

Certification Application



DEFINITIONS

- A. **“Minority Business Enterprise” (MBE)** shall mean a business which is an independent and continuing operation for profit, performing a commercially useful function, and is owned and controlled by one or more persons of African-American, Asian-Indian, or Hispanic decent, and is a U.S. citizen, as defined by C.C.C. 3901.01(k).
- B. **“Woman Business Enterprise” (WBE)** shall mean a business which is an independent and continuing operation for profit, performing a commercially useful function, and is owned and controlled by one or more Women, and is a U.S. citizens, as defined by C.C.C. 3901.01(p).
- C. In order to be certified as a **Minority Business Enterprise (MBE)**, or a **Woman Business Enterprise (WBE)**, a business must establish the following:
1. Business is at least **51%** or more owned by one or more persons of an eligible racial minority or woman gender.
 2. Is managed and controlled by the minority or woman person seeking to be certified.
 3. It has been in business in the Columbus Metropolitan Service Area (MSA) for at least six (6) months. These MSA counties include Franklin, Delaware, Fairfield, Fayette, Licking, Madison, Pickaway and Union.
 4. Annual sales that do not exceed average industry sales for (3) consecutive years, as determined by the federal tax returns for the firm and by the 4-digit SIC code of the U.S. Economic Census data. *If a firm is engaged in more than one industry, the average annual sales for its “industry” shall be determined by a weighted average of sales for all industries it is engaged in.*

5. Residency

(a) **MBE or WBE** has a place of business located within the corporation limits of the City of Columbus as registered in official documents filed with the Secretary of State, State of Ohio, or Franklin County Recorder's office.

(b) **MBE or WBE** holds a valid vendor's license which indicates its place of business is located within the corporation limits of the City of Columbus.

- C. **"Minority group members"** shall be those of African-American, Asian-Indian, or Hispanic decent, and is a U.S. citizen, as defined by C.C.C. 3901.01(k).
- D. **"Veteran"** shall mean a person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable, as defined by C.C.C. 3901.01(n).
- E. **"Days"** shall mean generally accepted working days. Monday through Friday, excluding national holidays.
- F. **"Certifying Agency"**, for purposes of implementing **MBE/WBE** certification policies and procedures, shall mean the City of Columbus Mayor's Office of Diversity and Inclusion is designated to manage certifications per the City's Equal Business Opportunity Code.
- G. **On-site visit** – Owner interview at business location consisting or a review of the worksite and verification of application information. There are two types of on-site visits:
1. Scheduled – Prior notification shall be given.
 2. Random – may occur anytime without notice, during and subsequent to certification process.
- H. **Operating Radius**
1. Local – City of Columbus
 2. Regional – Columbus MSA
 3. National – United States of America

CITY OF COLUMBUS CERTIFICATION APPLICATION

When answers require additional space, use plain white paper. Properly identify the item referred to by the appropriate number. At the top of each additional answer and exhibit, state the name of the applicant, date of application and item number. Please answer all questions in English as completely as possible. If a particular question does not apply to your business operation, write not applicable (NA) in the space provided. You must include all attachments requested. The application must be notarized.

COMPANY IS APPLYING FOR CERTIFICATION AS A:

- ☐ Minority Business Enterprise ☐ Woman Business Enterprise
☐ Veteran Registration

COMPANY NAME			
CONTRACT COMPLIANCE VENDOR NUMBER			
ADDRESS (Number & Street)	CITY	STATE	ZIP
TELEPHONE (Area Code)	FAX #		
CONTACT PERSON	TITLE		
LIST LOCATION OF ALL ADDITIONAL FACILITIES			
EMAIL:		WEBSITE:	
TYPE OF BUSINESS (Check primary function)			
<input type="checkbox"/> Construction Contractor <input type="checkbox"/> Distribution <input type="checkbox"/> Transportation <input type="checkbox"/> Manufacturer <input type="checkbox"/> Service			
<input type="checkbox"/> Broker <input type="checkbox"/> Professional Service <input type="checkbox"/> Other (Specify)			
MAJOR PRODUCTS AND/OR SERVICES PROVIDED:			

LEGAL STRUCTURE

☐ Corporation

☐ Partnership

☐ Sole Proprietorship

☐ Other (Specify) _____

FEDERAL I.D. or SOCIAL SECURITY NUMBER

OPERATING RADIUS:

☐ Local ☐ Regional ☐ National

ANNUAL SALES FOR LAST TWO YEARS

DATES OF FISCAL YEAR

Year 20 ____ \$ _____

Year 20 ____ \$ _____

HAS COMPANY DONE OR IS IT CURRENTLY DOING BUSINESS UNDER ANOTHER NAME?

