



# **SMALL BUSINESS ENTERPRISE**

## **NEW PROGRAM APPLICATION CUYAHOGA COUNTY OF OHIO**

**Office of Procurement and Diversity**

## IMPORTANT INFORMATION FOR APPLICANT

Cuyahoga County certifies Small Business Enterprises pursuant to Ordinance No. 02011-0054 dated December 19, 2011 approving The Small Business Program for the Office of Procurement and Diversity, effective January 1, 2012. On February 15, 2014 Ordinance was amended and approved to revised program Policies and Procedures pursuant to Ordinance No. 02014-0002

The following standards will be used by the Small Business Enterprise Program to determine eligibility for certification as a Small Business Enterprise.

A business applying for certification as a Small Business Enterprise must establish that it has a physical presence located within the geographical limits of Cuyahoga County as registered in official documents. (Mailbox facilities or other similar arrangements do not constitute a physical presence).

The applicant(s) must demonstrate operational and managerial control of the firm.

To become eligible for the SBE Program a Small Business Enterprise firm must demonstrate that it has been in continuous operation in the category or the related category for which it is requesting certification for one year, that majority ownership has at least one (1) year of work experience relevant to the business certification category, that its' annual gross revenues or its' total workforce are at or less than the amounts established by the Small Business Administration in the following link:

[http://www.sba.gov/sites/default/files/Size\\_Standards\\_Table.pdf](http://www.sba.gov/sites/default/files/Size_Standards_Table.pdf)

Once completed, return the application and all supporting documentation to the following address:

Cuyahoga County  
Office of Procurement and Diversity  
SBE/CCBB Division  
2079 East 9th Street  
Cleveland, OH 44115

216/443-7230 Office Phone  
216/443-7206 Office Fax  
[www.opd.cuyahogacounty.us](http://www.opd.cuyahogacounty.us)

Anyone and everyone interested in doing business with Cuyahoga County should register as a vendor. Vendor registration is different from SBE certification. This can be done on line at:

<http://opd.cuyahogacounty.us/en-US/vendor-registration.aspx>

## GENERAL INFORMATION

### ***Contact Information***

1.) Legal Name of Business:		
2.) Other names used by Business:		
3.) Address of Company: <i>(No. P.O. Box)</i>		
4.) City:	5.) State:	6.) Zip Code:
7.) Mailing Address: <i>(If Different from above):</i>		
8.) City:	9.) State:	10.) Zip Code:
11.) E-mail Address:	12.) Office Phone:	13.) Fax Number:
13a.) Name and Title of owner of the business:	Name:	Title:

### ***Business Profile***

14.) Type of Business:	(check one)	Number of Employees
Construction	—	_____
Commodity Providers	—	_____
Business Services	—	_____
Architect & Engineering	—	_____
Professional Services	—	_____
Other	—	_____
15.) Federal Tax ID/Social Security No:		16.) Date Company was established:
17.) Briefly describe products and/or services provided:		
_____		
_____		
_____		
18.) Indicate whether:	(check one)	
A. Sole Proprietorship	—	Date Established _____
B. Partnership	—	Date of Agreement _____
C. Corporation	—	Date of Incorporation _____
D. Limited Liability Company	—	Date of Approval _____
19.) NAICS Codes that best describe your business: _____		

20.) Mark the categories which apply:  Female  Male  
 African American  Asian  Hispanic  Native American  White  
 Other (Specify)\_\_\_\_\_

21.) Has firm done or is it currently doing business under another name? Yes  No   
 If yes, explain:\_\_\_\_\_

22.) Number of Full Time Employees\_\_\_\_\_ Part Time Employees\_\_\_\_\_

23.) Identify those who own 5% or more of the firm's ownership: (For partnerships, identify those who have a percentage of the ownership.)

	1	2	3
Name/Title			
Male/Female			
Business Position			
Years Owned			
Owner %			
Salary			
Common or Preferred Stocks			
USC**			
LAPR**			

*\*\*Indicate whether the persons listed above are United States Citizens (USC) or lawfully admitted permanent residents (LAPR).*

Shares of Stock: Number Percentage Date Acquired Method Acquired

Total number of shares issued:\_\_\_\_\_ Outstanding:\_\_\_\_\_

24.) Provide copies of the following:

- If a corporation, provide Articles of Incorporation with State Certificate, share ledger, and stock certificates, Corporate By-Laws, minutes of first corporate organizational meeting.
- If an LLC, provide Articles of Organization, if available.
- If a partnership, provide Partnership Agreement.

25.) 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 joint/personal savings or checking account, loan, etc. For equipment, list the actual items, value of each piece of equipment, and proof of prior ownership. For real estate, provide a description, estimated market value, and proof of prior ownership. Provide documentation to prove all contributions, i.e., canceled checks, deposit slips, bills of sale, purchase agreements, receipts, or other evidence for each contribution or investment made to acquire ownership in this 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: \_\_\_\_\_

26.) List any gifts, transfers of share, inheritance, or divorce settlement that was used to acquire ownership in the business: Attach additional pages if necessary.

\_\_\_\_\_

- a. List the source of the above stated assets. \_\_\_\_\_
- b. List the amount and type of the above stated assets. \_\_\_\_\_
- c. Explain any stipulations or conditions attaching to this gift, transfer of shares, or inheritance when it was received. \_\_\_\_\_

27.) Specify the gross receipts of the company for the last three (3) years:

Year _____	Total Receipt \$ _____
Year _____	Total Receipt \$ _____
Year _____	Total Receipt \$ _____

28.) Provide the name of the financial institutions(s) where you have business account(s). Please identify the type of account such as checking, line of credit, etc. Attach additional pages if necessary. \_\_\_\_\_

29.) List all business related bank loans, notes payable, promissory notes, etc. owned individual owners of the applicant business. Provide copies of all loans and security/collateral agreements. Note: if signatures used to secure the loan are not that of the applicant(s), explain the signatory's relationship to this business or the owner.

