



State of Missouri
Office of Administration
Office of Supplier and Workforce Diversity
Post Office Box 809
Jefferson City 65102
(573) 751-8130 or Toll Free: (877) 259-2963
Fax: (573) 522-8078
<http://www.oswd.mo.gov/>

Office of Supplier and Workforce Diversity ***MBE/WBE Certification Program***

Dear Business Owner:

The Office of Supplier and Workforce Diversity (OSWD) would like to thank you for your interest in our Minority/Women Business Enterprise (M/WBE) Program. Certification as a MBE or WBE means your firm will be eligible for benefits such as, supportive services, technical and non-technical assistance, and the opportunity to better access State-aid contracting programs.

Upon receipt of the completed application, the OSWD will evaluate the information to determine compliance with the eligibility requirements contained in 1CSR 10-17.040 and our Policies and Procedures Manual. The manual can be found on our web site at www.oswd.mo.gov. Incomplete applications or missing documentation will delay the process therefore, it is essential that all requested documentation is included. Any false information submitted by applicants will be grounds for denial, removal, or prosecution. The information requested is for OSWD use only and will be kept confidential to the extent allowed by state and federal law.

All firms must be registered with the Missouri Secretary of State Office prior to filling a certification application with OSWD. In addition, all out-of-state firms must be certified by their home state, Department of Transportation, one of the National Minority Supplier Councils or Unified Certification Entity. Please note that certification in your home state does not ensure certification with OSWD. OSWD reserves the right to refuse certification of any firm.

If you need assistance, or have questions regarding completion of the application, please contact our office at 877.259.2963.

Contact Information:

Janet Carter, Certification Specialist

Janet.carter@oa.mo.gov

Nancy Heyer, Certification Officer

Nancy.heyer@oa.mo.gov

OFFICE OF SUPPLIER AND WORKFORCE DIVERSITY
MBE/WBE CERTIFICATION APPLICATION
1 CSR 10-17.040

ROADMAP FOR APPLICANTS

1. Should I apply?

- Is your firm at least 51%-owned by a woman or minority individual(s) who also controls the firm?
- Is the minority or woman owner a U.S. citizen or lawfully admitted permanent resident of the U.S.?
- Is your firm organized as a for-profit business?

⇒ If you answered “Yes” to all of the questions above, you **may** be eligible to participate in the State MBE/WBE program.

2. Is there an easier way to apply?

If you are a **Missouri** business and currently certified by one of the following entities, you may be eligible for a streamlined certification application process: City of Kansas City, City of St. Louis-Lambert, Metro, MODOT, Minority Supplier Council, SL Minority Business Council, National Women Business Owners Corporation (NWBOC) or SBA 8(a). Under this Rapid Response Process, you will be required to complete the application, furnish a copy of your current certificate and provide minimal documentation outlined on the Document List. Processing time will be considerably less as it will not be necessary for this office to conduct another onsite visit. **NOTE: You must still meet the requirements for this program, and this process does not guarantee acceptance by our program.**

- 3. IMPORTANT:** Our application allows for online completion however it must then be printed as a notarized signature is a necessary requirement for submission of this form. Be sure to provide all supporting documentation required on the Documents Check List with your completed application. Please mark (N/A) for any questions or requested documents that do not apply to your firm. A brief explanation for any omissions will prevent delays in processing and assist our program in reaching a final determination regarding your eligibility.

