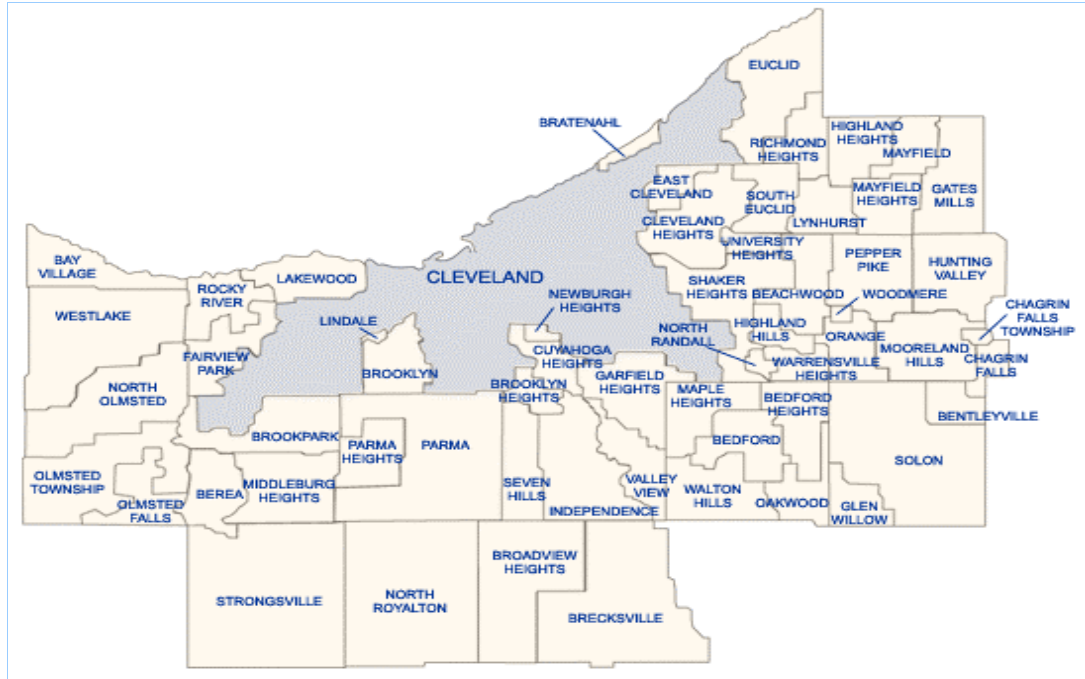




Cuyahoga County Diversity



APPLICATION FOR

SMALL BUSINESS ENTERPRISE (SBE)

MINORITY BUSINESS ENTERPRISE (MBE)

WOMEN BUSINESS ENTERPRISE (WBE)

CUYAHOGA COUNTY OF OHIO

Department of Equity and Inclusion



IMPORTANT INFORMATION FOR APPLICANT

Cuyahoga County certifies Small Business Enterprises pursuant to Ordinance No. 02011-0054 dated December 19, 2011, approving The Small Business Program for the Department of Equity and Inclusion, effective January 1, 2012. On February 15, 2014, Ordinance was amended and approved to revised program Policies and Procedures pursuant to Ordinance No. 02014-0002

On April 27, 2016, Ordinance No. 02016-0005 passed approving the ability to set aspirational Minority Business Enterprise and/or Women Business Enterprise subcontractor participation goals.

The following standards will be used by the Diversity Program to determine eligibility for certification as a Small Business Enterprise, Minority Business Enterprise and/or Women Business Enterprise.

A business applying for SBE certification must establish that it has a physical presence located within the geographical limits of Cuyahoga County as registered in official documents. (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/MBE/WBE Program, a business firm must demonstrate that it has been in continuous operation in the category or the related category for which it is requesting certification for one year and that majority ownership has at least one (1) year of work experience relevant to the business certification category. For the **Small Business Enterprise**, its' annual gross revenues or its' total workforces are at or less than the amounts established by the Small Business Administration in the following link:

http://www.sba.gov/sites/default/files/Size_Standards_Table.pdf

For the **MBE/WBE** in addition to the above the MBE/WBE businesses must be owned, operated and controlled by one or more Minority/Women who have at least 51% ownership; they also must have operational and managerial control, interest in capital, and earnings commensurate with the percentage of ownership; and the Business Enterprise must be located and doing business in the Cleveland Contracting Market which is **Cuyahoga County, Gauga County, Lake County, Lorain County, Medina County and Summit County**.

