

MINORITY BUSINESS CERTIFICATION

It is the intent of the City of Springfield that Minority/Female-owned business enterprises shall have the maximum practical opportunity to participate in the performance of public contracts. The City is actively seeking “certifiable” minority/female business enterprises interested in conducting business in the City.

The City solicits your cooperation in completing this certification form for establishing and maintaining an availability list of minority/female business enterprises.

This form must be returned to:

**The City of Springfield
Cheryl Dover, Minority Business Development Coordinator
Community Development
2nd Floor
76 East High Street
Springfield, Ohio 45502**

CERTIFICATION FORM

Company is at least 51% owned, controlled and actively managed by:

- Black Female Hispanic Asian/pacific American (Includes Oriental,
 Native America, (Includes American Indian, Eskimo, Aleut & Native Hawaiian), or
 Other (specify): _____

1. Name of firm: _____

2. Address of firm: _____

City: _____ State: _____ Zip: _____

County: _____ Fax Number: _____

3. Company Contact Person: _____

Title: _____ Phone Number: _____

Email: _____

4. Type of Organization:
- Individual (Sole Proprietorship)
 - Partnership
 - Corporation
 - Joint Venture
 - Associate or Corporation
 - Other _____

5. Type of Business:
- Wholesale Distributing
 - Manufacturing or Production
 - Retail Dealer
 - Service Organization
 - Contractor
 - Other _____

6. Primary Service (s) Rendered: _____

7. Date Business Established: (Month/Year) _____

8. Ownership of firm: Identify those who own five percent (5%) or more of the firm. Columns "E" and "F" need to be filled out only if the firm is less than one hundred percent (100%) minority or female owned.

A	B	C	D	E	F
NAME	RACE	SEX	YRS OWNED	OWNERSHIP %	VOTING %

9. Control of firm: Identify by name, race, sex, and title in the firm those individuals (including owners and non-owners) who are responsible for day-to-day management and policy decision-making including, but not limited to, those with prime responsibility for:

A. Financial Decisions: _____

B. Management decisions such as:

a. Estimating _____

b. Marketing and Sales _____

c. Hiring and firing of management personnel _____

d. Purchase of major items or supplies _____

e. Supervision of field operations _____

10. For each of those listed in Question 9, provide a brief summary of the person's experience and number of years with the firm; indicate the person's qualifications for the responsibilities given him or her.

11. Attach a copy for any stock options or other ownership options that are outstanding, and any agreements between owners and/ or between owners and third parties, which restrict ownership or control of minority owners.

12. Identify any owner (See Question 8) or management official (See Question 9) of the named firm who is or had been an employee of another firm that has an ownership interest in or a present business relationship with the named firm.

ATTACH A COPY OF PREVIOUS YEAR'S FINANCIAL REPORT

13. Total Gross Receipts for the last two years: Year 1 _____ Year 2 _____

14. Name of bonding company, if any _____

Bonding limit _____

Source of letters of credit, if any _____

15. Authorization to do business in: local, state, or other municipality _____

If applicable, provide documentation of license, to include Fed. ID Number and/or Social Security No. _____

16. PROVIDE (2) BUSINESS REFERENCES OF PRIOR/CURRENT SERVICE CONTRACTS:

A. 1. Name of Firm _____

2. Contact Person _____

3. Address of Firm _____

City _____ State _____ Zip _____

4. Phone Number _____ Fax _____

5. Contract Amount _____

B. 1. Name of Firm _____

4. Contact Person _____

5. Address of Firm _____

City _____ State _____ Zip _____

4. Phone Number _____ Fax _____

6. Contract Amount _____

17. Indicate if the firm making application or other firms with any of the same officers had previously received or been denied certification or participation as an MBE/FBE and describe the circumstances. Provide a copy of the documentation date of such certification or denial.

18. ENCLOSE **PARTNERSHIP AGREEMENT** OF FIRM IF APPLICABLE.

19. ENCLOSE MOST CURRENT **RESUME' OF OWNER (S), EXECUTIVES AND/OR OFFICERS.**

20. ENCLOSE A COPY **OF OWNER (S), EXECUTIVES, AND/OR OFFICERS BIRTH CERTIFICATES.**

Information for determining joint venture eligibility

(This form need not to be filled in if all joint venture firms are minority owned).

1. Name of joint venture _____
2. Address of joint venture _____
3. Phone Number of joint venture _____
4. Identify the firms, which comprise the joint venture. (The MBE/FBE partner must complete MBE/FBE certification form).

A. Describe the role of the MBE/FBE firm in the joint venture. _____

B. Describe very briefly the experience and business qualifications of each non-MBE/FBE joint venture:

5. Nature of the joint venture's business _____
6. Provide a copy of the joint venture agreement.
7. What is the claimed percentage of MBE/FBE ownership? _____
8. Ownership of joint venture: (This need not be filled in if described in the joint venture agreement provided by Question #6).

- A. Profit and loss sharing
- B. Capital and contributions, including equipment.
- C. Other applicable ownership interests.

AFFIDAVIT

The undersigned swears that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations of _____ (Name of firm) as well as the ownership thereof. Further, the undersigned understands that any material misrepresentation will be grounds for terminating any contract, which may be awarded, and for initiating action under Federal or state laws concerning false statements.

Note: If after this firm there is significant change in the information submitted, you must inform the Minority Business Office, grantee, or prime contractor of the change.

Signature _____

Name _____

Title _____

Date _____

State of _____

County of _____

Sworn to and subscribed in my presence

This _____ day of _____, _____.

Notary Public

DO NOT WRITE BELOW THIS LINE

**This aforementioned firm has been certified as a
_____ Minority Business Enterprise
_____ Female Business Enterprise**

by the City of Springfield, Ohio.

Certification Number Issues is # _____

Date

Minority Business Coordinator

MBE/FBE DIRECTORY

INFORMATION FORM

COMPANY NAME: _____

ADDRESS: _____

TELEPHONE: _____ Email: _____

CONTACT PERSON & TITLE: _____

_____ Sole Proprietorship _____ Partnership _____ Corporation

YEARS ESTABLISHED: _____

NO. EMPLOYEES: _____ (Full Time _____) (Part Time _____)

PERCENTAGE OF OWNERSHIP: Black _____ Hispanic _____ Native _____

American _____ Female _____ Other _____

TYPE OF BUSINESS: _____ Construction _____ Distribution _____ Retail

_____ Manufacturing _____ Transportation _____ Other

BONDING CAPACITY: _____ LARGEST CONTRACT TO DATE: _____

COMPANY'S EST. SALES VOLUME: _____

CERTIFICATION: _____ City _____ State _____ Other

CEO: _____

PRODUCTS / SERVICES DESCRIPTION

COMMENTS: