

Beginning the certification process

Why is there a certification process?

A variety of certification programs operate at the Federal, State and Local levels. These programs were originally developed to safeguard minority business assistance programs from misuse by non-minority firms or companies. They serve as a tool for an organization that wants to do business with minority, female or local enterprises by verifying the ownership of the firm and verifying that the firm is operational.

What happens after I complete the form?

Once you have completed the form and provided the background information required, make a copy and submit your original application to:

The City of Canton
Compliance Department – Fair Housing
424 Market Ave. N.
Canton, OH 44702

You must include a signed original affidavit with each application. You may make as many copies of the blank affidavit as you need.

This application does not waive the right of the Compliance Department to request additional information, or to make site visits as part of the certification process. The Compliance Department retains the right to deny certification to a company even when other entities have decided to grant that company certificate.

INSTRUCTIONS

For the City of Canton you must apply for recertification during the anniversary month of your certification. The application has to be renewed annually.

You must initiate the recertification. It is the responsibility of the certified business owner to reapply before expiration.

No application will be accepted unless it is printed or typewritten, notarized and bears the signature of the owner(s).

The application must be fully completed. Should you need additional space, please attach supplemental pages.

If assistance is needed in the completion process of this application please contact us at (330) 438-4704.

I. GENERAL INFORMATION

1. I am applying for certification as a:

Minority Business Enterprise (MBE) _____
 Women Business Enterprise (WBE) _____

You may apply to any or all of them.

Name of Firm:	
Address: (where CEO and top management perform their management duties)	
City/ State/ Zip:	
County:	
Parent Company: Other business address if applicable:	
Business Telephone:	()
Fax Number:	()
Company Website:	
Email Address:	
Owner's Name(s):	
Owner's Home Telephone(s)	
Federal employer ID #	

2. Type of Business: (Check one)

Construction Contractor	_____	Supplier of Goods	_____
General Contractor	_____	Consultant	_____
Specific Trade	_____	Service	_____
Professional Services	_____	Manufacturer	_____
Food Producer	_____	Other (specify)	_____

3. Sustainable Organization in which your Company is accredited:

Briefly describe products and/or services produced:

II. OWNERSHIP OF FIRM

1. Indicate whether: (Check One)

A. Sole Proprietorship _____ Date Established _____

B. Partnership _____ Date of Agreement _____

C. Corporation _____ Date of Incorporation _____

If sole proprietor, please provide Social Security Number: _____ (Confidential)

If corporation, please provide Tax Identification Number: _____

Does not include affiliates, wholly owned subsidiaries or divisions.

2. Year firm was established, if different from question one above:

3. Has firm done, or is it currently doing business under another name?

_____ Yes _____ No If yes, please explain:

4. Method of acquisition (check all that apply)

Started new business _____

Bought existing business _____

Inherited business _____

Secured concession _____

Merger or consolidation _____

Other _____

Ownership _____

5. Identify those who hold 5% or more of the firm's ownership:

	1	2	3
Name / Title			
Race * / Gender			
Years Owned			
Owner %			
Salary			
Class of Stock (Common/Preferred)			
USC**			
LAPR**			

* Specify ethnic background of each person listed above with the appropriate letter listed below:

Alaskan = AL

Black / African American = B

American Indian / American = N***

White Caucasian = W

Asian = A (Pacific Islander or Oriental)

Hispanic = H

** Indicate whether there persons listed above are United States Citizens (USC) or Lawfully Admitted Permanent Residents (LAPR)

***Tribal certificate and registration with the Bureau of Indian Affairs may be required

1. Total number of shares issued: _____ Outstanding: _____

2. Total number of voting shares: _____ Outstanding: _____

III. CONTROL OF FIRM

1. Identify by name, race, gender, title and job classification, those individuals in the firm who are responsible for day-to-day management and policy decision making, including but not limited to, those with primary 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				
Office Management				
Bonding / Insurance				
Operating Management				

2. Identify any owner or official of the applicant who is currently, or has been an employee of another firm which has an ownership interest in, or present business relationships with, the applicant business

NAME	RACE	GENDER	TITLE/ JOB CLASSIFICATION

IV. CURRENT EMPLOYMENT DATA

1. Identify all current full time employees including officers on payroll. Use additional sheets if necessary.

Name	Title / Job Classification	Location / Place of Employment	Length of Employment

Total number of full-time employees: _____

V. REAL ESTATE

1. List identifying all real property (including office/ storage space, etc.) owned/ leased by your business and documented proof of ownership/ signed leases.

