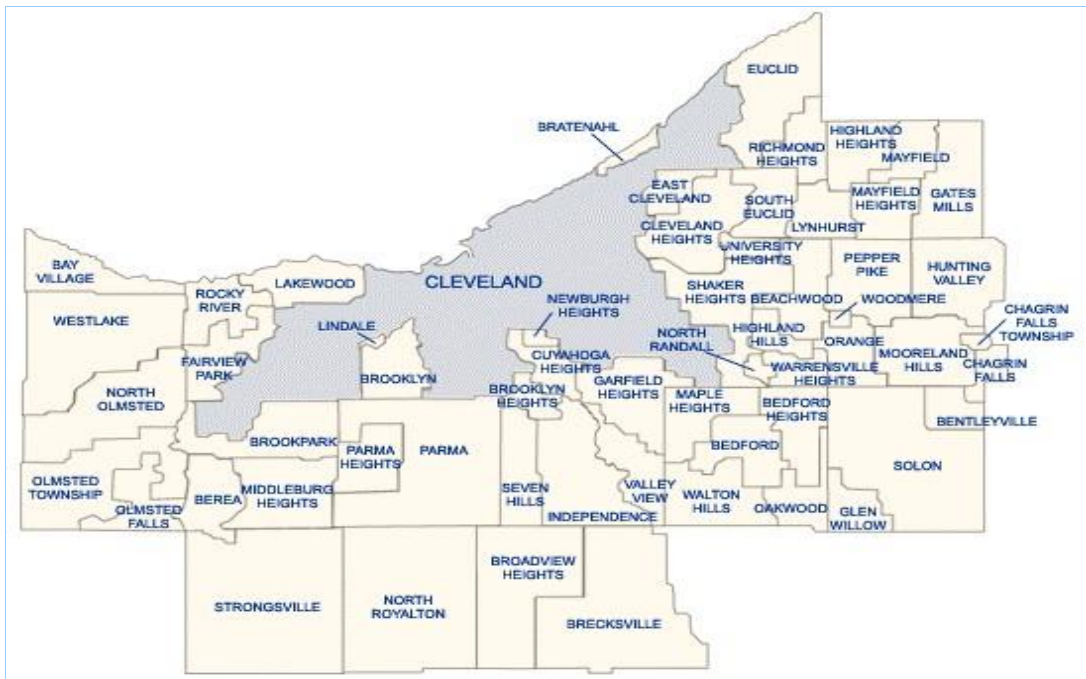




CUYAHOGA COUNTY OF OHIO

Department of Equity and Inclusion



QUICK CERTIFY APPLICATION

MINORITY BUSINESS ENTERPRISE (MBE)

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 Office of Procurement and Diversity, 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 Minority Business Enterprise and/or Women Business Enterprise.

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

To become eligible for the 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.

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, Geauga County, Lake County, Lorain County, Medina County and Summit County.**

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

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

216/443-7230 Office Phone

216/443-7206 Office Fax

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

Once application is reviewed: A SITE VISIT will be scheduled before final approval of application.

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

<https://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.) 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.) **NAICS** Codes that best describe your business: _____, _____, _____, _____

19.) Desired Program: MBE _____

For majority ownership, please check below

Gender: Male _____ Female _____

White African American Hispanic American Native American

Asian Pacific American Asian Indian American

Other _____

20.) Identify those who own 5% or more of the firm's ownership:

	1	2	3
Name/Title			
Male/Female			
Ethnicity			
Years Owned			
Owner %			
USC**			
LAPR**			

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

21.) 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 company requesting certification.

NAME	TITLE/JOB CLASSIFICATION

22.) Is your company currently certified with any other SBE/MBE/WBE Programs?

Please list certifications and attach certificate copy you wish us to consider for Quick Certify program:

23.) 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: _____

**SUBMIT COPY OF THE STATE OF OHIO MBE CERTIFICATION
AND COPY OF ID.**

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:
 _____Minority 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 _____