



ECONOMIC DEVELOPMENT
DEPARTMENT
MINORITY BUSINESS DIVISION

Minority Business Certification Form

The City of Springfield is committed to ensuring that Minority and Women-Owned Business Enterprises (collectively "MBEs") have optimal opportunities to engage in public contracts. We are proactively seeking businesses that qualify as MBEs and are interested in working within the City of Springfield.

We kindly request your collaboration in completing this certification form. The information gathered will help us create and maintain a comprehensive list of available MBEs for contract opportunities.

City of Springfield MBE Checklist	Complete	Not-Applicable
Copy of Legal Business Entity documentation (LLC, Corp, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Bank Signature Card or Letter (on Bank's Letterhead), showing who has signature authority for company's bank accounts	<input type="checkbox"/>	<input type="checkbox"/>
Copy of previous two year's Financial Reports: (Tax Returns, Financial Statements, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Documentation of Federal ID # (EIN) and/or Social Security #	<input type="checkbox"/>	
Copy of Joint Venture Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Partnership / Operating Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Current Business Resume of owner(s), executives and / or officers	<input type="checkbox"/>	
Copy of owner(s), executives, and/or officer's - Birth Certificate, Passport, or Certificate of Naturalization & Affidavit	<input type="checkbox"/>	
Equipment List, including vehicles, and any associated title documents	<input type="checkbox"/>	<input type="checkbox"/>
Signed Affidavit (must be notarized)	<input type="checkbox"/>	<input type="checkbox"/>

Please return the completed form to:
The City of Springfield - City Manager's Office
76 East High Street, Springfield, Ohio 45502
937-324-7379

**PLEASE NOTE: All applicants are subject to a business on-site visit/review with the City of Springfield Minority Business Coordinator before the certification process is completed/approved. Any qualifying business can be certified for up to two years. Renewal form timeframe can be up to six months after current certification expires. Anything after that may be subject to filling out a new certification form.*

Minority Business Certification Form

Date: _____

1. Company Contact Information:

Business name: _____

Business address: _____

City: _____ State: _____

Zip code: _____ County: _____ Fax: _____

Primary contact: _____

Title: _____

Phone: _____ Email: _____

Website: _____

2. Business Structure and Details:

a. Organization Type:

Sole Proprietorship LLC Corporation

Partnership LLP Other:

b. FEIN or Social Security number: _____

c. Business sector (check one):

Contracting/Construction Distribution/Manufacturing

Professional Services Entertainment/Recreation

Restaurants/Hospitality Transportation/Logistics

Retail/Wholesale Personal Services

Other: _____

3. **Directory Information:**

- a. If certified as an MBE, I would like my company to be added to the City of Springfield Minority Business Directory: Yes No
- b. My business is currently State of Ohio MBE certified? Yes No
- c. If not already certified by the state, are you interested in any other Minority and/or Disadvantaged Business State Certifications? Yes No
- d. Have you previously been denied certification as an MBE: Yes No

If yes, please provide reason: _____

4. **Ownership Information:**

- a. Company is at least 51 percent owned, controlled and actively managed by:
 - Woman Black Hispanic Asian/Pacific Am.
 - Indigenous (*includes Native American, Eskimo, Aleut and Native Hawaiian*)
 - Other (*please specify*): _____
- b. Primary services offered: _____
- c. Date established: _____
- d. Number of employees: Full time: _____ Part time: _____

Ownership Details (*list individuals who own 5% or more of organization*):

Name	Race	Gender	Yrs. owned	Ownership %	Voting %

5. **Management Control:** Identify by name and title those individuals (including owners and non-owners in the firm) who are responsible for the day-to-day management and policy decision-making including, but not limited to, those who have the primary responsibility for:

a. Financial Decisions: _____

b. Management Decisions:

- Estimating: _____

- Marketing/Sales: _____

- HR: _____

- Procurement: _____

- Operations: _____

6. **Experience Summary:** For each person listed in question five, provide a brief summary of their qualifications and experience. Also provide the following documentation:

a. Resumes: Attach current resumes of owners, executives and/or officers.

b. Identity Verification: Attach copies of birth certificates for owners, executives and/or officers.

7. **Legal and Financial Documents:**

- a. **Ownership Agreements:** Attach any partnership and/or operating agreements. Also, attach any stock or ownership options and agreements affecting minority ownership control.
- b. **Business Relationships:** Has any owner or management official of your firm previously worked for another company that either owns a part of, or currently has a business relationship with your firm? If so, please list the details:

8. **Attach the Previous Two Years of Financial Reports as follows:**

- a. Attach the following applicable documentation with this form during submission:

- Sole Proprietor/Single Member LLC (form 1040 with Schedule C)
- Partnership/LLP (Form 1065 with Schedule K, if applicable)
- Corporation (C or S; Form 1120 or 1120S with all Schedules attached)
- Any other applicable tax documentation: _____

9. **Business Annual Gross Revenue:**

- a. Year 1: _____ b. Year 2: _____

10. **Provide documentation of Bank Signature Letter or Card (on Bank’s Letterhead):** with proof of signature authority for all company bank accounts.

11. **Please list Major Business Equipment, including vehicles (attach any associated title documents):**

12. **Are you registered with the City of Springfield, Ohio as a vendor?** Yes No

Licensing information and number (if applicable): _____

13. **Business Authorization and References:**

a. Business jurisdiction (area of service): _____

b. Business references of prior/current service contract(s):

- Company: _____
Contact: _____
Address: _____
Phone: _____

- Company: _____
Contact: _____
Address: _____
Phone: _____

- Company: _____
Contact: _____
Address: _____
Phone: _____

14. **Joint Venture Information (if applicable):**

**PLEASE NOTE: This section does not need to be filled out if all joint venture firms are minority-owned*

Joint venture name: _____

Address: _____

Phone: _____

Partner firms: _____

Role of MBE: _____

Qualifications of non-MBE: _____

Business nature: _____

Joint venture agreement: _____

MBE ownership percent: _____

Ownership details: _____

Profit/loss sharing: _____

Capital contribution: _____

Other interests: _____

Affidavit – This document MUST be signed in front of a Notary

I/we certify and acknowledge that the information contained herein is true and correct to the best of my/our knowledge.

Signature of applicant

Date

Typed or printed name of applicant

Signature of owner

Date

Typed or printed name of owner

State of Ohio, County of _____.

The foregoing instrument was acknowledged before me on _____

by _____
(*Person acknowledged or applicant*)

Notary public seal and signature:

My commission expires: _____

OFFICE USE ONLY - Please do not write below this line

Business Name: _____

1. Certified as a Minority Business Enterprise? Yes No

2. Certification number: _____

3. If yes, under which status does the business qualify: MBE WBE MBE/WBE

4. Duration: 1 Year 2 Years

5. If no, please explain reason for denial: _____

Certified By: _____

Date of Certification: _____