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:      5. Type of Business:
   ( ) Individual (Sole Proprietorship)         ( ) Wholesale Distributing
   ( ) Partnership            ( ) Manufacturing or Production
   ( ) Corporation           ( ) Retail Dealer
   ( ) Joint Venture           ( ) Service Organization
   ( ) Associate or Corporation ( ) Contractor
   ( ) Other_____________________         ( ) 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.

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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 ______________, ___________.

____________________________  ______________________________
  Date             Minority Business Coordinator

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 DEcription

COMMENTS: