



CITY OF CLEVELAND
Mayor Frank G. Jackson

**CLEVELAND AREA BUSINESS PROGRAM
CERTIFICATION APPLICATION**

Cleveland, Ohio

**CITY OF CLEVELAND
FRANK G. JACKSON, MAYOR**

**NATOYA J. WALKER, INTERIM DIRECTOR
OFFICE OF EQUAL OPPORTUNITY**

(Rev. 4/2009)

BEGINNING THE PROCESS

Why is there a certification process?

A variety of certification programs operate at the Federal, State and Local levels. These programs were originally developed to safeguard minority business assistance programs from misuse by non-minority firms or companies. They serve as a tool for an organization that wants to do business with minority, female or local enterprises by verifying the ownership of the firm and verifying that the firm is operational.

What happens after I complete the form?

Once you have completed the form and provided the background information required, make a copy for yourself and submit your original application to the Office of Equal Opportunity at 601 Lakeside, Room 335, Cleveland, OH 44114. You must include a signed original affidavit with each application. You may make as many copies of the blank affidavit as you need.

This application does not waive the right of the Office of Equal Opportunity to request additional information, or to make site visits to your business as part of the certification process. OEO retains the right to deny certification to a company even when other entities have decided to grant that company certification.

INSTRUCTIONS

For the City of Cleveland you must apply for recertification during the anniversary month of your certification. The application has to be renewed annually. On the fifth (5th) year anniversary of initial certification, the company is required to submit a full application.

You must initiate the recertification. It is the responsibility of the certified business owner to reapply before the expiration date.

No application will be accepted unless it is printed or typewritten, notarized, and bears the signature of the owner(s).

The application must be fully completed. Should you need additional space, please attach supplemental pages.

If you need assistance in completing this application; please call 216-664-4152.

I. GENERAL INFORMATION

1. I am applying for certification as a:

Minority Business Enterprise (MBE) _____

Female Business Enterprise (FBE) _____

Cleveland Area Small Business (CSB) _____

You may apply to any or all 3.

2.

| | |
|--|--|
| Name of Firm: | |
| Address: (Where CEO and top management perform their management duties) | |
| City/State/Zip: | |
| | |

| | |
|---------------------------------------|------------------------|
| Parent Company: | |
| Other business address if applicable: | |
| City/State/Zip | |
| Business Telephone: | () |
| Owner's Names(s) | |
| Owner's Home Address(es) | |
| Owner's Home Telephone(s) | () () |
| Federal Employer ID # | |

3. Type of Business: (Check one)

- | | |
|-------------------------------|-------------------------|
| Construction Contractor _____ | Supplier of Goods _____ |
| General Contractor _____ | Consultant _____ |
| Specific Trade _____ | Service _____ |
| Professional Services _____ | other (specify) _____ |

4. Briefly describe products and/or services provided:

II. OWNERSHIP OF FIRM

1. Indicate whether: (Check one)

A. Sole Proprietorship _____ Date Established _____

B. Partnership _____ Date of Agreement _____

C. Corporation * _____ Date of Incorporation _____

If sole proprietor give Social Security Number: _____(Confidential)

If corporation give Tax Identification Number: _____

Does not include affiliates, wholly owned subsidiaries or divisions.

2. Year firm was established, if different from question one above: _____

3. Has firm done or is it currently doing business under another name?

_____Yes _____No If yes, please explain:

4. Method of acquisition (check all that apply)

Started new business _____
Bought existing business _____
Inherited business _____
Secured concession _____
Merger or consolidation _____
Other _____

Ownership

5. Identify those who hold 5% or more of the firm's ownership:

| | 1 | 2 | 3 |
|--------------------------------------|---|---|---|
| Name/Title | | | |
| Race*/Gender | | | |
| Years Owned | | | |
| Owner % | | | |
| Salary | | | |
| Class of Stock (Common/Preferred) | | | |
| USC** | | | |
| LAPR** | | | |

* Specify ethnic background of each person listed above with the appropriate letter listed below:

Alaskan = AL Black/African American = B Hispanic = H
 American Indian/Native American = N*** White/Caucasian = W
 Asian = A (Pacific Islander or Oriental)

** Indicate whether the persons listed above are United States Citizens (USC) or Lawfully Admitted Permanent Residents (LAPR).

*** Tribal certificate and registration with the Bureau of Indian Affairs may be required.

6. Total number of shares issued: _____ Outstanding: _____

7. Total number of voting shares: _____ Outstanding: _____

III. CONTROL OF FIRM

1. Identify by name, race, gender, title, and job classification, those individuals in the firm 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 | | | | |

2. Identify any owner or official of the applicant who is currently, or has been an employee of another firm which has an ownership interest in, or a present business relationship with, the applicant business

| NAME | RACE | GENDER | TITLE/JOB CLASSIFICATION |
|------|------|--------|--------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

V. REAL ESTATE

1. List identifying all real property (including office/ storage space, ect.) owned/ leased by your business and documented proof of ownership/ signed leases.

| |
|--|
| |
| |
| |
| |
| |
| |
| |

VI. CONTRACTS/DIRECT SALES

1. Has firm ever been awarded any contracts?

_____ Yes _____ No

a. Was the contract: _____ Federal _____ State _____ Local

b. List largest dollar amount awarded: \$ _____

c. Date of last award: _____

d. Provide true copies of contracts awarded, purchase orders or invoices of your six largest jobs for the past three years. (If you have done less than six, please supply what you have.)

