

**WISCONSIN DEPARTMENT OF ADMINISTRATION  
MINORITY BUSINESS ENTERPRISE/DISABLED VETERAN BUSINESS JOINT VENTURE  
CERTIFICATION APPLICATION**

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Return to: Wisconsin Supplier Diversity Program  
Department of Administration  
101 E Wilson St, 6<sup>th</sup> Floor  
P. O. Box 7970  
Madison, Wisconsin 53707

1. **Name of Joint Venture**

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2. Address

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Mailing Address (if different from above)

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3. Tel \_\_\_\_\_ Fax \_\_\_\_\_

4. Contact Person \_\_\_\_\_ Title \_\_\_\_\_

E-mail Address \_\_\_\_\_

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5. Identify the businesses, which comprise the Joint Venture. (DVB/MBE businesses must be certified with the Department of Administration.)

**Company**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Business \_\_\_\_\_

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**Company**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of business \_\_\_\_\_

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6. Provide the percentage of ownership of the Joint Venture by each business in the venture.

Percentage (%)      Business

a. \_\_\_\_\_

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b. \_\_\_\_\_

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7. Reason(s) for the Joint Venture. Please state also the contract number, due date, and contact person of the bid proposal for which the joint venture is seeking to be awarded.

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8. Identify the key people that will manage and control the joint venture by name, title, ethnic/racial background, sex, and business ownership.

Name	Ethnicity	Sex	Business	Title
a.				
b.				
c.				
d.				

9. Total Sale/Contract Business Volume Past Fiscal Year.

Certified MBE Joint Venture Partner: \_\_\_\_\_  
Joint Venture Partner: \_\_\_\_\_

10. Have any of the joint venture partners participated in previous joint ventures?  
\_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, state the nature of the work and dates of the joint venture.

Prior joint venture partner	Project	Date
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11. Has the MBE/DVB business been certified as a minority/disabled Veteran business with any other agency such as the Unified Certification Program consisting of: Wisconsin Department of Transportation, City of Madison, Dane County, and Milwaukee County or other certifying agency?  
\_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, please identify.

Name	Date
a.	
b.	
c.	

12. A copy of the joint venture agreement should be included with this application. Guidelines for submitting a joint venture plan have been enclosed with this joint venture application.



**AFFIDAVIT - JOINT VENTURE**

The undersigned certify the foregoing statements are correct and include all material information necessary to identify and explain the terms and operations of our joint venture and the intended participation by each joint venture in the undertaking. Further, the undersigned agree in any of the joint venture arrangements and to permit the examination of the books, records, and files of the joint venture by authorized representatives of the Wisconsin Department of Administration.

BOTH PARTIES TO THE JOINT VENTURE MUST NOTARIZE THIS FORM.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Signer

\_\_\_\_\_  
Title

Corporate Seal  
(Where applicable)

State of Wisconsin

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me appeared \_\_\_\_\_, to me personally known, who being duly sworn, did state that he/she did execute the foregoing affidavit, and that he/she was properly authorized by \_\_\_\_\_ (name of business) to execute the affidavit.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_

Name of Signer

\_\_\_\_\_

Title

Corporate Seal  
(Where applicable)

State of Wisconsin

County of \_\_\_\_\_

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the foregoing affidavit, and that he/she was properly authorized by \_\_\_\_\_  
(name of business) to execute the affidavit.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

24-135

DD-433 (revised Dec. 2013)