



# City of Austin

Small & Minority Business Resources Department, 4201 Ed Bluestein Boulevard, Austin, TX 78721  
Mailing Address: PO Box 1088, Austin, Texas 78767, Telephone (512) 974-7645 Fax (512) 974-7609

## Small Business Construction Program (SBCP) Small Business Enterprise Affidavit

### SMALL BUSINESS OWNER

I certify as evidenced by my signature below I have provided business tax returns, as appropriate, for the year(s) \_\_\_\_\_, to SMBR for inspection and review to determine eligibility for the City of Austin Small Business Construction Program certification. As reflected in these tax returns, my firm's average gross receipts over the past three years have not exceeded \$14 million, the U.S. Small Business Administration's Subsector 238-Specialty Trade Contractors size standards and the threshold for the City of Austin's SBCP. In connection with that review, I understand SMBR may take written notes from these tax returns for their files in lieu of keeping copies of the returns. I further certify all information and statements I have provided to SMBR staff are true and correct. I understand all documents may be subject to review at any time by representatives of the City of Austin. If a request is made by the City to review such documents, I understand these documents must be provided to SMBR for review within seven (7) business days.

Name of Firm \_\_\_\_\_

City of Austin Vendor Code \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Eligible Applicant

\_\_\_\_\_  
Signature of Eligible Applicant

Subscribed and sworn to before me, the undersigned notary public, on this day \_\_\_\_\_.

\_\_\_\_\_  
Notary Public's Signature/ Seal

### SMBR STAFF MEMBER

I certify as evidenced by my signature below I have inspected and reviewed the tax return(s) provided by the applicant to determine eligibility for the City of Austin Small Business Construction Program. According to the documents provided, the annual gross receipts of the applicant firm and its affiliates are as follows:

Year _____	\$ _____	NAICS Code _____
Year _____	\$ _____	NAICS Code _____
Year _____	\$ _____	NAICS Code _____

Total \$ \_\_\_\_\_ Three-year average \$ \_\_\_\_\_

\_\_\_\_\_  
Printed Name of SMBR Staff Member

\_\_\_\_\_  
Signature of SMBR Staff Member

Subscribed and sworn to before me, the undersigned notary public, on this day \_\_\_\_\_.

\_\_\_\_\_  
Notary Public's Signature/ Seal