2. If applicable, please list below your principal material suppliers:

| SUPPLIER | LOCATION | PRODUCT | VOLUME LAST YEAR |
|----------|----------|---------|------------------|
| | | | |
| | | | |
| | | | |

3. Is your firm a goods and supplies dealer? _____Yes _____ No

If yes, please answer the following question. Do you own, operate and maintain a store, warehouse or other establishment in which articles, equipment or supplies relating to your line(s) of products is/are kept in stock and sold to the public on a wholesale and/or retail basis? _____Yes _____No

If yes, please describe your facilities. If no, please explain any arrangement(s) that eliminate(s) this necessity.

VII. TWO BUSINESS CREDIT REFERENCES

| FIRM | CONTACT/TITLE | ADDRESS/CITY/ZIP | TELEPHONE |
|------|---------------|------------------|-----------|
| | | | |
| | | | |

VIII. FINANCIAL INFORMATION

List all contributions/investments of cash, equipment, real estate, expertise, or other consideration used by each owner to acquire ownership in the application business. List the value of each contribution. For cash, show origin as joint/ personal savings or checking account, loan, etc. For equipment, list the actual items, value of each piece of equipment, and proof of prior ownership. For real estate, provide a description, estimated market value, and proof of prior ownership. Provide documentation to prove all contributions, i.e., canceled checks, deposit slips, bills of sale, purchase agreements, receipts, or other evidence for each contribution or investment made to acquire ownership in this business. Attach additional pages if necessary.

| | |
|---|---|
| Name: _____ Equipment: \$ _____ Real Estate: \$ _____ Cash: \$ _____ Other: \$ _____ Total: \$ _____ | Name: _____ Equipment: \$ _____ Real Estate: \$ _____ Cash: \$ _____ Other: \$ _____ Total: \$ _____ |
| Name: _____ Equipment: \$ _____ Real Estate: \$ _____ Cash: \$ _____ Other: \$ _____ Total: \$ _____ | Name: _____ Equipment: \$ _____ Real Estate: \$ _____ Cash: \$ _____ Other: \$ _____ Total: \$ _____ |

List any additional contributions/investments made by anyone since the business started. Attach additional pages if necessary.

| |
|---|
| Name: _____ Amount: _____ Purpose: _____ Date: _____ |
| Name: _____ Amount: _____ Purpose: _____ Date: _____ |
| Name: _____ Amount: _____ Purpose: _____ Date: _____ |
| Name: _____ Amount: _____ Purpose: _____ Date: _____ |

IX. BUSINESS REVENUE

Gross Revenue for the past three years

Current _____
Last Year _____
2 years ago _____
3 years ago _____

X. RECOMMENDED SUBMISSIONS

Please submit any of the following documents applicable to your company. You may be requested to submit other documentation as requested upon review by Office of Equal Opportunity.

| Please submit the following for review: | |
|--|--|
| Completed Application (Affidavit MUST be notarized) | |
| Office Lease or Rental Agreement | |
| Liability Insurance Certificate | |
| Worker's Compensation Certificate | |
| Bank Resolution, Signature Card & Bank Statements | |
| Indication of local taxes paid | |
| Federal tax returns (past 2 years) | |
| Request for Tax Transcript Form – signed & dated | |
| 6 Copies of Cancelled Business Checks, Front & Back | |
| Financial Statements/Loans (past 2 years) | |
| 6 signed copies of past contracts, purchase orders and/or invoices | |
| NAICS codes with documentation (if available) | |
| Articles of Incorporation: Ownership, State Certificates & Board Minutes <i>(if applicable)</i> | |
| Share Ledger & Stock Certificates <i>(if applicable)</i> | |
| Proof of Stock Purchase and/or Company Acquisition | |
| Proof of capital investment contributions | |
| Licenses | |
| 3 Distributorship Agreements <i>(for suppliers only)</i> | |
| List of Equipment Owned/Leased | |
| Equipment Lease or Rental Agreement | |
| Birth Certificate, Driver's License or Passport | |
| Resume of All Principal Officers | |
| Business Cards and Company Brochure | |

XI. REQUIRED SUBMISSIONS

If you have been in business for LESS THAN ONE YEAR:

Evidence of possession of necessary equipment or supplies.

Evidence your business has current employees with requisite expertise.

Evidence that you or your key staff has been a principal party of a recent contract or arrangement to perform the type of work for which you are seeking certification.

Evidence of possession of all requested licenses, permits, certification ect.

Please read and sign the Affidavit which follows.

PLEASE REVIEW YOUR APPLICATION CAREFULLY!

AFFIDAVIT

A signed affidavit with original signature must accompany each application.

The undersigned swears that the foregoing statements made as part of this application are true and correct and include all material information necessary:

1. To identify and explain the operations of (Name of Company)

2. To identify the ownership thereof; and
3. To establish their eligibility for certification as a

_____ Minority Business Enterprise,
_____ Female Business Enterprise, and/or
_____ Cleveland Area Small Business

Further, the undersigned agrees to provide any and all information and materials as may be required to substantiate the ownership and control by _____ of the company. This includes complete cooperation with the certifying entities and allowing the examination of books, records and files of the named company at the business location or at any other place. It is understood that any material misrepresentation will be grounds for terminating any contract which may be awarded and for imposing sanctions under federal, state or local laws concerning false statements. Please note that the information provided with this application may be subject to such laws.

If, after filing this document there is any change (during the ensuing calendar year) in the information submitted herein, the undersigned will inform the Office of Equal Opportunity immediately of the change(s).

NOTARIZATION: (Sign only in the presence of a Notary Public.)

Signature: _____

Name (print): _____

Title: _____

Date: _____

State of _____ County of _____

On this the _____ day of _____ 20____, before me appeared

(Name) _____, that he or she was properly authorized by

(Name of Firm) _____, to execute the Affidavit and did so as

his or her free act and deed.

(Seal) Notary Public _____

My Commission Expires _____