THE UNDERSIGNED SWEARS THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT AND INCLUDE ALL MATERIAL INFORMATION NECESSARY TO IDENTIFY AND EXPLAIN THE OPERATION OF THE FIRM AS WELL AS OWNERSHIP AND CONTROL THEREOF. FURTHER, THE UNDERSIGNED AGREES TO PROVIDE DIRECTLY TO THE MBE/WBE CERTIFICATION PROGRAM CURRENT, COMPLETE AND ACCURATE INFORMATION AND MAY BE REQUIRED TO PROVIDE ADDITIONAL DOCUMENTATION. THE FIRM SHALL PERMIT THE EXAMINATION OF BOOKS, RECORDS AND FILES FOR THE PURPOSE OF DETERMINING CERTIFICATION ELIGIBILITY. ANY MATERIAL MISREPRESENTATION WILL BE GROUNDS FOR TERMINATING CERTIFICATION AND/OR ANY CONTRACT WHICH MAY BE AWARDED AND FOR INITIATING ACTION UNDER FEDERAL OR STATE LAWS CONCERNING FALSE STATEMENTS. FAILURE TO ANSWER ANY QUESTIONS OR TO SUPPLY THE OFFICE OF ADMINISTRATION, OFFICE OF SUPPLIER AND WORKFORCE DIVERSITY WITH ANY DOCUMENTS REQUESTED WILL BE CAUSE FOR REJECTING THE APPLICATION FOR CERTIFICATION AS A MBE OR WBE.

Section 1: CERTIFICATION INFORMATION

A. Prior/Other Certifications		
Is your firm currently certified for any of the following programs? <i>(If Yes, check appropriate box(s))</i>	<input type="checkbox"/> DBE	Name of certifying agency: _____
	<input type="checkbox"/> MBE	Has your firm's state conducted an on-site visit? <input type="checkbox"/> No <input type="checkbox"/> Yes, on ___ / ___ / ___ State: _____
	<input type="checkbox"/> WBE	
<input type="checkbox"/> SBA		
<input type="checkbox"/> SDB		
B. Prior/Other Applications and Privileges		
Has your firm (under any name) or any of its owners, Board of Directors, officers or management personnel, ever withdrawn an application for any of the programs listed above, or ever been denied certification, decertified, or debarred or suspended or otherwise had bidding privileges denied or restricted by any state or local agency, or Federal entity? <input type="checkbox"/> No <input type="checkbox"/> Yes, on ___ / ___ / ___		

Section 2: GENERAL INFORMATION

A. Contact Information				
(1) Contact person:		(2) Legal name of firm:		
Title:				
(3) Phone #:	(4) Other Phone #:	(5) Fax #:		
(6) E-mail:		(7) Website <i>(if applicable)</i> :		
(8) Street address of firm <i>(No P.O. Box)</i> :		City:	County/Parish:	State: Zip:
(9) Mailing address of firm <i>(if different)</i> :		City:	County/Parish:	State: Zip:
B. Business Profile				
(1) Your business is applying for which of the following: _____ MBE (Minority Business Enterprise) _____ WBE (Woman Business Enterprise) _____ M/WBE (Minority/Woman Business Enterprise) (2) Federal Tax ID (if any):			(3) Commodity/Service:	
(4) This firm was established on ___ / ___ / ___		(5) I/We have owned this firm since: ___ / ___ / ___		
(6) Method of acquisition <i>(check all that apply)</i> :				
<input type="checkbox"/> Started new business	<input type="checkbox"/> Merger or consolidation	<input type="checkbox"/> Other <i>(explain)</i>		
<input type="checkbox"/> Bought existing business	<input type="checkbox"/> Secured concession			
<input type="checkbox"/> Inherited business				
(7) Is your firm "for profit"?			<input type="checkbox"/> No	<input type="checkbox"/> Yes
⊗ STOP! If your answer was <u>NO</u> , then you do NOT qualify for this program and do NOT need to fill out this application.				