☐ Yes ☐ No If yes, give former name: _____

Date Business Was Established: _____ / _____ / _____ (Month, Day, Year)

Type of Acquisition (Check One)

☐ Bought existing business

☐ Started business

☐ Secured a franchise

☐ Merger or consolidation

☐ Other (please specify) _____

IDENTIFY ALL OWNERS OF BUSINESS BY NAME, GENDER, RACE AND PERCENTAGE OF OWNERSHIP AND CONTROL:

NAME	GENDER	MINORITY	U.S. CITIZEN	YEARS	% OWNED	VOTING %

NAME	OFFICE	RACE	GENDER	SALARY

IF COMPANY IS LESS THAN 100% MINORITY/FEMALE OWNERSHIP LIST:

- A. Capital contributions by minority/female owner(s) \$ _____ Cash \$ _____ Loan
- B. Capital contributions by non-minority/female owner(s) \$ _____ Cash \$ _____ Loan
- C. Equipment supplied by minority/female owner(s) _____
- D. Equipment supplied by non-minority/female owner(s) _____
- E. Real estate supplied by non-minority/female owner(s) _____
- F. Real estate supplied by non-minority/female owner(s) _____
- G. Area(s) of expertise of non-minority/female owner(s) _____
- H. Area(s) of expertise of non-minority/female owner(s) _____

HOW WAS COMPANY STARTED OR ACQUIRED?

- ☐ Cash/Capital \$ _____ (submit canceled check(s)/other documents) _____
- ☐ Loan \$ _____ (submit loan documentation) _____
- ☐ Gift (explain/submit documentation) _____
- ☐ Payment of Services (explain/submit documentation) _____
- ☐ Inherited (explain/submit documentation) _____
- ☐ Other _____
- _____
- _____

IDENTIFY BY NAME, RACE, GENDER, TITLE, AND JOB CLASSIFICATION, THOSE INDIVIDUALS IN THE COMPANY WHO ARE RESPONSIBLE FOR DAY-TO-DAY MANAGEMENT AND POLICY DECISION MAKING, INCLUDING, BUT NOT LIMITED TO, THOSE WITH PRIME RESPONSIBILITY FOR: (INCLUDE OWNERS AND NON-OWNERS)

	NAME	RACE	GENDER	TITLE
FINANCIAL DECISIONS				
SIGNING OF CHECKS PAYROLL PURCHASING OTHER				
ESTIMATING				
SALES/MARKETING				
HIRING/FIRING OF MANAGEMENT PERSONNEL				
PURCHASES OF MAJOR ITEMS/SUPPLIES				
SUPERVISION FIELD OPERATIONS				
NEGOTIATING/SIGNING CONTRACTS				
CREDIT ACQUISITION				
MANAGEMENT DECISIONS				
BID NEGOTIATIONS/SCHEDULING				
OFFICE MANAGEMENT				
BONDING/INSURANCE				
OPERATING MANAGEMENT				

IS ANY PERSON LISTED IN ITEMS ABOVE, INCLUDING SPOUSE AND IMMEDIATE FAMILY MEMBERS, CURRENTLY OR HAS BEEN PREVIOUSLY AFFILIATED OR ASSOCIATED IN ANY CAPACITY WITH ANY OTHER CONCERN(S) OPERATING IN THE SAME OR SIMILAR TYPE OF BUSINESS AS APPLICANT'S CONCERN? ☐ YES ☐ NO
(IF YES, COMPLETE THE FOLLOWING)

NAME	BUSINESS NAME	AFFILIATION

IF THERE IS A BUSINESS RELATIONSHIP EXISTING BETWEEN THE APPLICANT AND A MAJORITY BUSINESS, DOES THE RELATIONSHIP INCLUDE SHARED: (CHECK THE ITEMS THAT APPLY)

☐ Owners ☐ Space ☐ Financing ☐ Employees (if checked see below)

NAME	RACE	GENDER	TITLE/JOB DESCRIPTION

HAS COMPANY RECEIVED CERTIFICATION AS A MINORITY BUSINESS ENTERPRISE OR WOMAN BUSINESS ENTERPRISE FROM ANY OTHER AGENCY? ☐ YES ☐ NO

If yes, provide: NAME OF CERTIFYING AGENCY _____

DATE RECEIVED _____

(Provide additional agencies on an attached sheet)

HAS THE COMPANY OR ANY OTHER COMPANY WITH ANY OF THE SAME OFFICERS BEEN DENIED CERTIFICATION?

