



City of Austin

Founded by Congress, Republic of Texas, 1839

Small & Minority Business Resources Department, Certification Office, 4201 Ed Bluestein Blvd. Austin, TX 78721

Mailing Address: PO Box 1088, Austin, TX 78767-1088, Telephone (512) 974-7645

MBE/WBE CERTIFICATION APPLICATION

You must be registered as a City of Austin vendor prior to completing this application. To register, please access the City of Austin's Vendor Connection system at www.austintexas.gov/financeonline/finance/index.cfm. For assistance, contact the Vendor Connection Help Line at (512) 974-2018 or by email at VendorReg@austintexas.gov.

City of Austin Vendor Code: _____

Tax ID Number (EIN): _____

Owner Name: _____

Owner Email: _____

Business Name: _____

Business Phone: _____ **Fax:** _____

Physical Address: _____

City, State, Zip: _____

County: Williamson Travis Hays Bastrop Caldwell or Other: _____

Mailing Address: _____

City, State, Zip: _____

County: Williamson Travis Hays Bastrop Caldwell OR Other: _____

Applicant/firm is applying for:

Check all that apply

Minority-Owned Business Enterprise (MBE). A small business as defined by the U.S. Small Business Administration (SBA) which is at least 51% owned, managed and controlled by one or more ethnic minorities who are economically disadvantaged. Ethnic minorities include the following groups: African-American; Hispanic; Asian-American and Native-American.

Women-Owned Business Enterprise (WBE). A small business as defined by the U.S. Small Business Administration (SBA) which is at least 51% owned, managed and controlled by one or more females who are economically disadvantaged.

Please review my application for HUB eligibility. I understand I must include documents verifying my Federal Employer Identification Number (FEIN) and proof of citizenship or naturalization.

If this application is not filled out in full, it could result in it being returned to the applicant. All supporting documents on the checklist, applicable to your firm structure, are required.

CHECKLIST OF SUPPORTING DOCUMENTATION:

The following checklist and requested documents must be submitted with this application. Please mark a "✓" in the blank for each item submitted. For any non-applicable item please submit a written explanation of why it does not apply. **NOTE:** You may be asked to provide additional information to support this application. If the additional information is found to be inaccurate the application for certification may be denied.

1. Owner Information

- Personal Net Worth Statement (PNW) **OR** Alternate Personal Net Worth Statement
- Full Copy of most recent Personal Tax Return filed with IRS or Extension Filed
- Proof of U.S. Citizenship (ex: US Birth Certificate, US Passport, Certificate of Citizenship or Naturalization, Tribal Card) **OR** permanent residency status (ex: Alien Resident Card)
- Proof of Race/Ethnicity: ex: Tribal Card, Statement of Ethnicity) and/or gender status (ex: Birth Certificate)
- Copy of Lease/Rental Agreement & payment verification for Texas business site(s) **OR** If a home office, provide a mortgage or tax statement and payment verification (ex: copy of cleared check or bank statement)

2. Business Size

- Full Copy of Applicant Firm's Business Tax Returns for the past 3 years ****In the case of a newly formed business, please include the previous two years of complete Personal Tax Returns of the applicant(s).**** For purposes of size standard determination, the tax return must record a valid Business Activity Code (NAICS code). See application page 5, *Small Business*, for additional information regarding your Business Activity Code.

Business Operations

- Proof of Applicant's initial capital investment in firm (Documentation showing initial investment in firm: bank statements, loan agreements, bill of sale and proof of payments (cleared check), etc.
- Past or current loan agreements, promissory notes, lines of credit, etc. related to the Applicant Firm or between any owners
- Copy of Bank Authorization Form, aka: bank signature card, for all Applicant Firm's account(s) or Statement from Bank verifying signers and restrictions on account. (Do not send in a copy of the bank card or credit card.)
- Equipment list: Provide current value of equipment, Titles, Registration, and lease or rental agreements
- Current Balance Sheet and/or Business Plan for firm
- Proof that firm has been functional and operating at least 3 months in Texas prior to submitting application (an invoice or contract detailing scopes or services completed)

3. Business Structure

- Resume of all owners, officers, management staff and key employees; showing employers, dates of employment, titles and responsibilities, and applicable education and training
- Copy of all current licenses, registrations, permits or certificates required by the State of Texas and/or the City of Austin. (i.e.: engineer, architect, CPA, CDL, plumbing, electrical, HVAC, etc.)

For a Sole Proprietorship, add:

- Copy of Assumed Name Certificate (DBA) filed for each applicable County

For a Partnership (General or Limited) or Franchise, add:

- Certificate and Articles of Formation for Limited Partnerships
- Complete Copy of Partnership or Franchise Agreement

For a Limited Liability Company/ Professional Limited Liability Company, add:

- Certificate and Articles of Formation
- Copy of Agreement, Regulations and/or Operating Agreement, as applicable
- Copy of All Issued and Voided Membership or Stock Certificates (front and back) and certificate ledger

For a Corporation, add:

- Articles of Incorporation
- Copy of Corporate Bylaws
- Copy of Current Corporate Meeting Minutes & Any Minutes affecting ownership
- Copy of All Issued and Voided Stock Certificates (front and back) and stock transfer ledger

Please complete in full. Do not leave any questions blank. State N/A if an item does not apply to you.

1. Date firm was established: _____

2. Business Structure: Sole Proprietor General Partnership Limited Partnership
 Limited Liability Corporation

3. Identify the Firm's Current Ownership

| Owner(s) Name | Ethnicity | Gender (M/F) | US Citizen? (Y/N) | Date of Ownership | Ownership % | Shares Owned |
|---------------|-----------|--------------|-------------------|-------------------|-------------|--------------|
| | | | | | | |
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*Race/Ethnic Codes: **W** – White Caucasian, **B** – Black African American, **H** – Hispanic American, **A** – Asian American, **N** – Native American

4. Has this firm ever existed under different ownership, a different type of ownership, or a different name? Yes No If yes, please explain: _____

5. Does this firm share business resources such as equipment, facilities, staff, or finances with any other business, organization, or entity? Yes No If yes, identify other firms names & explain nature of shared resources. *(Please use an additional sheet of paper if necessary)* _____

6. Do any owners of the firm also have ownership in any other business or organization? Yes No If yes, identify: *(Please use an additional sheet of paper if necessary)*

| Owner(s) Name | Business/Entity Name | Ownership % |
|---------------|----------------------|-------------|
| | | |
| | | |

7. Has this firm previously been certified or participated as a DBE/HUB/MBE/WBE? Yes No If yes, please complete the table below.

Provide a copy of the certification letter or certificate.

| Certifying Authority | Certification Issued | Date Issued |
|----------------------|----------------------|-------------|
| | | |
| | | |

8. Has this or any other firm with any of the same officers or owners been denied DBE/HUB MBE/WBE certification by any agency? Yes No

If yes, please include a copy of your denial letter(s) with this application.

9. List the **initial contribution** of money, equipment, real estate and amount of expertise for each owner to acquire their ownership interest. Please ensure owner(s) submit documented proof of contribution figures listed below. *(Please use additional page if necessary to explain circumstances surrounding the acquisition of the firm)*

| Name | Money (\$) | Equipment (\$) | Real Estate (\$) | Expertise (Years) |
|------|------------|----------------|------------------|-------------------|
| | | | | |
| | | | | |
| | | | | |

10. For Corporations or Limited Liability Corporations, identify Board of Directors or Members; for Partnerships, identify Partners. *(Please use an additional page if necessary.)*

| Name | Title | Ethnicity | Gender (M/F) | Date Elected/ Expiration of Term |
|------|-------|-----------|--------------|----------------------------------|
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11. Identify those individuals in the firm (including owners and non-owners; partners and non-partners; members and non-members) who are responsible for the day-to-day management and policy decision-making including, but not limited to those with prime responsibility for:

| Business Area | Name | Ethnicity | Gender (M/F) | Title |
|-----------------------|------|-----------|--------------|-------|
| Estimating/Bidding | | | | |
| Personnel | | | | |
| Major Purchases | | | | |
| Daily Operations | | | | |
| Contract Negotiations | | | | |

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12. 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 relationship with your firm:

13. Please identify your **Firm's PRIMARY Business Industry Code** (NAICS code) below. This code is listed on your business tax returns; you must ensure it accurately describes the industry your firm is in. For more information on size standards, the SBA's Small Business Size Regulations, or to view a listing of the NAICS codes, please visit: <http://www.sba.gov/size>.
 # _____, **Description:** _____

14. What are the firm's gross receipts and number of employees for each of the last three federal income tax years?

| Year Ending | Gross Receipts (\$) (Provided on your bus. tax returns) | # of Full Time Employees | # of Part Time Employees |
|-------------|---|--------------------------|--------------------------|
| | | | |
| | | | |
| | | | |

15. Identify up to three of your major products/services:

| Product or Service | Provide a brief description |
|--------------------|-----------------------------|
| | |
| | |
| | |

16. Is a license, certificate, permit or registration required for the product or service you provide? Yes No If yes, you must include a current copy of all required license(s) with application. Include any other relevant information to support experience related to your selected scopes of work.

17. Please list two company and/or client references:

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

18. Does the majority owner(s) have full or part-time employment with any other business or organization? Yes No If yes, please explain: _____

19. Are you currently employed, or considering employment, with the City of Austin? Yes No If yes, please list department: _____

AFFIDAVIT

A certification application must be executed under oath by the owner or authorized officer of the business. If such form is signed by any party other than the president or secretary of a corporation, general partner of a partnership, managing member of a limited liability company or owner of a sole proprietorship, such party must also submit evidence of his or her authority. Material factual representations must be based on personal knowledge of the person executing the application.

The undersigned hereby represents that the information in this application is true and correct. The undersigned further understands that if upon investigation, it is determined that incorrect information was knowingly or willfully provided or that false representations were otherwise made in connection with this application, certification shall be denied and the matter shall be evaluated for possible sanctions under the law. The undersigned hereby authorizes the City to permit the Director to obtain from third persons (e.g., utility companies, business references, and lessors/ lessees) information relevant to any applicant’s eligibility for certification.

The undersigned hereby affirms that no principal, officer, owner, or any person having decision making authority or any direct or indirect interest in the applicant has, within five (5) years of the date of such application, owned a direct or indirect interest in, or been financially affiliated with, any firm to which MBE, WBE or DBE certification has been denied or withdrawn by any governmental entity where such denial or withdrawal was based, in whole or in part, upon false information contained in an application for certification.

Applicant Signature

Date

Notary Certificate

On this _____ (day) of _____ (month), 20____(year),
_____, personally appeared before me, and being first duly sworn,
declared that he/she signed this application in the capacity designated, if any, and further states that he/she has read the above application and the statements therein are true.

Notary Public / Seal

Notary Signature

How did you hear about us?

Your interest and participation in this program is very important to us.

| Please indicate from which source you heard about us: | |
|--|---|
| | Asian Construction Trades Association |
| | Austin Asian-American Chamber of Commerce |
| | Austin Black Contractors Association |
| | Capital City Chamber of Commerce |
| | Community Mentor Protégé Initiative |
| | Greater Austin Chamber of Commerce |
| | Greater Austin Hispanic Chamber of Commerce |
| | US Hispanic Contractors Association |
| | Internet: |
| | Other: _____ |
| | Other City Department: _____ |
| | Referral: _____ |
| | TV/ Radio/ News |
| | Workshop or Event: _____ |

Your response is appreciated!