



# Targeted Business Enterprise Certification Program

## Construction Application

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).

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](mailto:TargetedBusinessEnterprise@CityofMadison.com).

2.

<b>Business/ Firm</b>	
<b>Address</b>	
<b>City, State, Zip Code</b>	
<b>Contact Name/Title</b>	
<b>Telephone</b>	
<b>FAX</b>	<b>E-MAIL</b>
<b>FEIN #</b>	
<b>Dunn's #</b>	
<b>NAICS Code</b>	
<b>Website</b>	

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 Firm was 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 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	

Demographic Options

Gender:	Race: (Indicate all that apply)		
<ul style="list-style-type: none"> <li>• Female</li> <li>• Male</li> </ul>	<ul style="list-style-type: none"> <li>• African-American, Black</li> <li>• Asian</li> </ul>	<ul style="list-style-type: none"> <li>• Native American</li> <li>• Pacific Islander</li> </ul>	<ul style="list-style-type: none"> <li>• White, Caucasian</li> </ul>

10. If your firm is incorporated, please indicate names of all officers.

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

11. Contributions from owners or stockholders

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

12. 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 decision-making:

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

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

13. Give the name and address of any other firms the owners or partners have operated been a part of. Include dates.

Name	Address	Date

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

Name	Address	Phone	Amount	Start	Complete

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

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

17. 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

18. Has a lien for material work ever been placed against the owner or the firm?

Yes      No

If so, when, where, why and the resolution.

19. Bonding Agent: \_\_\_\_\_

20. Bonding Company: \_\_\_\_\_

21. Bonding Limit: \_\_\_\_\_

22. 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

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

23. List other certifications:

Name of Agency

24. References

Name	Address	Phone	Contact Person or Account Number
<b>Banks</b>			
<b>Trade</b>			
<b>Subcontractors</b>			

25. Restrictions - Are there any restrictions on ownership or control of any owners?  Yes  No  
Including, but not limited to, outstanding stock options or other ownership options, any agreements between owners, or agreements between owners and third parties.
26. Other ownership interest - Is any owner or manager of the applicant firm a current or former employee of another firm that currently has or previously 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 questions 25 or 26 or both, provide a detailed description in a separate attachment.*

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

Source	Amount	Purpose	Security

28. Gross Sales/Receipts (previous three years)\*
- 20\_\_\_\_ \$ \_\_\_\_\_  
(Current Year-to-Date)
- 20\_\_\_\_ \$ \_\_\_\_\_
- 20\_\_\_\_ \$ \_\_\_\_\_

\*Note: Only applies to applications for SBE certification.

29. 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

30. 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 firm's ownership. Further, the undersigned agrees to provide to the City of Madison Contract Compliance Office current, complete, and accurate information regarding actual work performed on any City of Madison projects, the related payment and any proposed changes, of the foregoing arrangements. The undersigned also agrees 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 Office 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 \_\_\_\_\_