(8) Type of firm: <table style="width:100%; margin-top: 10px;"> <tr> <td style="width:50%;"><input type="checkbox"/> Sole Proprietorship</td> <td style="width:50%;"><input type="checkbox"/> Limited Liability Company</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Joint Venture</td> </tr> <tr> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Limited Liability Partnership</td> </tr> </table>					<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Partnership
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Liability Company									
<input type="checkbox"/> Partnership	<input type="checkbox"/> Joint Venture									
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Partnership									
(9) Has your firm ever existed under different ownership, a different type of ownership, or a different name?				Yes	No					
If Yes, explain:										
(10) Number of employees:		Full-time	Part-time	Total						
(11) Specify the gross receipts of the firm for the last 3 years:										
Year		Total receipts	\$							
Year		Total receipts	\$							
Year		Total receipts	\$							
C. Relationships with Other Businesses										
(1) Is your firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office space, yard, warehouse, facilities, equipment, or office staff, with any other business, organization, or entity? If Yes, identify:				Yes	No					
Firm's Name		Nature of shared facilities								
(2) At present, or at any time in the past, has your firm:										
(a) Been a subsidiary of any other firm?				Yes	No					
(b) Consisted of a partnership in which one or more of the partners are other firm(s)?				Yes	No					
(c) Owned any percentage of any other firm(s)?				Yes	No					
(d) Had any subsidiaries?				Yes	No					
(3) Has any other firm had any ownership interest in your firm, at present or at any time in the past?				Yes	No					
(4) If you answered "Yes" to any of the questions in (2)(a)-(d) and/or (3), identify the following for each (attach extra sheets, if needed):										
Name	Address		Type of Business							
1.										
2.										
3.										
D. Immediate Family Member Businesses										
Do any of your immediate family members own or manage another company?				Yes	No					
If Yes, then list (attach extra sheets, if needed):										
Name	Relationship	Company	Type of Business	Own or Manage?						
1.										
2.										
3.										

Section 3: OWNERSHIP

Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below *(If more than one owner, attach separate sheets for each additional owner):*

A. Background Information						
(1) Name:		(2) Title:		(3) Home Phone #:		
(4) Home Address <i>(street and number)</i> :				City:	State: Zip:	
(5) Gender:		<input type="checkbox"/> Female	<input type="checkbox"/> Male	(6) Ethnic group membership <i>(Check all that apply)</i> :		
(7) U.S. Citizen:		<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Black	<input type="checkbox"/> Native American	
(8) Lawfully Admitted Permanent Resident:		<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian Pacific	
		<input type="checkbox"/> Other <i>(specify)</i>		<input type="checkbox"/> Subcontinent Asian		
B. Ownership Interest						
(1) Number of years as owner:			(2) Initial investment to acquire ownership interest in firm:			
(3) Percentage owned:			Type	Dollar Value		
(4) Familial relationship to other owners:			<input type="checkbox"/> Cash	\$		
			<input type="checkbox"/> Real Estate	\$		
			<input type="checkbox"/> Equipment	\$		
			<input type="checkbox"/> Other	\$		
(5) Shares of Stock:						
Shares of Stock Owned	Percentage of ownership	Certificate #	Date Acquired	Method Acquired (e.g. transfer/gift/expertise/cash/ or loan etc.)		
(6) Does this owner perform a management or supervisory function for any other business? If Yes, identify:					<input type="checkbox"/> No	<input type="checkbox"/> Yes
Name of Business			Function/Title			
(7) Does this owner own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)? If Yes, identify:					<input type="checkbox"/> No	<input type="checkbox"/> Yes
Name of Business		Function/Title		Nature of Business Relationship		

Section 4: CONTROL

A. Identify your firm's Officers & Board of Directors (If additional space is required, attach a separate sheet):					
	Name	Title	Date Appointed	Ethnicity	Gender
(1) Officers of the Company	(a)				
	(b)				
	(c)				
	(d)				
	(e)				
(2) Board Directors Or if LLC-Managers	(a)				
	(b)				
	(c)				
	(d)				
	(e)				
(3) Do any of the persons listed in (1) and/or (2) above perform a management or supervisory function for any other business? If Yes, identify for each:				<input type="checkbox"/> No	<input type="checkbox"/> Yes
Person		Title	Business	Function	
(4) Do any of the persons listed (1) and/or (2) above own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)? If Yes, identify for each:				<input type="checkbox"/> No	<input type="checkbox"/> Yes
Firm Name		Person	Nature of Business Relationship		
B. Identify your firm's management personnel who control your firm in the following areas (If more than two persons, attach a separate sheet):					
	Name	Title	Ethnicity	Gender	
(1) Financial Decisions <i>(responsibility for acquisition of lines of credit, surety bonding, supplies, etc.)</i>	a.				
	b.				
(2) Estimating and bidding	a.				
	b.				
(3) Negotiating and Contract Execution	a.				
	b.				
(4) Hiring/firing of management personnel	a.				
	b.				
(5) Field/Production Operations Supervisor	a.				
	b.				
(6) Office management	a.				
	b.				

