purchasing		
Estimating		
Engineering		

VII. **FINANCIAL CONTROLS.** Please identify by name and firm all individuals who are responsible for the following financial functions for the Joint Venture, Partnership, or Association.

JOINT VENTURE, PARTNERSHIP, AND ASSOCIATION AFFIDAVIT

A. ACCOUNTING

FIRM	ACCOUNTANT	CONTACT INFORMATION

B. MANAGING PARTNER

FIRM	SIGNATORY	CONTACT	COMPENSATION

C. INSURANCE AND BONDING. What authority does each firm completing this affidavit have to commit or obligate the other to insurance and bonding companies, financial institutions, suppliers, subs, and/or other performance of any work undertaken by the Joint Venture, Partnership, or Association?

VIII. PERSONNEL. State the approximate number of personnel by type needed to perform the work of Joint Venture, Partnership, or Association. Indicate which firm or whether the Joint Venture, Partnership, or Association employs each type of personnel listed below. If any personnel will be employees of the Joint Venture, Partnership, or Association, identify the firm and individual responsible for their hire.

FIRM/JV/P/A	NUMBER	PERSONNEL TYPE	HIRING/PAY RESPONSIBILITY

IX. ADDITIONAL INFORMATION. Please state any material facts of additional information pertinent to the control and structure of this Joint Venture, Partnership, or Association.

The undersigned affirms that the foregoing statements are correct and include all material information necessary to identify and explain the terms and operations of our Joint Venture, Partnership, or Association and the intended participation of each firm in the undertaking. Further,

JOINT VENTURE, PARTNERSHIP, AND ASSOCIATION AFFIDAVIT

the undersigned covenant and agree to provide to the MWSBE Division with current, complete, and accurate information regarding actual Joint Venture, Partnership, or Association work and the payment therefore, and any proposed changes in any provision of the Joint Venture, Partnership, or Association Agreement, and to permit the audit and examination of the books, records, and files of the Joint Venture, Partnership, or Association, or those of each firm relevant to the Joint Venture, Partnership, or Association by authorized representatives of the City, County, or MWSBE Division.

Any material misrepresentation will be grounds for terminating any contract which may be awarded to the Joint Venture, Partnership, or Association and for disbarment from competition for future award.

NOTE: If, after filing this Affidavit and before the completion on the Joint Venture, Partnership, or Association work on the project, there is any change in the information submitted, the Joint Venture, Partnership, or Association must inform the MWSBE Division, either directly or through the prime contractor or consultant if the joint venture is a subcontractor or subconsultant.

Smaller MBE/WBE Firm

Non-MWBE or Larger MBE/WBE Firm

Signature of Affiant

Signature of Affiant

Name and Title of Affiant

Name and Title of Affiant

Date

Date

STATE OF FLORIDA
COUNTY OF _____

THE FOREGOING affidavit was acknowledged before me by means of physical presence or online notarization this _____ day of _____ by _____ and _____ who are known to me to be the persons described in the foregoing Affidavit or who have produced _____ as identification.

Affix Seal

(Type/print or stamp name under signature)
Title or rank (Serial No., if any) _____