

CITY OF COLUMBUS



MINORITY / FEMALE BUSINESS ENTERPRISE CERTIFICATION APPLICATION

ADMINISTERED BY THE:

City of Columbus (EBOCO)
Equal Business Opportunity Commission Office
109 N. Front Street 4th Floor
Columbus, OH 43215
(614) 645-4764

CITY OF COLUMBUS MINORITY AND FEMALE BUSINESS ENTERPRISE CERTIFICATION APPLICATION

INSTRUCTIONS

This application is used by the City of Columbus, Equal Business Opportunity Commission Office (EBOCO) to assist in certifying companies as minority or female business enterprises, as defined by Section 3901.01. The Columbus City Code hereinafter be referred to as C.C.C.

GENERAL INFORMATION

An application form must be complete and include all required documentation. If an incomplete application is received, the form and all supporting documents will be returned to the applicant.

EBOCO shall make a prompt determination of the certification of all companies. Applicants shall be so notified within sixty (60) days after receipt by of a complete application and all required documentation.

An on-site visit is required to complete the certification process and shall be scheduled during the sixty day period. If the applicant is unavailable to participate in an on-site review during this period, the processing period will be extended.

The applicant will be required to substantiate all information contained in this application through submittal of supporting documentation as required by EBOCO. All information divulged or submitted with this application shall be considered **CONFIDENTIAL**. Please forward all requested information to:

**Equal Business Opportunity Commission Office
Attention: Tia H. Roseboro M/Fbe Coordinator
109 N. Front Street
Columbus, OH 43215
Phone: (614) 645-4764
Fax: (614) 645-6669**

DEFINITIONS

- A. **“Female Business Enterprise” (FBE)** shall mean a business which is an independent and continuing operation for profit, performing a commercially useful function, and is owned and controlled by one or more females, U.S. citizens, of non-African-American descent.
- B. **“Minority Business Enterprise” (MBE)** shall mean a business which is an independent and continuing operation for profit, performing a commercially useful function, and is owned and controlled by one or more eligible minority group members as defined by C.C.C. 3901.01(g). In order to be certified as a Minority Business Enterprise (MBE) or a Female Business Enterprise (FBE), a business must establish the following:
1. Business is at least **51%** or more owned by one or more persons of an eligible racial minority or female gender.
 2. Is managed and controlled by the minority or female person seeking to be certified.
 3. It has been in business in the Columbus MSA for at least three months. These counties include Franklin, Delaware, Fairfield, Fayette, Licking, Madison, Pickaway and Union.
 4. Annual sales that do not exceed average industry sales for (2) consecutive years, as determined by the federal tax returns for the firm and by the 4-digit SIC code of the U.S. Economic Census data. *If a firm is engaged in more than one industry, the average annual sales for its “industry” shall be determined by a weighted average of sales for all industries it is engaged in.*
 5. Residency
 - (a) MBE or FBE has a place of business located within the corporation limits of the City of Columbus as registered in official documents filed with the Secretary of State, State of Ohio, or Franklin County Recorder’s office. (or)
 - (b) MBE or FBE holds a valid vendor’s license which indicates its place of business is located within the corporation limits of the City of Columbus. (or)
 - (c) MBE or FBE has suffered from past racial or gender discrimination in the city of Columbus MSA construction, goods or services industries,

and can demonstrate this information by written documentation or affidavit; provided that any MBE, FBE, female or minority that engaged in or attempted to engage in business in the Columbus MSA construction, goods or services industries prior to the effective date of the City's EBO Code is rebuttably presumed to have suffered past racial or gender discrimination and therefore is an eligible minority or female. (Columbus City Code 3901.01)

- C. "Minority group members or Minority: shall be those of African-American descent. (Columbus City Code 3901.01)
- D. "African-American" shall be those United States citizens who are, and have held themselves out to be, members of the Black racial groups of Africa. (Columbus City Code 3901.01)
- E. "Days" shall mean generally accepted working days. Monday through Friday, excluding national holidays.
- F. "Certifying Agency", for purposes of implementing M/FBE certification policies and procedures, shall mean the City of Columbus, Equal Business Opportunity Commission Office designee to manage M/FBE certification per the City's Equal Business Opportunity Code.
- G. On-site visit – Owner interview at business location consisting or a review of the worksite and verification of application information. There are two types of on-site visits:
 - 1. Scheduled – Prior notification shall be given.
 - 2. Random – may occur anytime without notice, during and subsequent to certification process.
- H. Operating Radius
 - 1. Local – City of Columbus
 - 2. Regional – Columbus MSA
 - 3. National – United States of America

CITY OF COLUMBUS CERTIFICATION APPLICATION

When answers require additional space, use plain white paper. Properly identify the item referred to by the appropriate number. At the top of each additional answer and exhibit, state the name of the applicant, date of application and item number. Please answer all questions in English as completely as possible. If a particular question does not apply to your business operation, write not applicable (NA) in the space provided. You must include all attachments requested. The application must be notarized.

