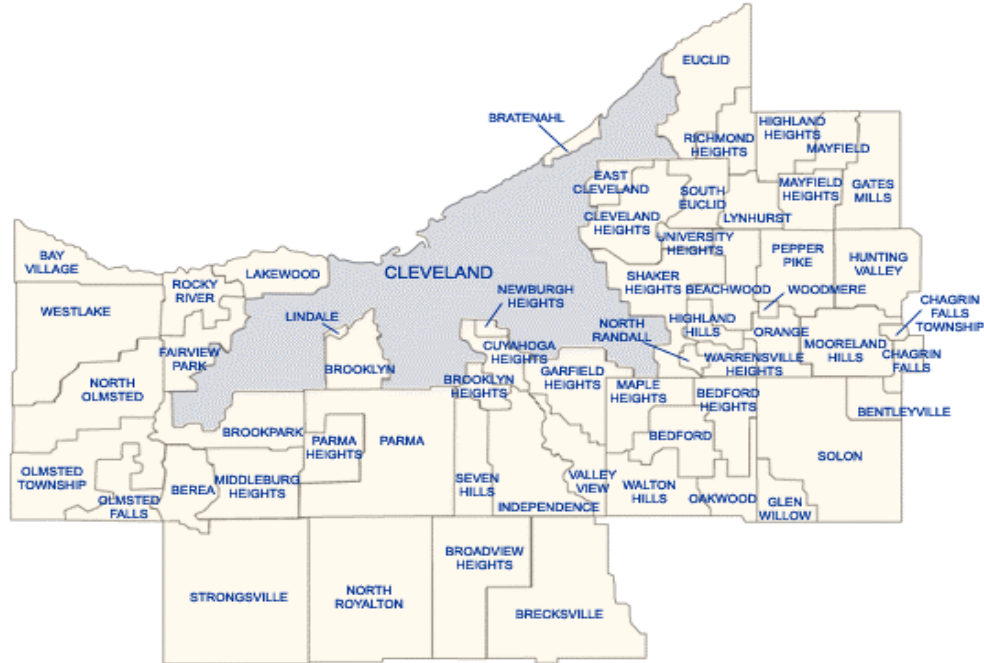


Cuyahoga County Commissioners

Jimmy Dimora

Timothy F. Hagan

Peter Lawson Jones



**SMALL BUSINESS ENTERPRISE
NEW PROGRAM APPLICATION
CUYAHOGA COUNTY OF OHIO**

Office of Procurement and Diversity

IMPORTANT INFORMATION FOR APPLICANT

The Board of County Commissioners certifies Small Business Enterprises pursuant to Resolution 055058 dated December 20, 2006 approving The Small Business Program for the Office of Procurement and Diversity, effective January 1, 2006.

The following standards will be used by the Small Business Enterprise Program to determine eligibility for certification as a Small Business Enterprise.

The firm must be in business for one year.

The firm must be located in Cuyahoga County (**mailbox facilities or other similar arrangements do not constitute a physical presence**).

The applicant(s) must demonstrate operational and managerial control of the firm.

To become eligible for the SBE Program a Small Business Enterprise firm must demonstrate that it has been in continuous operation in the category or the related category for which it is requesting certification, that its' annual gross revenues or its' total workforce are at or less than the Program standards set forth below:

- 500 employees for most manufacturing and mining industries
- 100 employees for all wholesale trade industries
- \$6 million for most retail and service industries
- \$28.5 million for most general & heavy construction industries
- \$ 12 million for all special trade contractors
- \$0.75 million for most agricultural industries
- \$ 4 million architectural/engineering
- \$ 6 million law firms
- \$ 6 million consultants

A business applying for certification as a Small Business Enterprise must establish that it has a physical presence located within the geographical limits of Cuyahoga County as registered in official documents filed with the Secretary of State of Ohio or Cuyahoga County Courthouse. Mailbox facilities or other similar arrangements do not constitute a physical presence.

Once completed, return the application and all supporting documentation to the following address:

Cuyahoga County
Office of Procurement and Diversity
112 Hamilton Avenue 2nd Floor
Cleveland, Ohio 44114
216/443-7230 Office Phone; 216/443-6900 Office Fax

This application and recertification application can be downloaded at: www.cuyahogacounty.us/opd/sbe/certification.htm

GENERAL INFORMATION

Contact Information

1.) Legal Name of Business:		
2.) Other names used by Business:		
3.) Address of Company: <i>(No. P.O. Box)</i>		
4.) City:	5.) State:	6.) Zip Code:
7.) Mailing Address: <i>(If Different from above):</i>		
8.) City:	9.) State:	10.) Zip Code:
11.) E-mail Address:	12.) Office Phone:	13.) Fax Number:
13a.) Name and Title of Person who can answer questions about the business:	Name:	Title:

Business Profile

14.) Type of Business:	(check one)	Number of Employees
Construction	—	_____
Commodity Providers	—	_____
Business Services	—	_____
Architect & Engineering	—	_____
Professional Services	—	_____
Other	—	_____
15.) Federal Tax ID/Social Security No:		16.) Date Company was established:
17.) Briefly describe products and/or services provided:		

18.) Indicate whether:	(check one)	
A. Sole Proprietorship	—	Date Established _____
B. Partnership	—	Date of Agreement _____
C. Corporation	—	Date of Incorporation _____
D. Limited Liability Company	—	Date of Approval _____
E. Other, Please Describe	—	Date Established _____

19.) Circle the categories which apply:

African American Asian Women Hispanic
 Native American White Other (Specify)_____

20.) Has firm done or is it currently doing business under another name? Yes No

If yes, explain:_____

21.) Number of Full Time Employees_____ Part Time Employees_____

22.) Identify those who hold 5% or more of the firm's ownership: (For partnerships, identify those who have a percentage of the ownership.)

	1	2	3
Name/Title			
Years Owned			
Owner %			
Salary			
Class of Stock (Common/Preffered)			
USC**			
LAPR**			

***Indicate whether the persons listed above are United States Citizens (USC) or lawfully admitted permanent residents (LAPR).*

Shares of Stock: Number Percentage Date Acquired Method Acquired

Total number of shares issued:_____ Outstanding:_____

22a.) Provide copies of the following:

- If a corporation, provide Articles of Incorporation with State Certificate, share ledger, and stock certificates.
- If a corporation, provide, Corporate By-Laws and Minutes of first corporate organizational meeting.
- If an LLC, provide Articles of Organization, if available.
- If a partnership, provide Partnership Agreement.

Financial Information

23.) 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: _____	Name: _____
Equipment: \$ _____	Equipment: \$ _____
Real Estate: \$ _____	Real Estate: \$ _____
Cash: \$ _____	Cash: \$ _____
Other: \$ _____	Other: \$ _____
Total: \$ _____	Total: \$ _____

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

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

Name: _____
 Amount: _____
 Purpose: _____
 Date: _____

24.) List any gifts, transfers of share, inheritance, or divorce settlement that was used to acquire ownership in the business: Attach additional pages if necessary.

- _____
- List the source of the above stated assets. _____
 - List the amount and type of the above stated assets. _____
 - Explain any stipulations or conditions attaching to this gift, transfer of shares, or inheritance when it was received. _____

25.) Specify the gross receipts of the company for the last two (2) years:

Year _____	Total Receipt \$ _____
Year _____	Total Receipt \$ _____

26.) Provide the name of the financial institutions(s) where you have business account(s). Please identify the type of account such as checking, line of credit, etc. Attach additional pages if necessary. _____

27.) List all business related bank loans, notes payable, promissory notes, etc. owned individual owners of the applicant business. Provide copies of all loans and security/collateral agreements. Note: if signatures used to secure the loan are not that of the applicant(s), explain the signatory's relationship to this business or the owner.

28.) Submit with the application copies of the business' Federal business taxes for the last three years.