(7) Marketing/Sales	a.			
	b.			
(8) Purchasing of major equipment	a.			
	b.			
(9) Authorized to Sign Company Checks (for any purpose)	a.			
	b.			
(10) Authorized to make Financial Transactions	a.			
	b.			

11) Do any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business? If Yes, identify for each:			<input type="checkbox"/> No	<input type="checkbox"/> Yes
Person	Title	Business	Function	

12) Do any of the persons listed in (1) through (10) above own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)? If Yes, identify for each:			<input type="checkbox"/> No	<input type="checkbox"/> Yes
Firm Name	Person	Nature of Business Relationship		

C. Indicate your firm's equipment necessary for performing stated services or products (attach additional sheets if needed): (e.g. office equipment, construction equipment, etc.)

Equipment			
Type of Equipment	Make/Model	Current Value	Owned or Leased?
(a)			
(b)			
(c)			

Vehicles (Company owned only)			
Type of Vehicle	Make/Model	Current Value	Owned or Leased?
(a)			
(b)			
(c)			

Office Space					
Street Address	Owned or Leased?	Current Value of Property or If Leased, Provide The Name of Lessor			
(a)					
(b)					
Storage Space					
Street Address	Owned or Leased?	If Leased, Provide The Name of Lessor			
(a)					
(b)					
D. Does your firm rely on any other firm for management functions, employees or payroll? If Yes, explain:				<input type="checkbox"/> No	<input type="checkbox"/> Yes
E. Financial Information					
(1) Banking Information:					
(a) Name of Bank:			(b) Telephone Number:		
(c) Address of Bank:					
City:		State:		Zip Code:	
(2) Bonding Information:					
If you have bonding capacity, identify:			(a) Binder No:		
(b) Name of Agent/Broker:			(c) Telephone Number:		
(d) Address of Agent/Broker:					
City:		State:		Zip Code:	
(e) Bonding limit:		\$	Project Limit		\$
Aggregate Limit					
F. Identify all sources, amounts, and purposes of money loaned to your firm, including the names of any persons or firms securing the loan, if other than the listed owner:					
Name of Source	Address Of Source	Name of Person Securing Loan	Original Amount	Current Balance	Purpose Of Loan
1.					
2.					
3.					

G. List all contributions or transfers of assets to/from your firm and to/from any of its owners over the past two years (attach additional sheets if needed):

Contribution/Asset	Dollar Value	From Whom Transferred	To Whom Transferred	Relationship	Date of Transfer
1.					
2.					
3.					

H. List current licenses/permits held by any owner and/or employee of your firm (e.g. contractor, engineer, architect, etc.) (Attach additional sheets if needed):

Name of License/Permit Holder	Type of License/Permit	Expiration Date	License Number & State
1.			
2.			
3.			

I. List the three largest customers, clients or jobs ongoing or completed by your firm in the past three years, if any:

Name of Company, Customer or Client	Ongoing or Completed	Service or Commodity Provided	Billed Amount
1.			
2.			
3.			

J. List three clients or customers/projects or jobs which your firm is currently working:

Name of Company, Client or Customer	Service or Commodity Provided	Project Start Date	Anticipated Completion Date	Billed Amount
1.				
2.				
3.				

AFFIDAVIT OF CERTIFICATION

This form must be signed and notarized for each owner upon which minority or woman status is relied.

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PEALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

I _____ (full name printed), swear or affirm under penalty of law that I am _____ (title) of applicant firm _____ (firm name) and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

I recognize that the information submitted in this application is for the purpose of inducing certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any entity named in the application, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its places(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

If awarded a contract or subcontract, I agree to promptly and directly provide the prime contractor, if any, and the Department, recipient agency, or federal funding agency on an ongoing basis, current, complete and accurate information regarding (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to provide written notice to the Office of Supplier and Workforce Diversity of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership, address, telephone number, etc.).