COMPANY IS APPLYING FOR CERTIFICATION AS A:

Minority Business Enterprise

Female Business Enterprise

COMPANY NAME			
ADDRESS <small>(Number & Street)</small>	CITY	STATE	ZIP
TELEPHONE <small>(Area Code)</small>	FAX #		
CONTACT PERSON	TITLE		
LIST LOCATION OF ALL ADDITIONAL FACILITIES			
TYPE OF BUSINESS <small>(Check primary function)</small>			
<input type="checkbox"/> Construction Contractor <input type="checkbox"/> Distribution <input type="checkbox"/> Transportation <input type="checkbox"/> Manufacturer <input type="checkbox"/> Service <input type="checkbox"/> Broker <input type="checkbox"/> Professional Service <input type="checkbox"/> Other <small>(Specify)</small>			
MAJOR PRODUCTS AND/OR SERVICES PROVIDED:			

LEGAL STRUCTURE

- Corporation Partnership
 Sole Proprietorship Other (Specify) _____

FEDERAL I.D. or SOCIAL SECURITY NUMBER	OPERATING RADIUS: <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> National
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ANNUAL SALES FOR LAST TWO YEARS Year 20 ____ \$ _____ Year 20 ____ \$ _____	DATES OF FISCAL YEAR
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HAS COMPANY DONE OR IS IT CURRENTLY DOING BUSINESS UNDER ANOTHER NAME?
 Yes No If yes, give former name: _____

Date Business Was Established: _____ / _____ / _____ (Day, Month, Year)

Type of Acquisition (Check One)

Bought existing business Started business Secured a franchise
 Merger or consolidation Other (please specify) _____

IDENTIFY ALL OWNERS OF BUSINESS BY NAME, GENDER, RACE AND PERCENTAGE OF OWNERSHIP AND CONTROL:

NAME	GENDER	MINORITY	U.S. CITIZEN	YEARS	% OWNED	VOTING %

NAME	OFFICE	RACE	GENDER	SALARY

IF COMPANY IS LESS THAN 100% MINORITY/FEMALE OWNERSHIP LIST:

- A. Capital contributions by minority/female owner(s) \$ _____ Cash \$ _____ Loan
- B. Capital contributions by non-minority/female owner(s) \$ _____ Cash \$ _____ Loan
- C. Equipment supplied by minority/female owner(s) _____
- D. Equipment supplied by non-minority/female owner(s) _____
- E. Real estate supplied by non-minority/female owner(s) _____
- F. Real estate supplied by non-minority/female owner(s) _____
- G. Area(s) of expertise of non-minority/female owner(s) _____
- H. Area(s) of expertise of non-minority/female owner(s) _____

HOW WAS COMPANY STARTED OR ACQUIRED?

- Cash/Capital \$ _____ (submit canceled check(s)/other documents) _____
- Loan \$ _____ (submit loan documentation) _____
- Gift (explain/submit documentation) _____
- Payment of Services (explain/submit documentation) _____
- Inherited (explain/submit documentation) _____
- Other _____
- _____
- _____

IDENTIFY BY NAME, RACE, GENDER, TITLE, AND JOB CLASSIFICATION, THOSE INDIVIDUALS IN THE COMPANY 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	RACE	GENDER	TITLE
FINANCIAL DECISIONS				
SIGNING OF CHECKS PAYROLL PURCHASING OTHER				
ESTIMATING				
SALES/MARKETING				
HIRING/FIRING OF MANAGEMENT PERSONNEL				
PURCHASES OF MAJOR ITEMS/SUPPLIES				
SUPERVISION FIELD OPERATIONS				
NEGOTIATING/SIGNING CONTRACTS				
CREDIT ACQUISITION				
MANAGEMENT DECISIONS				
BID NEGOTIATIONS/SCHEDULING				
OFFICE MANAGEMENT				
BONDING/INSURANCE				
OPERATING MANAGEMENT				

IS ANY PERSON LISTED IN ITEMS ABOVE, INCLUDING SPOUSE AND IMMEDIATE FAMILY MEMBERS, CURRENTLY OR HAS BEEN PREVIOUSLY AFFILIATED OR ASSOCIATED IN ANY CAPACITY WITH ANY OTHER CONCERN(S) OPERATING IN THE SAME OR SIMILAR TYPE OF BUSINESS AS APPLICANT'S CONCERN? YES NO
(IF YES, COMPLETE THE FOLLOWING)