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

Note: Application's average processing time is 2 weeks.

Cuyahoga County
Department of Equity and Inclusion
Diversity Program Division
2079 East 9th Street, 2nd Floor
Cleveland, OH 44115

216/443-7230 Office Phone

216/443-7206 Office Fax

<https://opd.cuyahogacounty.us/>

Anyone and everyone interested in doing business with Cuyahoga County should register as a vendor. Vendor registration is different from SBE/MBE/WBE certification. This can be done online at:

<https://opd.cuyahogacounty.us/>

GENERAL INFORMATION

Contact Information

Date Completed: _____

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 owner of 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 _____
19.) NAICS Codes that best describe your business: _____, _____, _____, _____, _____		

20.) Desired Program: SBE____ MBE____ WBE____ (check any or all 3)

For majority ownership, please check below

Gender: Male____ Female____

White African American Hispanic American Native American

Asian Pacific American Asian Indian American

Other _____

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

If yes, explain: _____

22.) Number of Full Time Employees _____ Part Time Employees _____

23.) Identify those who own 5% or more of the firm's ownership: (For partnerships, identify those who have of the ownership.)

	1	2	3
Name/Title			
Male/Female			
Ethnicity			
Years Owned			
Owner %			
Salary			
Common or Preferred Stocks			
USC**			
LAPR**			

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

Shares of Stock: Number Percentage Date Acquired Method Acquired

Total number of shares issued: _____ Outstanding: _____

24.) Provide copies of the following:

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

Financial Information

25.) How was the business purchased? 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: _____

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

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

27.) Specify the gross receipts of the company for the last three (3) years:

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

28.) 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. _____

29.) 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.

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

31.) 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		
Deals with payroll		
Purchasing		
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		

32.) To the best of your knowledge, identify any owner or employee management official of a County program 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 another County requesting certification.

NAME	TITLE/JOB CLASSIFICATION

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

- Owners
 Space
 Financing
 Employees (if checked see below)

34.) Submit a resume with the application for each owner who owns (5%) or more, 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 Business owners must also include information that demonstrates that they are able to critically evaluate the technical aspects of the business.*

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

- YES
 NO

If yes, include copy of certificate.

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

Contracts/Direct Sales

37.) 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.

38.) 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.

39.) 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 Proprietor -ship	Partnerships, General & Limited	Corporation	Limited Liability Company
Federal personal income tax returns for past 3 years for all who own 5% or more and their W-2s	X	X	X	X
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)
Proof of capital investment or contributions	X	X	X	X
Corporate documents requested in 24.). (Articles of Inc. w/State Certificate, Share ledger, and Stock Certificates, Corporate By-Laws, minutes of first corporate organizational meeting)	X	X	X	X
Partnership agreements	X	X	X	X
Bank Signature Card, resolution or letter from bank	X	X	X	X
Cancelled Business Checks –6 copies front/back or 2 complete bank statements	X	X	X	X
Current lease/rental agreement or property taxes for business location	X	X	X	X
Titles or registrations of all vehicles owned or leased (company use)	X	X	X	X
ID Photo for all who own 5% or more (Driver's Lic. or Passport, etc.) and Resumes of Principals	X	X	X	X
Liability Insurance Certificate—current	X	X	X	X
Business licenses (vendors, electrician, plumbers, acct, etc.)	X	X	X	X
Workers' Comp Certificate--current	X	X	X	X
List of all equipment owned or leased include office equipment	X	X	X	X
Contracts purchase orders or invoices (minimum 3)	X	X	X	X
Distributors agreements (3) for suppliers	X	X	X	X
Certificates from other agencies (SBA, MBE, FBE,DBE, 8A, etc.)	X	X	X	X

Note: All 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 (Must be in Cuyahoga County)
 - _____ Minority Business Enterprise
 - _____ Women Business Enterprise

Further, the undersigned agrees to provide directly to Cuyahoga County Department of Equity and Inclusion any and all information and materials as may be required to substantiate the ownership control by the _____ of the company. This includes complete cooperation with the County's Department of Equity and Inclusion, 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.

The prospective participant certifies, by submission of this application that neither it nor its principals are presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from participation by any government department or agency.

Where the prospective participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this application.

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 Department of Equity and Inclusion 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.

Notary name (print) _____
Signature of Notary _____

(Seal) Notary Public _____ My Commission Expires _____