

CITY OF COLUMBUS
VETERAN BUSINESS ENTERPRISE
CERTIFICATION APPLICATION

THE CITY OF
COLUMBUS

ANDREW J. GINTHER, MAYOR

OFFICE OF DIVERSITY
AND INCLUSION

CITY OF COLUMBUS VETERAN BUSINESS ENTERPRISE CERTIFICATION APPLICATION

INSTRUCTIONS

This application is used by the City of Columbus, Mayor's Office of Diversity and Inclusion (ODI) to assist in certifying **Veteran Business Enterprises**.

GENERAL INFORMATION

An application form must be complete and include all required documentation. If an incomplete application is received, the form and all supporting documents will be returned to the applicant.

ODI shall make a prompt determination of the certification of all companies. Applicants shall be so notified within sixty (60) days after receipt by of a complete application and all required documentation.

An on- site visit may be required to complete the certification process and shall be scheduled during the sixty day period.

The applicant will be required to substantiate all information contained in this application through submittal of supporting documentation as required by ODI. All information divulged or submitted with this application shall be considered **CONFIDENTIAL**. Please forward all requested information to:

Diversity and Inclusion Office
Attention: Tia H. Roseboro M/FBE Coordinator
1393 E. Broad Street 2nd Floor
Columbus, OH 43205
Phone: (614) 645-4764
Fax: (614) 645-6669



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DEFINITIONS

- A. **“Veteran Business Enterprise” (VBE)** shall mean a business which is an independent and continuing operation for profit, performing a commercially useful function, and must be at least **51%** owned by one or more eligible veterans; or, in the case of any publicly-owned business, at least **51%** of the stock is owned by one or more veterans, and whose management and daily business operations are controlled by such veterans.
- a. Business is at least **51%** or more owned by one or more eligible veterans.
 - b. Is managed and controlled by the veteran seeking to be certified.
 - c. It has been in business in the Columbus Metropolitan Service Area (MSA) for at least three (3) to six (6) months. These MSA counties include Franklin, Delaware, Fairfield, Fayette, Licking, Madison, Pickaway and Union.
 - d. Annual sales that do not exceed average industry sales for (2) 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.*
 - e. Residency
 - i. **VBE** 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. (or)
 - ii. **VBE** holds a valid vendor’s license which indicates its place of business is located within the corporation limits of the City of Columbus. (or)
- B. **“Veteran”**: shall be those who can provide the Department of Defense Form 214, Certificate of Release or Discharge from Active Duty (DD214) which proves that the individual is honorably discharged and it also documents the type of service disability.

- C. 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:
 - a. Scheduled – Prior notification shall be given.
 - b. Random – may occur anytime without notice, during and subsequent to certification process.
- D. Operating Radius
 - a. Local – City of Columbus
 - b. Regional – Columbus MSA
 - c. National – United States of America

**THE FOLLOWING ATTACHMENTS ARE REQUIRED FOR
VETERAN CERTIFICATION:**

1. **DD214, Armed Forces Discharge Papers**
2. **Birth Certificates of minority principal (s).**
3. **Copy of licenses required by city or state.**
4. **Submit evidence of all outstanding loans.**
5. **Resume of principal (s).**
6. **Office rental or lease agreements (if applicable)**
7. **Bank resolution/signature card.**
8. **Company's last financial statement**

After the application has been reviewed, the ODI investigator may request additional information to be submitted, and an onsite to be performed (if necessary). This will be at the discretion of the ODI investigator.

CITY OF COLUMBUS

VETERAN 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 NAME			
ADDRESS <small>(Number & Street)</small>	CITY	STATE	ZIP
TELEPHONE <small>(Area Code)</small>	FAX #		
CONTACT PERSON	TITLE		
LIST LOCATION OF ALL ADDITIONAL FACILITIES			
EMAIL:		WEBSITE:	
TYPE OF BUSINESS <small>(Check primary function)</small> <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 <small>(Specify)</small>			
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: _____ / _____ / _____ (Day, Month, 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 FEMALE 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

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 Recertification 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 _____