



Targeted Business Enterprise Certification Program

Non-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.

2.

Business/ Firm	
Address	
City, State, Zip Code	
Contact Name/Title	
Telephone	
FAX	E-MAIL
FEIN #	
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 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: <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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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. 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).

16. List other certifications:

Name of Agency

17. 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.

18. 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 17 or 18 or both, provide a detailed description in a separate attachment.

19. Please submit the following supporting documentation along with your application. - *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. Personal Net Worth Statement
- d. Certificate of Insurance
- e. Documentation of start-up capital
- f. Loan agreements
- g. Bank signature card
- h. Contracts
- i. Valid City of Madison license *(if performing work in areas of: electrical, heating, or commercial sign erecting)*
- j. Valid State of Wisconsin Department of Commerce license *(if performing plumbing work).*

Corporations must submit the following additional documentation:

- k. Articles of Incorporation
- l. Bylaws
- m. Stock certificates
- n. Minutes from Board of Director meetings
- o. Copies of Shareholder Agreements
- p. Corporate tax returns for three years
- q. Corporate banking resolution
- r. Most recent annual report

Partnerships and joint ventures must submit the following documentation:

- s. Partnership agreement or joint venture documentation
- t. Partnership/joint venture tax returns for past three years

20. 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.- By signing you agree 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 payment agreed upon, and any proposed changes, of the arrangements. You also agree to permit the audit and examination of books, records, and files of the named firm. You understand 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 of the change within ten (10) days of when the change occurred.

Signature _____

Name _____

Title _____

Date _____