



DIVERSITY PROGRAM RECERTIFICATION APPLICATION

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/content/small-business-size-standards>

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, 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

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 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.) 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 _____
18.) Desired Program: SBE____ MBE____ WBE____ (check any or all 3) For majority ownership, please check below. Must own 51% or more. Gender: Male____ Female____ <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> Asian Pacific American _____ <input type="checkbox"/> Asian Indian American _____ <input type="checkbox"/> Other _____ Documentation may be requested.		

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 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 _____