

INFORMATION FOR DETERMINING LDB JOINT VENTURE ELIGIBILITY

\* ATTACH A COPY OF JOINT VENTURE AGREEMENT

1. Name of joint venture \_\_\_\_\_
2. Address of joint venture: \_\_\_\_\_
3. Phone number of joint venture: \_\_\_\_\_
4. Identify the firms which comprise the joint venture. (The LDB partner must complete the Information for Determining LDB Eligibility form).

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(The remainder of this form need not be completed if all joint venture firms are LDB firms.)

- a. For each joint venture partner which has not completed the Information for Determining LDB Eligibility form, please provide the name and percentage of ownership (and voting percentage, if different) of each person or entity which owns part of such joint venture partner. If any of the owners of 5% or more of a joint venture partner is a corporation, partnership or other entity other than an individual (an "Entity"), please provide the following information with respect to each such Entity and the owners of each such Entity at all tiers:
  - (i) Name, percentage of ownership (and voting percentage, if different) of each individual, corporation, partnership, or more of such Entity:
  - (ii) If a corporation, list names, titles and addresses of all officers and directors; and
  - (iii) If a partnership, list names and address of all partners.

Example: If the ABC Corporation owns 49% of the joint venture partner, please provide the information listed above with respect to ABC Corporation. If, in turn, XYZ Corporation owns 25% of ABC Corporation, please provide the information listed above with respect to XYZ Corporation.

- b. Describe the role of the LDB firm in the joint venture.

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- c. Describe briefly the experience and business qualifications of each non-LDB joint venture:

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5. Nature of joint venture's business: \_\_\_\_\_

6. Provide a copy of the joint venture agreement.

7. What is the claimed percentage of LDB ownership? \_\_\_\_\_

8. Ownership of joint venture: (This need not be filled in if described in the joint venture agreement, provided under Question 6.)

- a. Profit and loss sharing.
- b. Capital contributions, including equipment.
- c. Other applicable ownership interests.

NOTE: If, after filing this form and before the completion of the joint venture's work on the contract covered by this regulation, there is any significant change in the information submitted, you must inform the grantee, either directly or through the prime contractor if the joint venture is a subcontractor.

AFFIDAVIT

"The undersigned swear that the foregoing statements are correct and include all material information necessary to identify and explain the terms and operation of our joint venture and the intended participation by each joint venture in the undertaking. Further, the undersigned covenant and agree to provide to the grantee current, complete, and accurate information regarding actual joint venture work and the payment therefore, and any proposed changes in any of the joint venture arrangements and to permit the audit and examination of the books, records, and files of the joint venture, or those of each joint venture relevant to the joint venture, by authorized representatives of the grantee or the Federal funding agency. Any material misrepresentation will be grounds for terminating any contract which may be awarded or for initiating action under Federal or State laws concerning false statements."

\_\_\_\_\_  
Name of firm

\_\_\_\_\_  
Name of firm

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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

On this, \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me appeared (name), \_\_\_\_\_ as (office) \_\_\_\_\_ of (name of Firm) \_\_\_\_\_, who, being duly sworn, did execute the foregoing affidavit, and who is personally known by me or who presented (type of identification), \_\_\_\_\_.

Notary Public: \_\_\_\_\_  
Printed Name \_\_\_\_\_ (SEAL)  
Commission Expires \_\_\_\_\_

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

On this, \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me appeared (name), \_\_\_\_\_ as (office) \_\_\_\_\_ of (name of Firm) \_\_\_\_\_, who, being duly sworn, did execute the foregoing affidavit, and who is personally known by me or who presented (type of identification), \_\_\_\_\_.

Notary Public: \_\_\_\_\_  
Printed Name \_\_\_\_\_ (SEAL)  
Commission Expires \_\_\_\_\_