



Targeted Business Certification Program

Application



1. **Check all that apply:**

- Minority Business Enterprise
- Small Business Enterprise
- Women Business Enterprise
- Section 3 (Dane County & City of Madison)

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.

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 # | | |

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: <input type="checkbox"/> Female <input type="checkbox"/> Male | Race: (Indicate all that apply) <input type="checkbox"/> African-American, Black <input type="checkbox"/> Native American <input type="checkbox"/> White, Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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 or Section 3 status only.

14. Current number of employees: _____ Full-time _____ Part-time

15. For businesses seeking Section 3 certification based on employees, list all employees of the business.

| Name | Address | Employment Status |
|------|---------|-------------------|
| | | |
| | | |
| | | |

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

| Name | Address | Date |
|------|---------|------|
| | | |
| | | |
| | | |
| | | |

17. 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 |
|------|---------|-------|--------|-------|----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

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

20. 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 |
|------|---------|-------|--------|----------------|
| | | | | |
| | | | | |
| | | | | |

21. 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.

22. Bonding Agent: _____

23. Bonding Company: _____

24. Bonding Limit: _____

25. 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 |
|-------|--------|------|
| | | |

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

27. List other certifications:

| Name of Agency |
|----------------|
| |
| |
| |
| |

28. References

| Name | Address | Phone | Contact Person or Account Number |
|-----------------------|---------|-------|----------------------------------|
| Banks | | | |
| | | | |
| | | | |
| Trade | | | |
| | | | |
| | | | |
| Subcontractors | | | |
| | | | |
| | | | |

29. 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
30. 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.

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

| Source | Amount | Purpose | Security |
|--------|--------|---------|----------|
| | | | |
| | | | |
| | | | |

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

*Note: Only applies to applications for SBE certification.

33. Please submit the following supporting documentation along with your application. *Please note that we cannot review your application without this documentation.*

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. Certificate of insurance
- e. Documentation of start-up capital
- f. Loan agreements
- g. Bank signature card
- h. Contracts
- i. Title to vehicles
- j. List of major capital assets *(owned and/or leased)*
- k. Proof of ownership of equipment
- l. Valid City of Madison license *(if performing work in areas of: electrical, heating, or commercial sign erecting)*
- m. Valid State of Wisconsin Department of Commerce license *(if performing plumbing work).*
- n. Copy of latest bond
- o. Eligibility for Preference form(s) *(if applying for Section 3 certification based on employees)*

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

34. 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 _____