I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

I certify that I am a minority or woman individual who is an owner of the above-referenced firm seeking certification as a Minority Business Enterprise (MBE) or Woman Business Enterprise (WBE). In support of my application, I certify that I am a member of one or more of the following groups, and that I have held myself out as a member of the group(s) (mark all that apply):

- Female
- Black American
- Hispanic American
- Native American
- Asian- Pacific American
- Subcontinent Asian American
- Other (specify) _____

I declare, under penalty of perjury, that the information provided in this application and supporting documents is true and correct.

*Signature		*Signature	
Printed name		Printed name	
Title		Title	
Date		Date	

***Must be signed by the individual or individuals asserting minority or woman status.
 NOTARY PUBLIC**

On this _____ day of _____ 2 _____ before me appeared _____
 and _____ who, being duly sworn, did execute
 the fore-going affidavit, and did state they were properly authorized by the above-named MBE/WBE firm to execute this
 affidavit, and that they did so as their free act and deed.

Signed _____ Notary Public.

My Commission expires:

NOTE: If you wish to send your application by overnight delivery, it must be addressed to the following:

Office of Supplier and Workforce Diversity
 MBE/WBE Certification Program
 HST Building/Room 630
 301 W. High Street
 Jefferson City, MO 65101

OSWD-MBE/WBE CERTIFICATION APPLICATION SUPPORTING DOCUMENTS CHECKLIST
In order to complete your application for MBE/WBE certification, you must attach copies of all of the following documents as they apply to you and your firm. Please mark (N/A) for any questions or requested documents that do not apply to your firm. A brief explanation for any omissions will prevent delays in processing and assist our program in reaching a final determination regarding your eligibility. (e.g. Lease Agreement-you are a home based business or payroll records-your company does not have employees)

Rapid Response Applicants Only

- Provide proof of certification by one of the approved certifying entities listed on page one (1) and the first six (6) items below.

All Standard and Out of State Applicants

- Proof of minority or female status (birth certificate and/or driver's license).
- If not born in the United States documentation of Naturalized Citizenship or proof of lawfully admitted permanent resident status. Native American must provide tribal record (Department of Indian Affairs 202.513.7617)
- Work experience resumes (that include places of ownership/employment with corresponding dates), for all owners and officers of your firm
- Documented proof of contributions used to acquire ownership for each owner (e.g. both sides of cancelled checks)
- Registration of business name- Fictitious Name Registration/Certificate of Organization/Certificate of Incorporation. (Secretary of State's Office 573.751.3317)
- Personal tax returns for the past three years are required for sole proprietors and limited liability companies which includes Schedule C Profit or Loss from Business. Limited Liability Companies filing as a Partnership must supply schedule K1 and Form 1065 for the past three years. Corporation must provide the past three years Corporate tax returns including either Schedule K-1's or Schedule E.
- Your firm's signed loan agreements, security agreements, and bonding forms
- Copies of all lease agreements pertaining to business location (including office/storage space, etc.)
- List of equipment necessary to provide your company's product or services
- Copies of all equipment leases and/or proof of ownership for vehicles
- Documented proof of any transfers of assets to/from your firm and/or to/from any of its owners over the past two years
- If less than a year old, a new business must provide a current balance sheet and business plan
- All relevant licenses, license renewal forms, permits, and haul authority forms
- DBE and SBA 8(a) certifications, denials, and/or de-certifications, if applicable
- Bank authorization and/or signatory cards
- Signed payroll for prior two months or payroll ledger for all owners, officers, managers and directors of the company.
- Trust agreements held by any owner demonstrating eligibility for certification
- Proof of state certification if not located in Missouri.
- Organizational Chart
- Copies of proof of Business Insurance (e.g., worker's compensation, general/professional liability)

Corporation

- Official Articles of Incorporation
- Both sides of all corporate stock certificates and your firm's stock transfer ledger
- Minutes of all stockholders and board of directors meetings
- Corporate by-laws and any amendments or Shareholders' Agreement (if applicable)
- Corporations must supply most recent W-2/1099 for all owners, officers, managers and directors of the company.
- Copy of current Annual Registration filed with the Secretary of State's Office, which can be reached at 573-751-4153.