\_\_\_\_\_

\_\_\_\_\_

30.) Submit with the application copies of the business' Federal business taxes for the last three years.

31.) Identify by name, 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 prime responsibility for: (include owners and non-owners)

	NAME	TITLE
Financial decisions		
Signing of checks		
Payroll		
Purchasing		
Other		
Estimating		
Sales/marketing		
Hiring/firing of management personnel		
Purchases of major items/supplies		
Supervision of field operations		
Negotiating/signing contracts		
Credit Acquisition		
Management decisions		
Bid negotiations/scheduling		
Office management		
Bonding/insurance		
Operating management		

32.) To the best of your knowledge, identify any owner or employee management official of the SBE who is currently, or has been previously, an employee of another firm which has an ownership interest in, or a present business relationship with, the SBE requesting certification.

NAME	TITLE/JOB CLASSIFICATION

33.) In cases where there is a business relationship existing between the SBE and another business, does the relationship include shared: (Check the items that apply).

- Owners     
  Space     
  Financing     
  Employees (if checked see below)

34.) Submit a resume with the application for each owner who owns (5%) or more, detailing previous employment, company names, dates of employment, positions/titles held, duties and responsibilities, education and training and degrees and certificates received that demonstrate the owners' ability to fulfill the requirements of their position with the business. *The SBE owners must also include information that demonstrates that they are able to critically evaluate the technical aspects of the business.*

35.) Is your firm certified by Small Business Administration Section 8(a)?

- YES                     
  NO

If yes, include copy of certificate.

36.) Is your company currently certified with any other SBE/DBE/FBE/MBE/WBE Programs? *Please attach copy of certificate and list:* \_\_\_\_\_

\_\_\_\_\_

***Contracts/Direct Sales***

37.) Has firm ever been awarded any public sector contracts?

- YES                     
  NO

a. If yes, 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.

38.) Has firm ever been awarded any private sector contracts?

- YES                       NO

a. If yes, list three most recent clients:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. List largest dollar amount awarded: \$\_\_\_\_\_

c. Date of last award: \_\_\_\_\_

d. Provide true copies of contracts awarded, purchase orders or invoices.

39.) Has firm sold products or services to the public and/or private sector on a non-contractual basis?                       YES                       NO

a. If yes, list three most recent clients:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. List largest dollar amount sold: \$\_\_\_\_\_

c. Date of last sale: \_\_\_\_\_

d. Provide true copies of purchase orders or invoices of your three largest sales for the past three years.



**SUBMIT COPIES OF THE FOLLOWING APPLICABLE ITEMS WITH ALL APPLICATIONS**

Documents Required	Sole Proprietorship	Partnerships, General & Limited	Corporation	Limited Liability Company
Current lease/rental agreement or property taxes	X	X	X	X
Relevant licenses and/or registrations	X	X	X	X
Proof of capital investment or contributions	X	X	X	X
All current loans	X	X	X	X
Signed Federal business tax returns for the last 3 years	X (Form 1040 & all schedules)	X (Partnership return & all schedules & K-1's)	X (Corporate returns & all schedules)	X (Partnership or corporate returns & all schedules)
Signed Federal personal income tax returns for past 3 years for all owners	X	X	X	X
List of all equipment owned or leased include office equipment	X	X	X	X
Workers' Comp Certificate--current	X	X	X	X
Titles of all vehicles owned or leased	X	X	X	X
Liability Insurance Certificate—current	X	X	X	X
Bank Signature Card, resolution or letter from bank	X	X	X	X
Cancelled Business Checks –6 copies front/back or 2 complete bank statements	X	X	X	X
ID (Photo owner[s] Driver's Lic. or Passport, etc.)	X	X	X	X
Corporate documents requested in 24.) above.	X	X	X	X

Note: Taxes will be returned to the applicant after the certification process.

**Submit two business credit references: (Use box below).**

FIRM	CONTACT/TITLE	ADDRESS/CITY/ZIP	TELEPHONE

**Submit two character references: (Use box below).**

NAME	ADDRESS/CITY/ZIP	TELEPHONE

Please read and sign the Affidavit which follows.

**PLEASE READ OVER YOUR APPLICATION CAREFULLY!**

**AFFIDAVIT**

You may make as many copies of the blank affidavit as you need. A signed affidavit with original signature must accompany each application.

The undersigned swears that the foregoing statements made as part of this application are true and correct and includes 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 Small Business Enterprise

Further, the undersigned agrees to provide directly to Cuyahoga County Office of Procurement and Diversity any and all information and materials as may be required to substantiate the ownership control by the \_\_\_\_\_ of the company. This includes complete cooperation with the County's Office of Procurement and Diversity, and allowing the examination of books, records and files of the named company at the business location or at any other place. I understand any material misrepresentation will be grounds for terminating any contract 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 application may be subject to such laws.

The prospective participant certifies, by submission of this application that neither it nor its principals are presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from participation by any government department or agency.

Where the prospective participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this application.

If after filing this document there is any change (during the ensuing year) in the information submitted herein, the undersigned will inform the County's Office of Procurement and Diversity 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.

Signature of Notary \_\_\_\_\_

(Seal) Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_