

CENTRAL FLORIDA EXPRESSWAY AUTHORITY

SMALL BUSINESS ENTERPRISE (SBE) AFFIDAVIT

This affidavit is submitted for the purpose of establishing eligibility under the Central Florida Expressway Authority ("CFX") Small Business Enterprise (SBE) Program, administered by the CFX Business Opportunities Department in accordance with Chapter 10 of the CFX Code (Procurement) and the Business Opportunities Policy, as adopted and amended by the CFX Governing Board.

I. BUSINESS IDENTIFICATION

Legal Business Name: _____

DBA (if applicable): _____

Federal Employer Identification Number (FEIN): _____

Business Address: _____

City, State, Zip: _____

Telephone Number: _____

Email Address: _____

CFX Supplier Registration Number : _____

II. OWNERSHIP, INDEPENDENCE, AND CONTROL

The undersigned certifies that the business identified above:

1. Is independently owned and operated and is not a subsidiary, affiliate, or division of another firm that does not meet the eligibility requirements of the CFX Small Business Enterprise Program.
2. Is controlled by its owner(s), who possess the authority to make independent management, operational, and financial decisions, including entering into contracts and incurring obligations.
3. Is not dependent upon another firm for its viability through excessive subcontracting, shared management, common ownership, or other arrangements that would compromise the firm's independence.

III. SMALL BUSINESS ELIGIBILITY CERTIFICATION

The undersigned certifies that the business meets the applicable size, revenue, independence, and eligibility requirements for participation in the CFX Small Business Enterprise Program, as established by CFX policy and in effect at the time of certification.

The undersigned further certifies that the business:

- Is a for-profit entity legally registered and authorized to conduct business in the State of Florida; and
- Has not exceeded any applicable program thresholds or limitations established by CFX for SBE participation.

IV. FINANCIAL DISCLOSURE (SELF-REPORTED)

The undersigned certifies that the business's gross receipts for the three (3) most recently completed fiscal years do not exceed the applicable SBE thresholds established by CFX policy.

The undersigned certifies that the business's gross annual revenue, as reported below, reflects the business's most recently completed fiscal year and has been calculated in accordance with generally accepted accounting practices.

The undersigned acknowledges that CFX may request supporting financial documentation at any time to verify eligibility.

The undersigned acknowledges that this information is provided for eligibility determination purposes only and must remain consistent with the requirements of the CFX Small Business Enterprise Program.

Gross Receipts (Self-Reported):

- Fiscal Year _____: \$ _____
- Fiscal Year _____: \$ _____
- Fiscal Year _____: \$ _____

V. ONGOING ELIGIBILITY AND RIGHT TO REVIEW

The undersigned acknowledges and agrees that:

1. Eligibility under the CFX Small Business Enterprise Program is subject to ongoing compliance with all applicable CFX policies and requirements.
2. CFX reserves the right, at any time, to request additional information or documentation necessary to verify initial or continued eligibility, including but not limited to financial records, ownership documentation, and operational information.
3. Failure to provide requested information, or a determination by CFX that the business no longer meets SBE eligibility requirements, may result in denial, suspension, or revocation of SBE status.

VI. OTHER SMALL BUSINESS CERTIFICATIONS AND DOCUMENTATION WAIVER

The undersigned discloses the following small business certifications currently held by the business, if any (check all that apply):

- ☐ FDOT Small Business Enterprise (SBE)
- ☐ City of Orlando Small Business Certification
- ☐ Orange County Small Business Certification
- ☐ Other public small business certification (specify): _____
- ☐ None

If the business holds a current small business certification issued by another public agency, CFX may, at its discretion, waive the requirement for submission of duplicative documentation that has already been reviewed as part of such certification.

The undersigned acknowledges that:

1. Disclosure of other certifications does not guarantee eligibility under the CFX Small Business Enterprise Program.
2. CFX retains the right to independently determine eligibility in accordance with its policies.
3. CFX may request additional or supplemental information at any time to verify eligibility or continued compliance.

VII. CERTIFICATION AND ACKNOWLEDGMENT

I hereby certify under penalty of perjury under the laws of the State of Florida that:

- I am authorized to execute this affidavit on behalf of the business identified herein.
- The statements made in this affidavit and all supporting documentation submitted to CFX are true, accurate, and complete.
- I understand that any misrepresentation, omission, or falsification may result in denial or revocation of SBE status, disqualification from CFX procurements, termination of contracts, or other remedies available to CFX under law or contract.

VIII. SIGNATURE

Printed Name of Owner/Authorized Officer: _____

Title: _____

Signature: _____

Date: _____

IX. NOTARY ACKNOWLEDGMENT

STATE OF FLORIDA

COUNTY OF _____

Sworn to and subscribed before me by means of ☐ physical presence or ☐ online notarization, this ____ day of _____, 20, by _____, who is personally known to me or has produced _____ as identification.

Notary Public Signature: _____

Printed Name: _____

Commission Number: _____

My Commission Expires: _____

CFX USE ONLY – INTERNAL REVIEW AND DETERMINATION

This section is reserved for use by the Central Florida Expressway Authority (CFX) Business Opportunities Department and shall not be completed by the applicant.

The Small Business Enterprise (SBE) Affidavit submitted by the supplier identified herein has been reviewed by the Central Florida Expressway Authority (CFX) Business Opportunities Department for compliance with applicable policy requirements.

- ☐ **Approved**
☐ **Approved with Conditions**
☐ **Denied**

Basis for Determination / Comments (if applicable):

Reviewed By (Printed Name): _____

Title: _____

Signature: _____

Date: _____