Limited Liability Company

- Articles of Organization
- Operating Agreement with any amendments or Partnership agreement
- Membership Certificates or an attachment to the Operating Agreement stating membership percentages

Partnership or Joint Venture

- Original and any amended Partnership or Joint Venture Agreements

NOTE: Application submissions will not be considered until all documents are received or until we have a satisfactory explanation of any omission. Please mark any questions or document requests that do not apply to your business as “NA”. Also provide a brief explanation if possible. This will help speed up processing time as it will not begin until all information has been received. This list is not all inclusive and additional documents may be required after the submission of your application to establish certification eligibility.

INSTRUCTIONS FOR COMPLETING THE OSWD-MINORITY OR WOMEN BUSINESS ENTERPRISE (MBE/WBE) PROGRAM CERTIFICATION APPLICATION

NOTE: If you require additional space for any question in this application, please attach additional sheets or copies as needed, taking care to indicate on each attached sheet/copy the section and number of this application to which it refers.

Section 1: CERTIFICATION INFORMATION

A. Prior/Other Certifications

Check the appropriate box indicating for which program your firm is currently certified. If your business is located in a state other than Missouri and you are already certified as a MBE/WBE/DBE, indicate in the appropriate box the name of the state certifying agency that has previously certified your firm, and also indicate whether your firm has undergone an onsite visit. **NOTE: If your firm is located in Missouri and is certified by another certifying entity, you may be eligible for our streamlined application process. To find out more about this Rapid Response Process contact OSWD at 877.259.2963**

B. Prior/Other Applications and Privileges

Indicate whether your firm or any of the persons listed has ever withdrawn an application for a DBE program or an SBA 8(a) or SDB program, or whether any have ever been denied certification, decertified, debarred, suspended, or had bidding privileges denied or restricted by any state or local agency or Federal entity. If your answer is yes, indicate the date of such action, identify the name of the agency, and explain fully the nature of the action in the space provided.

Section 2: GENERAL INFORMATION

A. Contact Information

- (1) State the name and title of the person who will serve as your firm's primary contact under this application.
- (2) State the legal name of your firm, as indicated in your firm's Articles of Incorporation.
- (3) Indicate the primary phone number of your firm.
- (4) Indicate a secondary phone number, if any.

- (5) Indicate your firm's fax number, if any.
- (6) Indicate your firm's or your contact person's email address.
- (7) Indicate your firm's website address, if any.
- (8) State the street address of your firm (i.e. the physical location of its offices -- not a post office box address).
- (9) State the mailing address of your firm, if it is different from your firm's street address.

B. Business Profile

- (1) Mark at least one of the choices provided, that indicates the specific type of certification you wish to acquire.
- (2) Give the Federal Tax ID number of your firm as provided on your firm's filed tax returns, if you have one. This could also be the Social Security number of the owner of your firm.
- (3) Give a description of the commodity or service your company provides.
- (4) Give the date on which your firm was officially established, as stated in your firm's Articles of Incorporation.
- (5) Give the date on which you and/or each other owner took ownership of the firm.
- (6) Check the appropriate box that describes the manner in which you and each other owner acquired ownership of your firm. If you checked "Other," explain in the space provided.
- (7) Check the appropriate box that indicates whether your firm is "for profit."
NOTE: If you checked "No," then you do NOT qualify for the MBE/WBE program and therefore do not need to complete the rest of this application. The MBE/WBE certification program requires all participating firms be for-profit enterprises.
- (8) Check the appropriate box that describes the legal form of ownership of your firm, as indicated in your firm's Articles of Incorporation.

- (9) Check the appropriate box that indicates whether your firm has ever existed under different ownership, a different type of ownership, or a different name. If you checked "Yes," specify which and briefly explain the circumstances in the space provided.
- (10) Indicate in the spaces provided how many employees your firm has, specifying the number of employees who work on a full-time and part-time basis.
- (11) Specify the total gross receipts of your firm for each of the past three years, as declared in your firm's filed tax returns.

