



### ACDBE NO CHANGE AFFIDAVIT

I, \_\_\_\_\_, swear (or affirm) that there have been no material changes in \_\_\_\_\_'s circumstances affecting its ability to meet the size, disadvantaged status, ownership or control requirements of 49 CFR Parts 23 and 26, except for changes about which I have provided written notice to the City and County of Denver (Denver) pursuant to 49 CFR §26.83(i). I swear that this firm continues to be owned and controlled by disadvantaged individuals and that the personal net worth of all the owners whose ownership is relied upon for Airport Concession Disadvantaged Business Enterprise (ACDBE) status does not exceed \$1,320,000 (after deducting equity in primary residence and applicant business).

I further affirm that the firm continues to meet the overall gross receipts cap and/or other applicable size standards of 49 CFR Part 23, and \_\_\_\_\_'s average annual gross receipts (as defined by SBA rules) over the previous three fiscal years do not exceed \$56.42 million.

Specify the firm's gross receipts for the last 3 years. (Submit complete copies of the firm's Federal tax returns for any year not already on file. If there are affiliates or subsidiaries of the applicant firm or owners, including joint ventures in which the firm or an affiliate of the firm is a participant, you must submit complete copies of these firm's Federal tax returns for the most recent tax year, if they have not been previously submitted).

Year \_\_\_\_ Gross Receipts of Applicant Firm \$ \_\_\_\_\_ Gross Receipts of Affiliate Firms \$ \_\_\_\_\_  
Year \_\_\_\_ Gross Receipts of Applicant Firm \$ \_\_\_\_\_ Gross Receipts of Affiliate Firms \$ \_\_\_\_\_  
Year \_\_\_\_ Gross Receipts of Applicant Firm \$ \_\_\_\_\_ Gross Receipts of Affiliate Firms \$ \_\_\_\_\_

I have submitted the size and gross receipts documentation to support this affidavit.

I further attest that \_\_\_\_\_ has not been denied ACDBE certification by any other agency. I acknowledge that Denver hereby reserves the right to make inquiries in order to verify any information relating to the firm's application and status as an eligible ACDBE.

I agree that Denver will be notified in writing within 30 days of any changes in ownership and/or control of the firm and/or any changes to the personal net worth of the presumed disadvantaged owner(s) and/or any changes to the firm's size that would impact the firm's eligibility to remain in the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Notary Certificate Information

State of: \_\_\_\_\_ County of: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Signed: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

SEAL