

CALIFORNIA UNIFIED CERTIFICATION PROGRAM (CUCP)



San Francisco Bay Area Rapid Transit District (BART)

Office of Civil Rights
300 Lakeside Drive, Ste 1800
Oakland, CA 94612
510-464-6324
510-464-7587

«Date»

«FirstName» «LastName»

«Company»

«Address»

«City», «State» «PostalCode»

Subject: Request for Annual Update of Disadvantaged Business Enterprise Certification

Dear «Title» «LastName»:

Thank you for your participation as a certified Disadvantaged Business Enterprise (DBE). Our records indicate that your firm is due for an annual update on «Annual Update Due Date», to continue your status as a DBE with the California Unified Certification Program (CUCP).

The enclosed *No Change Declaration* has been prepared to comply with the U.S. Department of Transportation's (DOT) Federal Regulations for Participation by DBEs in DOT Programs, 49 CFR Part 26. **Please complete the *No Change Declaration* and return it with copies of current licenses and business tax returns to support this declaration on or before the above due date.**

If there are changes in the firm's disadvantaged status, ownership, control and/or management or any material changes in the information provided previously in the application form, submit a letter on the firm's letterhead and describe any changes in disadvantaged status, ownership, control and/or management of the firm, along with supporting documentation.

Please be thorough with your submission to facilitate the annual update process for your firm in the shortest possible time. Upon receipt and approval, your firm will continue to be listed in the CUCP DBE Database. The Federal Regulations require that only firms currently certified as eligible DBEs may participate in the DBE Programs of the CUCP participating agencies.

If we do not receive your completed *No Change Declaration* (or letter, if applicable) and required supporting documentation within 30 days, we will assume that you no longer wish to continue to participate in this Program, and your firm will be removed from the CUCP DBE Database.

If you have any questions, you may contact me at (Phone Number).

Sincerely,

(DBE Liaison Officer's Name)
(Job Title)

Enclosure

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No Change Declaration

I/we, «FirstName» «LastName», declare that there have been no changes in «Company» circumstances affecting its ability to meet the size, disadvantaged status, ownership, or control requirements of 49 CFR Part 26 and 13 CFR Part 121. I/we further declare there have been no material changes in the information provided with «Company» application for certification, except for any changes about which I/we have provided written notice to «Agency» pursuant to 49 CFR § 26.83(i).

I/we declare that I am (or we are) socially disadvantaged because I/we have been subjected to racial or ethnic prejudice or cultural bias, or have suffered the effects of discrimination, because of my/our identity as member(s) of one or more of the groups identified in 49 CFR § 26.5, without regard to my/our individual qualities. I/we further declare that my/our personal net worth does not exceed \$1,320,000.00, and that I am (or we are) economically disadvantaged because my/our ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged.

In addition, I/we specifically declare that «Company» continues to meet the Small Business Administration (SBA) business size criteria and the overall gross receipts cap of 49 CFR Part 26. I/we specifically declare that «Company» average annual gross receipts (as defined by SBA rules) over the previous three fiscal years do not exceed the SBA size standard pursuant to 49 CFR § 26.65(b). I/we provide the attached size and gross receipts documentation to support this declaration.

I/we declare under penalty of perjury that the foregoing is true and correct.¹

Executed on _____

Signature

Signature

Signature

Signature

If there are changes in the firm's disadvantaged status, ownership, control and/or management or any material changes in the information provided previously in the application form, please submit a letter on the firm's letterhead and describe any changes in disadvantaged status, ownership, control and/or management of the firm, along with supporting documents.

Please assist us in updating our files by providing the following information:

Name of Firm _____ File # _____

Mailing Address _____

City, State, Zip Code _____

Telephone# _____ Fax# _____ E-mail Address _____

¹ Knowingly and willfully providing false information to the Federal government is a violation of 18 U.S.C. Section 1001 (False Statements) and could subject you to fines, imprisonment or both. All owners claiming social and economic disadvantaged status must sign this declaration.