NAME	BUSINESS NAME	AFFILIATION

IF THERE IS A BUSINESS RELATIONSHIP EXISTING BETWEEN THE APPLICANT AND A MAJORITY BUSINESS, DOES THE RELATIONSHIP INCLUDE SHARED: (CHECK THE ITEMS THAT APPLY)

- Owners Space Financing Employees (if checked see below)

NAME	RACE	GENDER	TITLE/JOB DESCRIPTION

HAS COMPANY RECEIVED CERTIFICATION AS A MINORITY BUSINESS ENTERPRISE OR FEMALE BUSINESS ENTERPRISE FROM ANY OTHER AGENCY? YES NO

If yes, provide: NAME OF CERTIFYING AGENCY _____

DATE RECEIVED _____

(Provide additional agencies on an attached sheet)

HAS THE COMPANY OR ANY OTHER COMPANY WITH ANY OF THE SAME OFFICERS BEEN DENIED CERTIFICATION?

YES NO

If yes, provide: NAME OF CERTIFYING AGENCY _____

DATE RECEIVED _____

(Provide additional agencies on an attached sheet)

CURRENT EMPLOYMENT DATA

Number of actual employees:

- Female
- _____ African American
- _____ Hispanic
- _____ Asian Pacific
- _____ Native American
- _____ Asian Indian
- _____ Caucasian

- Male
- _____ African American
- _____ Hispanic
- _____ Asian Pacific
- _____ Native American
- _____ Asian Indian
- _____ Caucasian

THE FOLLOWING ATTACHMENTS ARE REQUIRED FOR CERTIFICATION:

1. Two business credit references, include names of companies, contact person and title, address, and telephone number.
2. Copy of licenses required by city or state.
3. Submit evidence of all outstanding loans.
4. Resume of principals (s).
5. Office rental or lease agreements.
6. Bank resolution/signature card.
7. Birth Certificates of minority principals (s).
8. If company is not located within the corporation limits of the City of Columbus:
 - The company must demonstrate that the MBE, FBE, female or minority has suffered from past racial or gender discrimination in the City of Columbus MSA construction and goods and/or services industries by written documentation of affidavit.
 - Documentation to support MBE, FBE, female or minority has engaged in or attempted to engage in business in the Columbus MSA construction, goods and/or services industries prior to January 1994.

SOLE PROPRIETORSHIP

- Individual Federal Income taxes for the past three (3) years
- Company's Federal taxes fro the past three (3) years (all available if less than 3 years)
- Company's last financial statement

PARTNERSHIP

- Individual Federal Taxes of partners for the past three (3) years (all available if less than 3 years)

- Company's Federal taxes for the past three (3) years (all available if less than 3 years)
- Company's last financial statement
- Partnership Agreement

CORPORATION

- Individual Federal Income taxes for the past three (3) years (all available if less than 3 years)
- Company's Federal taxes for the past three (3) years (all available if less than 3 years)
- Company's last financial statement
- Articles of Incorporation (attach copy of certificate from Secretary of State) and Bylaws
- Copy of Stock Certificate (s) issued
- Agreements containing options to purchase or otherwise acquire stock
- Shareholder guarantees for any debt
- Schedule of advances made to corporations by shareholders for the proceeding three (3) years
- Minutes of first board or shareholders meeting

ADDITIONALLY, YOU MAY BE REQUIRED TO SUBMIT THE FOLLOWING:

1. Equipment rental or lease agreements.
2. Listing of all equipment, owned or leased.
3. Vehicles owned and copies of memorandum of title.
4. Dun & Bradstreet number, if any.
5. Proof of capital invested.

AFFIDAVIT OF APPLICATION

Read the following paragraphs carefully! Your signature on this application indicates acceptance and understanding of the conditions.

- **OMISSION** of information may be cause for this application not receiving timely and complete consideration.
- **THE CERTIFYING AGENCY RESERVES THE RIGHT** to request further information from the applicant prior to certification.
- **APPLICANT AGREES** to immediately notify the certifying agency if there is any significant change in the information submitted, including, but not limited to an impact on ownership and/or control.
- **ALL INFORMATION** in this application is true and accurate and is submitted for consideration of certification.
- **IF** the certifying agency determines that substantial evidence is available which indicates the applicant has committed fraud, the matter shall be referred to the City Attorney for criminal prosecution per Section 3938.02 of the Columbus City Code.
- **IF THE APPLICANT** is awarded certification, the applicant agrees to abide by all rules governing their status as may be determined by the certifying agency from time to time.

The undersigned hereby swears, under penalty of law, that all statements made in this application are true.

The undersigned agrees to hold the certifying agency harmless from any claim arising out of this application and agrees to indemnify said agency from any liability in connection with the certification of the applicant.

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 company) _____
to execute the Affidavit and did so as his or her free act and deed.

State Seal

Notary Public

My Commission Expires