VI. CONTRACTS/ DIRECT SALES

1. Has firm ever been awarded any contracts? Yes _____ No _____

a. Was the contract: _____ Federal _____ State _____ Local

b. List largest dollar amount awarded: \$ _____

c. Date of last award: _____

d. Provide true copies of contracts awarded, purchase orders or invoices of your six largest jobs for the past three years. (If you have done less than six, please supply what you have.)

2. If applicable, please list below your principal material suppliers:

SUPPLIERS	LOCATION	PRODUCT	VOLUME LAST YEAR

3. Is your firm a goods and supplies dealer? Yes _____ No _____

If yes, please answer the following question. Do you own, operate and maintain a store, warehouse or other establishment in which articles, equipment or supplies relating to your line(s) of products is/are kept in stock and sold to the public on a wholesale and/ or retail basis? Yes _____ No _____

If yes, please describe your facilities. If no, please explain any arrangement(s) that eliminate(s) this necessity.

VII. TWO BUSINESS CREDIT REFERENCES

FIRM	CONTACT/ TITLE	ADDRESS/ CITY/ ZIP	TELEPHONE

VIII. FINANCIAL INFORMATION

List all contributions/ investments of cash, equipment, real estate, expertise, or other consideration used by each owner to acquire ownership in the application business. List the value of each contribution. For cash, show origin as join/ personal savings or checking account, loan, etc. For equipment, list the actual items, value of each piece of equipment, and proof of prior ownership. Provide documentation to prove all contributions, i.e., canceled checks, deposit slips, bill of sale, purchase agreements, receipts, or other evidence for each contribution or investment made to acquire ownership in the business. Attach additional pages if necessary.

Name: _____ Equipment: \$ _____ Real Estate: \$ _____ Cash: \$ _____ Other: \$ _____ Total: \$ _____	Name: _____ Equipment: \$ _____ Real Estate: \$ _____ Cash: \$ _____ Other: \$ _____ Total: \$ _____
Name: _____ Equipment: \$ _____ Real Estate: \$ _____ Cash: \$ _____ Other: \$ _____ Total: \$ _____	Name: _____ Equipment: \$ _____ Real Estate: \$ _____ Cash: \$ _____ Other: \$ _____ Total: \$ _____

List any additional contributions/ investments made by anyone since the business started.
Attach additional pages if necessary.

Name: _____ Amount: _____ Purpose: _____ Date: _____
Name: _____ Amount: _____ Purpose: _____ Date: _____
Name: _____ Amount: _____ Purpose: _____ Date: _____
Name: _____ Amount: _____ Purpose: _____ Date: _____

IX. BUSINESS REVENUE

Gross Revenue for the past three years

Current _____
Last _____
2 years ago _____
3 years ago _____

* You will be required to make your business/ personal income tax returns available for inspection

X. RECOMMENDED SUBMISSIONS

Please submit any of the following documents applicable to your company. You may be requested to submit other documentation as requested upon review by Office of Equal Opportunity.

<i>Please submit the following for review</i>	
Completed Application (Affidavit MUST be notarized)	
Office Lease or Rental Agreement	
Liability Insurance Certificate	
Worker's Compensation Certificate	
Bank Resolution, Signature Card & Bank Statements	
Indication of local taxes paid	
Federal tax returns (past 2 years)	
6 copies of cancelled business checks, front & back	
Financial Statements/ Loans (past 2 years)	
6 signed copies of past contracts, purchase orders and/ or invoices evidencing services or products your company produces	
NAICS codes with documentation (if available)	
Statement of Qualifications of Company	
Articles of Incorporation: Ownership, State Certificates & Board Minutes (if applicable)	
Share Ledger & Stock Certificates (if applicable)	
Proof of Stock Purchase and/ or Company Acquisition	
Proof of capital investment contributions	
Licenses obtained under special trades or business	
Documentation from accepted Sustainable Organization	
3 distribution Agreements (for suppliers only)	
List of Equipment Owned/ Leased	
Equipment Lease or Rental Agreement	
Birth Certificate, Driver's License or Passport	
Resume of All Principal Officers	
Business cards and Company Brochure	

XI. AFFDAVIT

A signed affidavit with original signature must accompany each application.

The undersigned swears that the forgoing statements made as part of this application are true and correct and include 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:

Minority Business Enterprise_____

Female Business Enterprise_____

Further, the undersigned agrees to provide any and all information and materials as may be required to the ownership and control by _____ of the company. This includes complete cooperation with the certifying entities and allowing the examination of books, records and files of the named company at the business location or at any other place. It is understood that any materials misrepresentation will be grounds for terminating any contracts 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 information may be subject to such laws. If, after filing this document there is any change (during the ensuing calendar year) in the information submitted herein, the undersigned will inform the Office of Equal 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.

(Seal) Notary Public _____ My Commission Expires _____