



MINORITY AND WOMEN OWNED BUSINESS ENTERPRISE (MWOBE) APPLICATION

Dear Business Owner:

Thank you for your interest in becoming certified with the City of Chattanooga. We are committed to Minority Business Enterprises (MBE), Women Business Enterprises (WBE), LGBTQ Business Enterprises (LGBTQBE), Service-Disabled Veteran Business Enterprise (SDVBE), Veteran Business Enterprises (VBE) and Disabled Business Owner Enterprise (DBOE) participation in government contracts and other procurement activities.

It is the responsibility of the applicant to submit the required documentation, which will be used to evaluate and assist in determining your firm's eligibility. Please complete the attached certification and affidavit, and return it to us with all the supporting documentation required to the address below.

Upon submission of this application, the City of Chattanooga will review the materials. Generally you should expect to receive a response in approximately 3-4 weeks. It is important you submit all the required documents collectively or risk a delay in the review process.

If you have any questions regarding the application please email **oma@chattanooga.gov** and we will be happy to provide assistance.

CITY OF CHATTANOOGA INTERNAL zCERTIFICATION

If you already possess a 3rd party DBE certification, please only complete pages 3-5 of this application, and sign and notarize page eight (8). Submit these pages along with a copy of your current certification.
Otherwise . . .

Please check the corresponding box for your selected certification. All ethnic female owned firms will be classified as both MBE and WBE. Please submit all parts of the application and attachments together as one transmission.

| | |
|---|--|
| MINORITY BUSINESS ENTERPRISE (MBE) <input type="checkbox"/> Complete this application and all required documentation | A Business which is at least 51% owned, managed and the daily business operations controlled by one or more minority individuals. Minority generally includes the following groups: Native American, Aleuts, Asian-Pacific American, African American, Eskimos, Hispanic, and Native Hawaiian. |
| WOMEN BUSINESS ENTERPRISE (WBE) <input type="checkbox"/> Complete this application and all required documentation | A business which is at least 51% owned, managed and the daily business operations controlled by one or more women owners. |
| LGBTQ BUSINESS ENTERPRISE (LGBTQE) <input type="checkbox"/> Complete this application and all required documentation | A business which is at least 51% owned, operated, managed and the daily business operations controlled by an LGBT person or persons who are either U.S. citizens or lawful permanent residents. |
| SERVICE- DISABLED VETERAN BUSINESS ENTERPRISE (SDVBE) <input type="checkbox"/> Complete this application and all required documentation | A business which is at least 51% owned and controlled by a service disabled veteran and the daily business operations controlled by a service disabled tveteran or caregiver. |
| VETERAN BUSINESS ENTERPRISE (VBE) <input type="checkbox"/> Complete this application and all required documentation | A business which is at least 51% owned by one or more veteran(s) having full control over the day-to-day management, decision-making, and strategic policy of the business. |
| DISABLED OWNED BUSINESS ENTERPRISE (DOBE) <input type="checkbox"/> Complete this application and all required documentation | A business which is at least least 51% owned by one or more disabled persons who control and operate the business. |

GENERAL BUSINESS INFORMATION

Business Name: _____

Owner's Name: _____

Telephone Number: _____ Fax Number: _____ Mobile/Cell Number: _____

Email address: _____

Internet Website/URL address: _____

Alternative Contact Person: _____

Alternative email address: _____

Does this business use any other name(s)? Yes ☐ No ☐

If yes, indicate name(s): _____

Business Mailing Address: _____

Physical Address of Business: _____

Tax Identification Number: _____

Date of establishment under the present name and ownership? _____

Is this business a continuation of a preexisting business? Yes ☐ No ☐

Indicate if this firm has previously been certified or participated as a DBE/MBE/WBE. Indicate the name of the certifying authority and provide a copy of the certification letter/certificate.

Certifying Authority

Address

Date

| | | |
|--|--|--|
| | | |
| | | |
| | | |

Is the business affiliated with another business? Yes ☐ No ☐

If yes, list Name and Address of the affiliate firm?

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|--|

What is the business structure?

Proprietorship ☐ Partnership ☐ Limited Liability (LLC) ☐ General Corp(INC) ☐ Concessionaire ☐

Please list three company and or client references:

| Company | Contact Person | Title | Telephone |
|---------|----------------|-------|-----------|
| | | | |
| | | | |
| | | | |

Identify five or less of your major product/services:

Product or Service

Provide a brief description

Does your firm share any resource(s) (office facilities, storage space, equipment, and personnel) with any other firms or individuals? Yes ☐ N ☐

If yes, explain: _____

Please identify the firms' ownership: (use additional sheet if more than three owners)

| Name | Ethnicity | Sex | Year of ownership | Ownership % | Voting % |
|------|-----------|-----|-------------------|-------------|----------|
|------|-----------|-----|-------------------|-------------|----------|

Identify any owner or management official of the firm who is or has been an employee of another firm that has ownership interest or a present business relation with your firm:

Is a license required for the product or service you provide? Yes ☐ No ☐

If yes, submit a copy of license with application.

Do you have bonding or insurance? Yes ☐ No ☐

If so, please provide proof.

Identify those individuals in the firm (including owners and non-owners) who are responsible for the day-to-day management and policy decision-making including, but not limited to those prime responsibility for:

| <u>Area</u> | <u>Name</u> | <u>Title</u> | <u>Ethnicity</u> | <u>Sex</u> |
|-------------|-------------|--------------|------------------|------------|
|-------------|-------------|--------------|------------------|------------|

Financial Decision _____

Management Decisions _____

Hiring/Firing of Management Personnel _____

Purchasing of Major Item or Supplies _____

Primary Project Bid Authority _____

Contract Negotiation _____

Contract Execution _____

DOCUMENTS TO BE SUBMITTED WITH A COMPLETED APPLICATION

The following documents must be submitted with the attached application form. Failure to provide the required documents will result in your application package being returned with no action taken. Please mark an “X” in the blank opposite each item submitted. Place “N/A” in the blank opposite those items which do not apply.

I. ALL FIRMS MUST PROVIDE THE FOLLOWING ITEMS:

| Mark “x” if submitted | Information Requested | Acceptable Proof |
|-----------------------|--|---|
| | Social Security Number or Tax ID Number | |
| | Proof of race/ethnicity | Birth Certificate, Tribal Card, MV License etc. |
| | Income tax returns for the firm | Most recent year |
| | Resume of all owners and management staff | Work experience and Management experience |
| | Assumed name certificate | |
| | Copy of bank signature card (s) | Business/Commercial Account |
| | Proof of capital investment in firm | Business/Commercial Account |
| | Proof of equipment and real estate contribution | Title papers, Lease agreements, Mortgage, etc. |
| | Copy of rental or lease agreement for office space | |
| | Copy of licenses and/or permits | All owners |
| | LGBT | Marriage certificate or any of the following: letter from local LGBT organization, Media publication stating LGBT ownership, 3 letters of reference from personal contact on company letterhead who has known owner for over a year and can vouch/attest to LGBT status |
| | SERVICE-DISABLED VETERAN | DD Form 214 (Certificate of Release or Discharge from Active Duty; AND Letter from the Department of Veterans Affairs, or discharge paper from the branch of service in which owner was enlisted, stating that owner has a service-connected disability with a rating ranging from 0% to 100% disability. |

Please explain on a separate sheet why you have not included any of the above requested information.

II. FOR A PARTNERSHIP

| Mark “x” if Submitted | Information Requested |
|-----------------------|---|
| | Complete Copy of Partnership Agreement Including Buyout Rights and Profit Sharing |

III. FOR A CORPORATION AND/OR LLC:

| Mark "X" If Submitted | Information Requested |
|-----------------------|--|
| | Certificate of Incorporation or Organization |
| | Articles of Incorporation or Organization/Formation |
| | Copy of Corporate Bylaws Or Regulations/Operating Agreement (executed by signature(s)) |
| | Copy of First And Last Corporate Meeting Minutes (executed by signature(s)) |
| | Copy Of Any Minutes That Affect Ownership (executed by signature(s)) |
| | Copy of Stock Transfer Ledger and/or stock |
| | Copy of All Issued and Voided Stock Certificates (Ins) (executed by signature(s)) |
| | Membership Certificates (LLC) (executed by signature(s)) |
| | Proof Of Stock Purchase (Inc) |

AFFIDAVIT AND ACKNOWLEDGMENT

The undersigned swears/affirms that the foregoing information and statements are true and correct and include all material and information necessary to identify and explain the operations of _____ as well as the ownership thereof.

(Name of firm)

Further, the undersigned agrees to permit the City of Chattanooga "City," as part of this certification process and thereafter, to interview owners, principals, officers and employees; and to audit or examine books, records and files of the above firm. Furthermore, any of the public entities that are part of this agency reserve the right to reevaluate a firm's eligibility for certification.

If, at any time, the City has reason to believe that any person or firm has willfully and knowingly provided incorrect information, or made false statement, the City may take other action.

The burden of proof of control and management of the business is on the applicant. The City reserves the right to request any additional information it deems necessary to determine if a firm is certifiable. Failure to cooperate and/or provide requested information within the time specified is grounds for termination of the processing of your application for certification.

Name

Signature

Title

Date

STATE OF _____
COUNTY OF _____

On this ____ day of _____, 20____, before me appeared _____, with proper identification, who being duly sworn, did execute the foregoing affidavit and did aver that he or she was properly authorized by _____ (name of firm) to execute this affidavit and did so as his/her free act/deed.

(SEAL)

Notary Public

Commission Expires