29.) Identify by name, 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		TITLE
Financial decisions				
Signing of checks				
Payroll				
Purchasing				
Other				
Estimating				
Sales/marketing				
Hiring/firing of management personnel				
Purchases of major items/supplies				
Supervision of field operations				
Negotiating/signing contracts				
Credit Acquisition				
Management decisions				
Bid negotiations/scheduling				
Office management				
Bonding/insurance				
Operating management				

30.) To the best of your knowledge, identify any owner or employee management official of the SBE who is currently, or has been previously, an employee of another firm which has an ownership interest in, or a present business relationship with, the SBE requesting certification.

NAME		TITLE/JOB CLASSIFICATION

31.) In cases where there is a business relationship existing between the SBE and another business, does the relationship include shared: (Check the items that apply).

- Owners
 Space
 Financing
 Employees (if checked see below)

32.) Submit a resume with the application for each owner, detailing previous employment, company names, dates of employment, positions/titles held, duties and responsibilities, education and training and degrees and certificates received that demonstrate the owners' ability to fulfill the requirements of their position with the business. *The SBE owners must also include information that demonstrates that they are able to critically evaluate the technical aspects of the business.*

33.) Is your firm certified by Small Business Administration Section 8(a)?

- YES
 NO

If yes, include copy of certificate.

34.) Is your company currently certified with any other SBE/DBE/SDB/MBE/WBE Programs? *Please attach copy of certificate and list:* _____

Contracts/Direct Sales

35.) Has firm ever been awarded any public sector contracts?

- YES
 NO

a. If yes, 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.

36.) Has firm ever been awarded any private sector contracts?

- YES NO

a. If yes, list three most recent clients:

b. List largest dollar amount awarded: \$ _____

c. Date of last award: _____

d. Provide true copies of contracts awarded, purchase orders or invoices.

37.) Has firm sold products or services to the public and/or private sector on a non-contractual basis? YES NO

a. If yes, list three most recent clients:

b. List largest dollar amount sold: \$ _____

c. Date of last sale: _____

d. Provide true copies of purchase orders or invoices of your three largest sales for the past three years.

SUBMIT COPIES OF THE FOLLOWING APPLICABLE ITEMS WITH ALL APPLICATIONS

Documents Required	Sole Proprietorship	Partnerships, General & Limited	Corporation	Limited Liability Company
Current lease/rental agreement or property taxes	X	X	X	X
Relevant licenses and/or registrations	X	X	X	X
Proof of capital investment or contributions	X	X	X	X
All current loans	X	X	X	X
Signed Federal business tax returns for the last 3 years	X (Form 1040 & all schedules)	X (Partnership return & all schedules & K-1's)	X (Corporate returns & all schedules)	X (Partnership or corporate returns & all schedules)
Annual business financial statement for the most recent year-end	X	X	X	X
Signed Federal personal income tax returns for past 3 years for all owners	X	X	X	X
List of all equipment owned or leased	X	X	X	X
Workers' Comp Certificate--current	X	X	X	X
Titles of all vehicles owned or leased	X	X	X	X
Liability Insurance Certificate—current	X	X	X	X
Bank Signature Card or Resolution	X	X	X	X
Cancelled Business Checks –6 copies front/back	X	X	X	X
ID (owner[s])— Driver's License, Passport, etc.	X	X	X	X
Corporate documents requested in 22a.) above.	X	X	X	X

Note: Taxes will be returned to the applicant after the certification process.

Submit two business credit references: (Use box below).

FIRM	CONTACT/TITLE	ADDRESS/CITY/ZIP	TELEPHONE

Submit two character references: (Use box below).

NAME	ADDRESS/CITY/ZIP	TELEPHONE

Please read and sign the Affidavit which follows.

PLEASE READ OVER YOUR APPLICATION CAREFULLY!

AFFIDAVIT

You may make as many copies of the blank affidavit as you need. 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 includes 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 Small Business Enterprise

Further, the undersigned agrees to provide directly to the Board of Cuyahoga County Commissioners (BOCC) Office of Procurement and Diversity 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 Board of County Commissioners Office of Procurement and Diversity, and allowing the examination of books, records and files of the named company at the business location or at any other place. I understand 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 year) in the information submitted herein, the undersigned will inform the Board of County Commissioners Office of Procurement and Diversity 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_____

Signature of Notary_____