



Cuyahoga County



CUYAHOGA COUNTY BASED BUSINESS (CCBB)

&

CUYAHOGA COUNTY BUSINESS ECONOMIC INCLUSION (CCBEIP) PROGRAM

Office of Procurement and Diversity

IMPORTANT INFORMATION FOR APPLICANT

Cuyahoga County Based Business (CCBB)

Cuyahoga County pursuant to Ordinance No. 02012-0020 dated November 27, 2012 approved the Cuyahoga County Based Business (CCBB) Preference Program.

The following standards will be used by the Cuyahoga County Business Based Preference Program to determine eligibility for certification as a Cuyahoga County Based Business.

A business applying for certification as a Cuyahoga County Based Business must meet the following standards:

a) The business must demonstrate that its principal place of business has been located in Cuyahoga County for at least three (3) years as registered in official documents filed with the Secretary of State of Ohio or the Cuyahoga County Fiscal Office. If one party to a joint venture has its principal place of business in Cuyahoga County, the joint venture shall be considered as having its principal place of business in Cuyahoga County; or

b) The business must be a business organization with a "significant economic presence" in Cuyahoga County. For purpose of this program,

"Significant economic presence" means a business organization that has for at least three years

- i. Had a sales office, division, sales outlet or manufacturing facility in Cuyahoga County; and
- ii. Pays required taxes to Cuyahoga County; and
- iii. Has an annual gross payroll in Cuyahoga County of at least \$100,000.00.

Cuyahoga County Business Economic Inclusion Program (CCBEIP)

Cuyahoga County pursuant to Ordinance No. 02016-0007 dated April 26, 2016 approved the Cuyahoga County Business Economic Inclusion Program (CCBEI).

The following standards will be used by the Cuyahoga County Diversity Program to determine eligibility for certification as a Cuyahoga County Inclusive Business.

A business applying for certification must meet **one of the following** standards:

- a) The business must demonstrate that they have used a Minority Business Enterprise and/or a Female Business Enterprise in at least three (3) projects within the past two years.
- b) The business must demonstrate that it hires and employed a diverse workforce based on payroll records within the past two years.

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

Cuyahoga County
Office of Procurement and Diversity
Diversity Division
2079 East 9th St. 2nd fl.
Cleveland, Ohio 44115

216/443-7230 Office Phone
216/443-7206 Office Fax
www.opd.cuyahogacounty.us

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.) Other Business Locations: <i>(If Different from above):</i>		
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:
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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 _____

Cuyahoga County Based Business

1. Is your main business office in Cuyahoga County? YES_____ NO_____
2. Are you currently a Cuyahoga County certified Small Business Enterprise (SBE), Minority Business Enterprise (MBE) or Women Business Enterprise (WBE)? YES_____ NO_____
3. Please provide the following information for the past three (3) years:

Year	Address of principal place of business as filed with the Secretary of State or Cuyahoga County Fiscal Office (city, state, zip) Please provide proof. (example, lease, renters agreements or property taxes)	For each year listed, indicate whether or not your company had a sales office, division, sales outlet or manufacturing facility in Cuyahoga county (Yes or No)	For each year listed, indicate whether or not your company paid the required taxes to Cuyahoga County (Yes or No)	For each year listed, please provide your annual gross payroll in Cuyahoga County (\$) Please provide proof (examples, worker's comp Payroll report confirmation or certified payroll)

If you do not qualify for the above, you might want to see if your business can be considered as a diverse economic inclusion business by filling out the table below and if not considered to be diverse you would be notified to present your action plan.

Cuyahoga County Business Economic Inclusion Program

Please provide the following information for the past two (2) years:

Year	<p>The business must demonstrate that they have used on a contract Minority Business Enterprise and/or a Female Business Enterprise in at least three (3) projects within the past two years. Please provide proof. (examples: copies of contracts, purchase orders or invoices)</p>
	Type of Contract : _____ Total Contract Amount: _____ Dollar amount awarded to MBE: _____ Dollar amount awarded to WBE: _____
	Type of Contract : _____ Total Contract Amount: _____ Dollar amount awarded to MBE: _____ Dollar amount awarded to WBE: _____
	Type of Contract : _____ Total Contract Amount: _____ Dollar amount awarded to MBE: _____ Dollar amount awarded to WBE: _____

Cuyahoga County Business Economic Inclusion Program (Continued)

Levels		Total	Black Americans	Hispanic Americans	Asian Pacific Americans	Asian Indian Americans	Native Americans
Executive Senior Level	M						
	F						
Officials and Managers	M						
	F						
Professional	M						
	F						
Technicians	M						
	F						
Sales Workers	M						
	F						
Office & Clerical Workers	M						
	F						
Crafts Workers	M						
	F						
Operatives	M						
	F						
Laborers	M						
	F						
Service Workers	M						
	F						
Other _____	M						
	F						

Total Employees: _____

Certified payroll must be submitted with this section demonstrating the above information.

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 Cuyahoga County Based Business or as an Cuyahoga County Economic Inclusive Business

Further, the undersigned agrees to provide directly to Cuyahoga County Office of Procurement and Diversity any and all information and materials as may be required to substantiate the eligibility of this business for this certification and the ownership and control by the _____ of the company. This includes complete cooperation with the County's 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 County's 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.

Name (notary)(print) _____

Signature of
Notary _____

(Seal)Notary Public _____ My Commission Expires _____