



Targeted Business Certification Program

Application

1. Check all that apply:

- Minority Business Enterprise
- Small Business Enterprise
- Women Business Enterprise

Return to:

City of Madison
 Affirmative Action Division
 210 Martin Luther King, Jr. Blvd., Rm. 523
 Madison, WI 53703

Need Assistance? Call us at (608) 266-4910 or email TargetedBusinessEnterprise@CityofMadison.com.

2. All questions must be answered and the data given must be clear and comprehensive. If necessary, questions may be answered on separate attached sheet(s). All information must be witnessed by a notary public.

Company	
Address	
City, State, Zip Code	
Contact Name/Title	
Telephone	
FAX	E-MAIL
FEIN #	
Dunn's #	
NAICS Code	
Website	

3. Legal Structure (check one)

- Sole Proprietorship Partnership Limited Liability Corp. A Joint Venture
- A Corporation (If a corporation, please enclose a **copy** of corporation papers and corporate seal)
- Other: please specify _____

4. Date Business Originally Established _____

5. Number of Years Under Current Ownership _____

6. Type of Business (check all that apply):

- Architecture Consultant Construction Contractor Engineering
- Fabricator Finance Manufacturing Retail/Vendor
- Service Transportation Wholesale/Distributor Legal
- Broker Other (specify) _____

7. How many years have you engaged in the contracting business under your present firm or trade name?
_____ years

8. Briefly describe the firm's primary products and/or services

9. Ownership of Firm - Identify all owners; attach separate sheet if necessary.

Name	Address	Latino or Hispanic (Y / N)	Race*	Gender*	Ownership		Voting %
					%	Date	

10. Demographic Options

Gender: <ul style="list-style-type: none"> • Female • Male 	Race: (Indicate all that apply) <ul style="list-style-type: none"> <li style="width: 50%;">• African-American, Black <li style="width: 50%;">• Native American <li style="width: 50%;">• White, Caucasian <li style="width: 50%;">• Asian <li style="width: 50%;">• Pacific Islander
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11. If your firm is incorporated please indicate names of all officers.

Board of Directors	Title	Race/Ethnicity*	Gender*
	President		
	Vice President		
	Secretary		
	Treasurer		

12. Contributions From Owners or Stockholders

Owner	Amount	Source (cash, real estate, etc.)

13. Control of Firm - Identify by name and title those individuals (owners and non-owners) who have the authority or responsibility for day-to-day management and policy decision-making:

Activity	Name/Title
<i>Signing Checks, Contracts, Bonds & Insurance</i>	
<i>Final Decisions</i>	
<i>Management Decisions</i>	
<i>Estimating</i>	
<i>Marketing/Sales</i>	
<i>Hiring/firing of Personnel</i>	
<i>Purchase of Major Items & Supplies</i>	
<i>Supervision of Field Personnel</i>	
<i>Bid Negotiations/Scheduling</i>	

*Please Note: Race/ethnicity and gender information is required for those firms applying MBE and/or WBE certification. It is not required for those firms applying for SBE only.

14. Give the name and address of any other contracting firms under which the owners or partners have operated. Include dates.

Name	Address	Date

15. Current contracts: (Give name, address, phone number, amount of each contract, and appropriate anticipated date of starting and completion.)

Name	Address	Phone	Amount	Start	Complete

16. Have you ever failed to complete any work awarded you? Yes No
If so, when, where and why?

17. Have you ever defaulted on a contract? Yes No
If so, when, where and why?

18. List projects recently completed by your company, stating the approximate contract amount for each, the month and year completed. Include the name, address and phone number of the contact person for each contract.

Name	Address	Phone	Amount	Date Completed

29. Has the company ever caused a lien for material work default payment to be placed against the owner?

Yes No

If so, when, where, why and resolution.

20. Bonding Agent: _____

21. Bonding Company: _____

22. Bonding Limit: _____

23. Has this firm or any of its owners, Board of Directors, Officers or Management Personnel been denied certification or been decertified by any agency in any state?

Yes - Indicate the state, the name of the agency and the date. No

State	Agency	Date

24. Provide a copy of the denial or decertification letter(s).

25. List other certifications:

Name of Agency

26. References

Name	Address	Phone	Contact Person or Account Number
Banks			
Trade			
Subcontractors			

27. Restrictions - Are there any restrictions which restrict ownership or control of any owners? Includes, but is not limited to outstanding stock option or other ownership options or any agreements between owners or between owners and third parties. Yes No
28. Other Ownership Interest - Is any owner or management official of the applicant firm a current or former employee of another firm that has or has had an ownership interest in or a present business relationship with the applicant firm? Present business relationships include, but are not limited to, shared space, equipment, insurance, financing, or employees as well as both firms having some of the same owners. Yes No

If you checked YES to either of these questions provide detailed description as a separate attachment.

29. Business Loan Source(s) - Identify all sources and amounts of money loaned to the firm.

Source	Amount	Purpose	Security

30. Gross Sales/Receipts (previous three years)*
- 20____ \$ _____
 (Current Year-to-Date)
- 20____ \$ _____
- 20____ \$ _____

*Note: Only applies to applications for SBE certification.

31. Please submit the following supporting documentation along with your application. *Please note that we cannot review your application without this documentation. Please provide an explanation for any documentation you cannot provide.*

All businesses must submit copies of the following:

- a. Resume for each owner or stockholder
- b. Federal tax returns for past 3 years
- c. Documentation of race/ethnicity and gender
(Applicable only if applying for DBE, MBE and/or WBE certification)
- d. Personal Net Worth Statement
- e. Certificate of Insurance
- f. Documentation of start-up capital
- g. Loan agreements
- h. Bank signature card
- i. Contracts
- j. Title to vehicles
- k. List of major capital assets *(owned and/or leased)*
- l. Proof of ownership of equipment
- m. Valid City of Madison license *(if performing work in areas of: electrical, heating, or commercial sign erecting)*
- n. Valid State of Wisconsin Department of Commerce license *(if performing plumbing work).*
- o. Copy of latest bond

Corporations must submit the following additional documentation:

- p. Articles of Incorporation
- q. Bylaws
- r. Stock certificates
- s. Minutes from Board of Director meetings
- t. Copies of Shareholder Agreements
- u. Corporate tax returns for three years
- v. Corporate banking resolution
- w. Most recent annual report

Partnerships and joint ventures must submit the following documentation:

- x. Partnership agreement or joint venture documentation
- y. Partnership/joint venture tax returns for past three year

32. 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 the firm named in this application for certification as well as the ownership thereof. Further, the undersigned agrees to provide directly to the City of Madison Contract Compliance Officer current, complete, and accurate information regarding actual work performed on any City of Madison projects, the payment thereof and any proposed changes, if any, of the foregoing arrangements, and to permit the audit and examination of books, records, and files of the named firm. 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.

If, after filing this document, there is any significant change in this information submitted, the undersigned will inform the City of Madison Contract Compliance Monitor directly of the change, within ten (10) days of when the change occurred.

Signature _____

Name _____

Title _____

Date _____

State of _____

County of _____

Signed before me on _____

by _____

NOTARY SEAL/STAMP

_____ Notary Public

My commission expires _____