

Kentucky-Based and Disadvantaged Business Participation Certification Form

Project Name: _____

Company Name: _____

I certify that the above-named company is a Kentucky-based and/or disadvantaged business as documented below (check all that apply):

- Kentucky-based business** - company's principal office is located in Kentucky and Certificate of Existence registered with the Kentucky Secretary of State office.

- Minority Business Enterprise** - certification obtained from the Kentucky Finance and Administration Cabinet.
Certification expiration date: _____

- Women Business Enterprise** - certification obtained from the Kentucky Finance and Administration Cabinet.
Certification expiration date: _____

- Disadvantaged Business Enterprise** - certification obtained from the Kentucky Transportation Cabinet.
Certification expiration date: _____

- Veteran-Owned Small Business** - certification obtained from the U.S. Department of Veteran's Affairs.
Certification expiration date: _____

- Service-Disabled Veteran-Owned Small Business** - certification obtained from the U.S. Department of Veteran's Affairs.
Certification expiration date: _____

I further certify that the company participated in the above-referenced project and provided services and/or materials totaling (dollar amount): _____

A copy of the executed contract or invoice must be attached to this form as evidence.

Certified by:

Authorized Company Representative

Signature

Date

Note to Developer: *If the company listed on this form was not identified at the time of initial funding application submission to KHC, a copy of the appropriate certification(s) identified above must be attached to this form.*