

**ATTACHMENT A**

**SMALL/MINORITY OWNED BUSINESS AFFIDAVIT**

I, \_\_\_\_\_, being a duly sworn authorized representative of the applicant firm \_\_\_\_\_ confirm that my business is a small and/or minority owned business. By signing below, I am attesting that I am providing this as part of the proposal for audit services for the Lincoln Trail Area Development District, and acknowledge any false statement made by the applicant may result in denial of consideration.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

Subscribed and sworn before me by \_\_\_\_\_, \_\_\_\_\_  
(Affiant) (Title)

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_ My Commission expires: \_\_\_\_\_

Notary Public  
(Seal of Notary)