



CITY OF FORT WORTH
Joint Venture Eligibility Form
All questions must be answered; use "NA" if applicable.

Name of City project: _____

A joint venture form must be completed on each project

RFP/Bid/Purchasing Number: _____

1. Joint venture information:

Joint Venture Name:			
Joint Venture Tax ID #:			
Joint Venture Address: <i>(If applicable)</i>			
Telephone:	Facsimile:	Cell:	E-mail address:

Identify the firms that comprise the joint venture:

Please attach extra sheets if additional space is required to provide the same firm information and detailed explanations of work to be performed by each firm comprising the joint venture

M/WBE firm name:		Non-M/WBE firm name:	
Tax ID #:		Tax ID #:	
Business Address:		Business Address:	
City, State, Zip:		City, State, Zip:	
Telephone	Facsimile	Cell	
E-mail			
Certification Status: If pending, date completed packet submitted to agency:			
Name of Certifying Agency:			

M/WBE firm name:		Non-M/WBE firm name:	
Tax ID #:		Tax ID #:	
Business Address:		Business Address:	
City, State, Zip:		City, State, Zip:	
Telephone	Facsimile	Cell	
E-mail			
Certification Status: If pending, date completed packet submitted to agency:			
Name of Certifying Agency:			

2. Scope of work performed by the Joint Venture:

Describe the scope of work of the M/WBE:	Describe the scope of work of the non-M/WBE:

3. What is the percentage of M/WBE participation on this joint venture that you wish to be counted toward meeting the project goal? _____

4. Date of Joint Venture Agreement: _____

5. Attach a copy of the joint venture agreement.

6. List components of ownership of joint venture: (Do not complete if this information is described in joint venture agreement)

Profit and loss sharing:	
Capital contributions, including equipment:	
Other applicable ownership interests:	

7. Identify by name, race, sex and firm those individuals (with titles) who are responsible for the day-to-day management and decision making of the joint venture:

Financial decisions (to include Account Payable and Receivable):	
Management decisions: a. Estimating ----- b. Marketing and Sales	

c. Hiring and Firing of management personnel	
d. Purchasing of major equipment and/or supplies	
Supervision of field operations	

The City's Minority and Women Business Enterprise Office will review your joint venture submission and will have final approval of the M/WBE percentage applied toward the goal for the project listed on this form.

NOTE:

From and after the date of contract award, if any of the participants, the individually defined scopes of work or the dollar amounts/percentages change from the originally approved information, then the participants must inform the City's M/WBE Office immediately for approval. Any unjustified change or deletion shall be a material breach of contract and may result in debarment in accord with the procedures outlined in the City's M/WBE Ordinance.

AFFIDAVIT

The undersigned affirms that the foregoing statements are true and correct and include all material information necessary to identify and explain the terms and operation of the joint venture. Furthermore, the undersigned shall agree to provide to the joint venture the stated scope of work, decision-making responsibilities and payments herein.

The City also reserves the right to request any additional information deemed necessary to determine if the joint venture is eligible. Failure to cooperate and/or provide requested information within the time specified is grounds for termination of the eligibility process.

The undersigned agree to permit audits, interviews with owners and examination of the books, records and files of the joint venture by any authorized representatives of the City of Fort Worth. Failure to comply with this provision shall result in the termination of any contract, which may be awarded under the provisions of this joint venture's eligibility and may initiate action under Federal, State and/or Local laws/ordinances concerning false statements or willful misrepresentation of facts.

Name of M/WBE firm	Name of non-M/WBE firm
Printed Name of Owner	Printed Name of Owner
Signature of Owner	Signature of Owner
Printed Name of Owner	Printed Name of Owner
Signature of Owner	Signature of Owner
Title	Title
Date	Date

Notarization

State of _____ County of _____

On this _____ day of _____, 20____, before me appeared

_____ and _____

to me personally known and who, being duly sworn, did execute the foregoing affidavit and did state that they were properly authorized to execute this affidavit and did so as their free act and deed.

Notary Public _____
Print Name

Notary Public _____
Signature

Commission Expires _____

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