☐ YES ☐ NO

If yes, provide: NAME OF CERTIFYING AGENCY _____

DATE RECEIVED _____

(Provide additional agencies on an attached sheet)

CURRENT EMPLOYMENT DATA

Number of actual employees:

Female

_____ African American

_____ Hispanic

_____ Asian Pacific

_____ Native American

_____ Asian Indian

_____ Caucasian

Male

_____ African American

_____ Hispanic

_____ Asian Pacific

_____ Native American

_____ Asian Indian

_____ Caucasian

THE FOLLOWING ATTACHMENTS ARE REQUIRED FOR CERTIFICATION:

1. Two business credit references, include names of companies, contact person and title, address, and telephone number.
2. Copy of licenses required by city or state.
3. Submit evidence of all outstanding loans.
4. Resume of principals (s).
5. Office rental or lease agreements.
6. Bank resolution/signature card.
7. Birth Certificates of minority principals (s).
8. Submit business capability statement.
9. If you are a Veteran, please include DD214

SOLE PROPRIETORSHIP

Individual Federal Income taxes for the past three (3) years

Company's Federal taxes for the past three (3) years (all available if less than 3 years)

Company's last financial statement

PARTNERSHIP

Individual Federal Taxes of partners for the past three (3) years (all available if less than 3 years)

- Company's Federal taxes for the past three (3) years (all available if less than 3 years)
- Company's last financial statement
- Partnership Agreement

CORPORATION

- Individual Federal Income taxes for the past three (3) years (all available if less than 3 years)
- Company's Federal taxes for the past three (3) years (all available if less than 3 years)
- Company's last financial statement
- Articles of Incorporation (attach copy of certificate from Secretary of State) and Bylaws
- Copy of Stock Certificate (s) issued
- Agreements containing options to purchase or otherwise acquire stock
- Shareholder guarantees for any debt
- Schedule of advances made to corporations by shareholders for the proceeding three (3) years
- Minutes of first board or shareholders meeting

ADDITIONALLY, YOU MAY BE REQUIRED TO SUBMIT THE FOLLOWING:

1. Equipment rental or lease agreements.
2. Listing of all equipment owned or leased.
3. Vehicles owned and copies of memorandum of title.
4. Dun & Bradstreet number, if any.
5. Proof of capital invested.
6. W2's of principals.

AFFIDAVIT OF APPLICATION

Read the following paragraphs carefully! Your signature on this application indicates acceptance and understanding of the conditions.

- **OMISSION** of information may be cause for this application not receiving timely and complete consideration.
- **THE CERTIFYING AGENCY RESERVES THE RIGHT** to request further information from the applicant prior to certification.
- **APPLICANT AGREES** to immediately notify the certifying agency if there is any significant change in the information submitted, including, but not limited to an impact on ownership and/or control.
- **ALL INFORMATION** in this application is true and accurate and is submitted for consideration of certification.
- **IF** the certifying agency determines that substantial evidence is available which indicates the applicant has committed fraud, the matter shall be referred to the City Attorney for criminal prosecution per Section 3938.02 of the Columbus City Code.
- **IF THE APPLICANT** is awarded certification, the applicant agrees to abide by all rules governing their status as may be determined by the certifying agency from time to time.

The undersigned hereby swears, under penalty of law, that all statements made in this application are true.

The undersigned agrees to hold the certifying agency harmless from any claim arising out of this application and agrees to indemnify said agency from any liability in connection with the certification of the applicant.

AFFIDAVIT

The undersigned swears or affirms that the information submitted in this Certification Application relative to _____ **(Company Name)** is true and further swears or affirms that there has been no substantive change in ownership and control of this company.

The undersigned further agrees to provide written information relative to any future changes in ownership and/or management of the company to the City of Columbus Mayor's Office of Diversity and Inclusion immediately following the change. The undersigned understands that if the change in information is not submitted, decertification may occur. Any material misrepresentation of information contained herein will be grounds for decertification.

If the certifying agency determines that substantial evidence is available which indicates the applicant has committed fraud, appropriate action shall be taken.

_____	_____
(Name, Print)	(Title)
_____	_____
(Signature)	(Date)

State of _____ County of _____
On this the _____ day of _____, 20 _____, before me appeared

(Name) _____, who affirmed that he or she was properly
authorized by
(Name of Company) _____ to execute the Affidavit and did so as his or her free
act and deed.

(Seal) Notary Public _____ **My Commission Expires** _____