

**KENTUCKY TRANSPORTATION CABINET
DISADVANTAGED BUSINESS ENTERPRISE (DBE) PROGRAM**

No Change Declaration

I, _____ (*program-eligible owner*), declare that there has been **no change in circumstances affecting ability to meet the size, disadvantaged status, ownership or control requirements** of 49 Code of Federal Regulations Part 26 (49 CFR 26) and 13 CFR Part 121. I further declare there have been no material changes in the information provided with _____ (*firm name*) application for DBE program certification, except for any changes about which I have provided written notice to the Kentucky Transportation Cabinet pursuant to 49 CFR § 26.83(i).

Pursuant to the requirements of 49 CFR § 26.83(i), I understand that I must notify the Kentucky Transportation Cabinet within thirty (30) days of any change affecting my firm's ability to meet DBE program eligibility requirements. Failure to provide the requested information will be grounds for denial of my firm's application for DBE program certification or decertification of my firm.

I declare that I am socially disadvantaged because I have been subjected to racial or ethnic prejudice or cultural bias, or have suffered the effects of discrimination, because of my identity as a member of one or more of the groups identified in 49 CFR § 26.5, without regard to my individual qualities. I further declare that my personal net worth does not exceed **\$1.32 million dollars**, and that I am economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business that are not socially and economically disadvantaged.

In addition, I specifically declare that _____ (*firm name*) continues to meet the Small Business Administration (SBA) business size criteria and the overall gross receipts cap of 49 CFR Part 26 and/or Part 23. I specifically declare that _____ (*firm name*) annual gross receipts average (*as defined by SBA rules*) over the previous five (5) fiscal years is \$ _____ (*insert dollar amount*) and does not exceed \$30.40 million, in the case of DBE, and/or \$56.42 million, in the case of ACDBE. I provide the attached size and gross receipts documentation to support this declaration.

I declare under penalty of perjury that the foregoing is true and correct.^[1]

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Note: All individuals claiming ownership must sign below.

_____	_____
(Signature of Owner, Title)	Date
_____	_____
(Signature of Owner, Title)	Date
_____	_____
(Signature of Owner, Title)	Date

Signed: _____ County: _____ State: _____

Notary Seal

My Commission Expires: _____

Notary Seal: Subscribed and sworn to before me this _____ day of _____, 20_____

Return Declaration and supporting documentation to: Attention: DBE Program
Kentucky Transportation Cabinet, Office for Civil Rights and Small Business Development
200 Mero Street, Sixth Floor West, Frankfort, KY 40622
Telephone: 502.564.3601 or 800.928.3079/Facsimiles: 502.564.2114 or 502.564.1491