Attachment A

Department of Development

Affidavit Verifying Certification Eligibility

I, _____, residing at _____
Name **Address**
being first duly sworn, state as follows:

Section I: Complete if either (*a*) you are submitting an application for certification as a Minority Business Enterprise (MBE) or (*b*) you are submitting an application for certification into the Encouraging Diversity, Growth, and Equity (EDGE) program based on the race of the majority ownership of the business.

I belong to and hold myself out as a member of one of the following groups (select all that apply):

☐ "Black" (all persons having origins in any of the black racial groups of Africa);

☐ "American Indian" (all persons who maintain membership with a federally recognized Indian tribe);

☐ "Hispanic" or "Latino" (all persons of Spanish or Portuguese culture with origins in Mexico, South or Central America, or the Caribbean Islands, regardless of race); and/or

☐ "Asian" (all persons having origins in any of the original people of the Far East, including China, Japan, and Southeast Asia).

Section II: Complete if you are submitting an application for certification into the Encouraging Diversity, Growth, and Equity (EDGE) program based on one of the factors listed below.

☐ I am a female.

☐ I am a "person with a disability" (please also complete the Disability Verification Form).

☐ I am a veteran with a service-connected disability (please also submit a copy of your U.S. Department of Veteran's Affairs letter verifying your VA Disability Rating).

Any person who intentionally misrepresents himself as owning, controlling, operating, or participating in a minority business enterprise for the purpose of obtaining contracts, subcontracts, or any other benefits under sections 123.151 and 125.081 of the Ohio Revised Code shall be guilty of theft by deception as provided in section 2913.02 of the Revised Code and such other provisions as may apply.

Under the penalty of perjury, I certify, to the best of my knowledge, that the above statements are true and accurate.

_____
Signature

STATE OF _____

COUNTY OF _____

Being duly sworn or having duly affirmed to tell the truth, the above signatory stated personally before me that they are competent under the law to give this affidavit and has personal knowledge of the facts stated herein.

Sworn or affirmed before me on _____
Date

_____
Notary name (please print)

_____ _____
Notary signature **Comm'n Expiration Date**

(Place seal here)

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