



AUGUSTA RICHMOND COUNTY

LOCAL SMALL BUSINESS PROGRAM

Affidavit of No Change

This Affidavit must be submitted every year during the general certification term.

Name of Firm: _____
Mailing Address: _____
Contact Person: _____
Title: _____
Telephone: _____
Fax: _____
Email Address: _____
Website: _____
Certification NO.: _____

I _____, affirm that there have been no changes affecting the firm's ability to meet size or ownership requirements of Local Small Business Program. I affirm there have been no material changes in the information provided with the firm's application for certification, except for any changes about which I have provided written notice to Augusta Richmond County.

I affirm that my firm continues to meet the Local Small Business size criteria, and the overall gross receipts cap.

Provide the gross receipts of the current calendar year-end tax return and a copy of the tax return:

YEAR	GROSS RECEIPTS	NO. OF EMPLOYEES

PRINTED NAME: _____
SIGNATURE: _____
TITLE: _____ DATE: _____

NOTARY:

On this _____ day of _____, 20____, before me personally appeared _____, who being duly sworn, did execute the foregoing affidavit, and did state that he/she was properly authorized by: (firm) _____ to executed the affidavit and did so as his or her free will and deed.

SEAL

Notary Public _____ Commission Expires _____

AFFIDAVIT-Attachment A

The undersigned swears that the foregoing statements are true and correct and includes all the material information necessary to identify and explain the operations and the ownership of the firm. The undersigned further attests that the ownership and control of the firm seeking recertification rests with an eligible local small business owner. Any misrepresentation will be grounds for terminating any contract which may have been awarded and/or for de-certification as an LSBP. Further, Augusta Richmond County reserves the right to initiate such action as is available under Federal or State Law concerning false statements. The undersigned agrees to inform the Compliance Department of any significant change in the information submitted. Such changes would include the dissolution of the business, the sale of all or any part of the business to another party, changes in the day-to-day control of the firm, changes in the nature of work performed by the firm and other circumstances which could have a bearing on the eligibility of the firm to continue to meet the criteria for certification.

Firm Owner/Officer _____
Signature Printed Name

Affix Corporate Seal (*if applicable*):

Title: _____ Date: _____
Print

THIS FORM MUST BE NOTARIZED

Sworn to and subscribed before me

Notary Seal:

This _____ day of _____, 20_____

Notary Public

My Commission Expires: _____

PLEASE RETURN THIS **COMPLETED** APPLICATION AND **ALL** DOCUMENTS TO:

Augusta Richmond County
Compliance Department
ATTN: DBE COMPLIANCE MANAGER
535 Telfair Street, Suite 530
Augusta, GA 30901
Phone: (706) 821-2406
Email: lsbp@augustaga.gov