



DENVER
THE MILE HIGH CITY

**ACDBE
JOINT VENTURE ELIGIBILITY FORM**

Office of Economic Development
Division of Small Business Opportunity
8500 Pena Boulevard, AOB #7810
Denver, CO 80249
Phone: (303) 342-2180
Fax: (303) 342-2190

Joint Venture means an association of two (2) or more business enterprises to constitute a single business enterprise to operate a concessions contract on City property for which purpose they combine their property, capital, efforts, skills and knowledge, and in which each joint venturer is responsible for a distinct, clearly defined portion of the work of the contract, performs a commercially useful function, and whose share in the capital contribution, control, management responsibilities, risks and profits of the joint venture are equal to its ownership interest. Joint ventures must have an agreement in writing specifying the terms and conditions of the relationships between the joint venturers and their relationship and responsibility to the contract.

The Division of Small Business Opportunity (DSBO) requires the following information be provided from participants of a prospective joint venture, to assist DSBO in evaluating the proposed joint venture. This Joint Venture Eligibility form and the Joint Venture Affidavit apply if ACDBEs participate in this joint venture.

Please return this form, the Joint Venture Affidavit, a copy of your Joint Venture Agreement and any other documentation stated as required by DSBO in the RFP, mandatory pre-proposal meeting and/or other correspondence relating to the opportunity for which the Joint Venture will be submitted to: Division of Small Business Opportunity, 8500 Pena Blvd, AOB #7810, Denver, CO 80249, by the proposal deadline stated in the RFP.

If you have questions regarding this process, please contact DSBO at 303-342-2180.

Joint Venture Information

Name:		Contact Person:	
Address:	City:	State:	Zip:
Email Address:		Phone:	

Joint Venture Participants

Name:		Contact Person:	
Address:	City:	State:	Zip:
Email Address:		Phone:	
% Ownership:	ACDBE Certifying Entity:	ACDBE Certification Date:	

Type of Work for which Certification was granted:

Name:		Contact Person:	
Address:	City:	State:	Zip:
Email Address:		Phone:	
% Ownership:	ACDBE Certifying Entity:	ACDBE Certification Date:	

Type of Work for which Certification was granted:

Name:		Contact Person:	
Address:	City:	State:	Zip:
Email Address:		Phone:	
% Ownership:	ACDBE Certifying Entity:	ACDBE Certification Date:	

Type of Work for which Certification was granted:

JOINT VENTURE ELIGIBILITY FORM

General information

ACDBE Initial Capital Contributions: \$ _____ %

Future capital contributions (explain requirements) (attach additional sheets if necessary):

Source of Funds for the ACDBE Capital Contributions:

Describe the portion of the work or elements of the business controlled by the ACDBE or DBE (attach additional sheets if necessary):

Describe the portion of the work or elements of the business controlled by non- ACDBE or DBE: (attach additional sheets if necessary)

Describe there roles and responsibilities of each joint venture participant with respect to managing the joint venture (use additional sheets if necessary):

a. ACDBE joint venture participant:

b. Non-ACDBE joint venture participant:

Describe the roles and responsibilities of each joint venture participant with respect to operation of the joint venture (use additional sheets if necessary):

a. ACDBE joint venture participant:

b. Non-ACDBE joint venture participant:

Which firm will be responsible for accounting functions relative to the joint venture's business?

Explain what authority each party will have to commit or obligate the other to insurance and bonding companies, financing institutions, suppliers, subcontractors, and/or other parties?

JOINT VENTURE ELIGIBILITY FORM

General Information

Please provide information relating to the approximate **number** of management, administrative, support and non-management employees that will be required to operate the business and indicate whether they will be employees of the ACDBE, non-ACDBE or joint venture:

	Non-ACDBE/DBE	ACDBE	Joint Venture
Management			
Administrative			
Support			
Hourly Employees			

Please provide the name of the person who will be responsible for hiring employees for the **Joint Venture**.

Who will they be employed by?

Are any of the proposed joint venture employees currently employees of any of the joint venture partners?

<input type="checkbox"/>	Yes (√)	<input type="checkbox"/>	No (√)
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If yes, please list the number and positions and indicate which firm currently employs the individual(s), (use additional sheets if necessary)

Number of employees	Position	Employed By

Attached a copy of the proposed joint venture agreement, promissory note and/or loan agreement (if applicable), and any and all written agreements between the joint venture partners.

List all other business relationships between the joint venture participants, including other joint venture agreements in which the parties are jointly involved.

****If there are any significant changes in or pertaining to this submittal, the joint venture members must immediately notify the Division of Small Business Opportunity.****