C. Relationships with Other Businesses

- (1) Check the appropriate box that indicates whether your firm is co-located at any of its business locations, or whether your firm shares a telephone number(s), a post office box, any office space, a yard, warehouse, other facilities, any equipment, or any office staff with any other business, organization, or entity of any kind. If you answered "Yes," then specify the name of the other firm(s) and briefly explain the nature of the shared facilities or other items in the space provided.
- (2) Check the appropriate box that indicates whether at present, or at any time in the past:
- (a) Your firm has been a subsidiary of any other firm;
 - (b) Your firm consisted of a partnership in which one or more of the partners are other firms;
 - (c) Your firm has owned any percentage of any other firm; and
 - (d) Your firm has had any subsidiaries of its own.
- (3) Check the appropriate box that indicates whether any other firm has ever had an ownership interest in your firm.
- (4) If you answered "Yes" to any of the questions in (2)(a)-(d) or (3), identify the name, address and type of business for each.

D. Immediate Family Member Businesses

Check the appropriate box that indicates whether any of your immediate family members own or manage another company. An "immediate family member" is any person who is your father, mother, husband, wife, son, daughter, brother, sister, grandmother, grandfather, grandson, granddaughter, mother-

in-law, or father-in-law. If you answered "Yes," provide the name of each relative, your relationship to them, the name of the company they own or manage, the type of business, and whether they own or manage the company.

Section 3: OWNERSHIP

Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below (if your firm has more than one owner, provide completed copies of this section for each additional owner):

A. Background Information

- (1) Give the name of the owner.
- (2) State his/her title or position within your firm.
- (3) Give his/her home phone number.
- (4) State his/her home (street) address.
- (5) Check the appropriate box that indicates this owner's gender.
- (6) Check the appropriate box that indicates this owner's ethnicity (check all that apply). If you checked "Other," specify this owner's ethnic group/identity not otherwise listed.
- (7) Check the appropriate box to indicate whether this owner is a U.S. citizen.
- (8) If this owner is not a U.S. citizen, check the appropriate box that indicates whether this owner is a lawfully admitted permanent resident. If this owner is neither a U.S. citizen nor a lawfully admitted permanent resident of the U.S., then this owner is NOT eligible for certification as a MBE/WBE owner. This, however, does not necessarily disqualify your firm altogether from the MBE/WBE program if another owner is a U.S. citizen or lawfully admitted permanent resident and meets the program's other qualifying requirements.

B. Ownership Interest

- (1) State the number of years, during which this owner has been an owner of your firm.
- (2) Indicate the dollar value of this owner's initial investment to acquire an ownership interest in your firm, broken down by cash, real estate, equipment, and/or other investment.
- (3) State the percentage of total ownership control of your firm that this owner possesses.

- (4) State the familial relationship of this owner to each other owner of your firm.
- (5) Indicate the number, percentage of the total, class, date acquired, and method by which this owner acquired his/her shares of stock in your firm.
- (6) Check the appropriate box that indicates whether this owner performs a management or supervisory function for any other business. If you checked "Yes," state the name of the other business and this owner's title or function held in that business.
- (7) Check the appropriate box that indicates whether this owner owns or works for any other firm(s) that has any relationship with your firm. If you checked "Yes," identify the name of the other business and this owner's title or function held in that business. Briefly describe the nature of the business relationship in the space provided.

Section 4: CONTROL

A. Identify your firm's Officers and Board of Directors:

- (1) In the space provided, state the name, title, date of appointment, ethnicity, and gender of each officer of your firm.
- (2) In the space provided, state the name, title, date of appointment, ethnicity, and gender of each individual serving on your firm's Board of Directors.
- (3) Check the appropriate box that indicates whether any of your firm's officers and/or directors listed above performs a management or supervisory function for any other business. If you answered "Yes," identify each person by name, his/her title, the name of the other business in which s/he is involved, and his/her function performed in that other business.
- (4) Check the appropriate box that indicates whether any of your firm's officers and/or directors listed above own or work for any other firm(s) that has a relationship with your firm. If you answered "Yes," identify the name of the firm, the officer or director, and the nature of his/her business relationship with that other firm.

B. Identify your firm's management personnel (by name, title, ethnicity, and gender) who control your firm in the following areas:

- (1) Making of financial decisions on your firm's behalf, including the acquisition of lines of credit, surety bonds, supplies, etc.;
- (2) Estimating and bidding, including calculation of cost estimates, bid preparation and submission;
- (3) Negotiating and contract execution, including participation in any of your firm's negotiations and executing contracts on your firm's behalf;
- (4) Hiring and/or firing of management personnel, including interviewing and conducting performance evaluations;
- (5) Field/Production operations supervision, including site supervision, scheduling, project management services, etc.;
- (6) Office management;
- (7) Marketing and sales;
- (8) Purchasing of major equipment;
- (9) Signing company checks (for any purpose); and
- (10) Conducting any other financial transactions on your firm's behalf not otherwise listed.
- (11) Check the appropriate box that indicates whether any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business. If you answered "Yes," identify each person by name, his/her title, the name of the other business in which s/he is involved, and his/her function performed in that other business.
- (12) Check the appropriate box that indicates whether any of the persons listed in (1) through (10) above own or work for any other firm(s) that has a relationship with your firm. If you answered "Yes," identify the name of the firm, the name of the person, and the nature of his/her business relationship with that other firm.

C. Indicate your firm's inventory in the following categories:

(1) Equipment

State the type, make and model, and current dollar value of each piece of equipment held and/or used by your firm. Indicate whether each piece is either owned or leased by your firm.

(2) Vehicles

State the type, make and model, and current dollar value of each motor vehicle held and/or used by your firm. Indicate whether each vehicle is either owned or leased by your firm.

(3) Office Space

State the street address of each office space held and/or used by your firm. Indicate whether your firm owns or leases the office space and the current dollar value of that property or its lease.

(4) Storage Space

State the street address of each storage space held and/or used by your firm. Indicate whether your firm owns or leases the storage space and the current dollar value of that property or its lease.

D. Does your firm rely on any other firm for management functions or employee payroll?

Check the appropriate box that indicates whether your firm relies on any other firm for management functions or for employee payroll. If you answered "Yes," briefly explain the nature of that reliance and the extent to which the other firm carries out such functions.

E. Financial Information

(1) Banking Information

- (a) State the name of your firm's bank.
- (b) Give the main phone number of your firm's bank branch.
- (c) Give the address of your firm's bank branch.

(2) Bonding Information (If applicable)

- (a) State your firm's Binder Number.
- (b) State the name of your firm's bond agent and/or broker.
- (c) Give your agent's/broker's phone number.
- (d) Give your agent's/broker's address.
- (e) State your firm's bonding limits (in dollars), specifying both the Aggregate and Project Limits.

F. Identify all sources, amounts, and purposes of money loaned to your firm, including the names of persons or firms securing the loan, if other than the listed owner:

State the name and address of each source, the original dollar amount and the current balance of each loan, and the purpose for which each loan was made to your firm.

G. List all contributions or transfers of assets to/from your firm and to/from any of its owners over the past two years:

Indicate in the spaces provided, the type of contribution or asset that was transferred, its current dollar value, the person or firm from whom it was transferred, the person or firm to whom it was transferred, the relationship between the two persons and/or firms, and the date of the transfer.

H. List current licenses/permits held by any owner or employee of your firm.

List the name of each person in your firm who holds a professional license or permit, the type of permit or license, the expiration date of the permit or license, and the license/permit number and issuing State of the license or permit.

I. List the three largest contracts completed by your firm in the past three years, if any.

List the name of each owner or contractor for each contract, the name and location of the projects under each contract, the type of work performed on each contract, and the dollar value of each contract.

J. List the three largest active jobs on which your firm is currently working.

For each active job listed, state the name of the prime contractor and the project number, the location, the type of work performed, the project start date, the anticipated completion date, and the dollar value of the contract.

AFFIDAVIT & SIGNATURE

Carefully read the attached affidavit in its entirety. Fill in the required information for each blank space, and sign and date the affidavit in the presence of a Notary Public, who must then notarize the form.