



**City of Austin
Small & Minority Business Resources Department
MBE/WBE Certification Application
Questions? Contact the Certification Office at 512/ 974-7645**

Instructions for Completing the Application

1. **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 https://www.austintexas.gov/financeonline/vendor_connection/index.cfm. For assistance, please contact Vendor Connection Help Line at (512) 974-2018 or by email at VendorReg@austintexas.gov.
2. Only for-profit firms that have been in operation for at least 90 days in the State of Texas are eligible to apply for certification. Non-profit and not-for-profit firms are ineligible.
3. Supporting documents are required (see checklist on next page). **Be prepared to provide copies- copies will not and cannot be made for you.** Original documents will not be returned.
4. If you wish to apply for **Disadvantaged Business Enterprise (DBE)** certification for federally-funded transportation projects within Texas, please download and complete the Texas Unified Certification Program (TUCP) DBE application from the following address http://www.austintexas.gov/snbr/downloads/tucp_dbe_app.pdf or call (512) 974-7645 to request a copy. **You must have a Federal Employer Identification Number (FEIN) for DBE certification.** The Texas Department of Transportation requires a Federal Tax Identification number for all applicants. To obtain a Federal Employer Identification Number, contact the Internal Revenue Service at (800) 829-4933. There is no fee to obtain an FEIN.
5. If you wish to be considered for the State of Texas **Historically Underutilized Business (HUB)** certification **you must have a Federal Employer Identification Number and be a US Citizen or Naturalized.** Documents to support your FEIN and Citizenship or Naturalization must be included.
6. If you are applying for more than one certification, please provide only ONE SET of supporting documents. Do not bind, fax, or email documents. A complete set of documents must be mailed or hand-delivered to our office. **Faxed or emailed applications will not be accepted.**

Mail or hand-deliver your completed application to:
City of Austin
Small & Minority Business Resources Dept.
Certification Office
4201 Ed Bluestein Blvd.
Austin, Texas 78721

For a complete set of MBE/WBE Procurement Program Rules and Ordinances, visit our website at www.austintexas.org/snbr.

The following documents must be submitted with this application. Please mark an “✓” 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.

Owner Information

- Personal Net Worth Statement (PNW) **or** Alternate Personal Net Worth Statement
- Proof of U.S. citizenship or permanent residency status (ex: US Birth Certificate, US Passport, Certificate of Citizenship or Naturalization, Alien Resident Card, Tribal Card, etc.)
- Proof of race / ethnicity and/or gender status (ex: Birth Certificate, Tribal Card, Driver License, Statement of Ethnicity)
- Copy of lease or rental agreement for Texas business site, or if a home office a mortgage or tax statement, and one cleared check copy used to make payment.

Business Size

- Firm's Tax Returns for past 3 years (Form 1040, Schedule C or Form 1120 or 1120S, Pages 1, 2 & 3 and all Schedule K-1s) *In the case of a newly formed business, please include the previous two years of individual tax returns of the owner(s), partners or members.* For purposes of size standard determination, the tax return must record a valid Business Activity Code for your business. See application page 1, *Small Business*, for additional information regarding your Business Activity Code.

Business Structure

- Resume of all owners, officers and management staff 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. (ex: engineer, architect, CPA, CDL, plumbing, electrical, HVAC, etc.)

For a Sole Proprietorship, add:

- Assumed Name Certificate

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/Operating Agreement, as applicable
- Copy of All Issued and Voided Membership 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

Business Operations

- Proof of capital investment in firm (Documentation showing initial investment in firm: cleared check, loan agreements, bill of sale and proof of payments (cleared check), etc.
- Past or current loan agreements of applicant or between any owners
- Copy of bank signature card(s) for business/ commercial account(s) or Statement from Bank verifying signers and restrictions on account.
- Equipment list (Title papers, lease or rental agreements, equipment list & current value of equipment)
- Current Balance Sheet and/or Business Plan for firm
- Proof that firm has been functional and operating at least 90 days in Texas prior to submitting application (One recent invoice or contract)



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Business Name: _____

City of Austin Vendor Code: _____

Owner 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 one of the following):

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.

Woman-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.

Dual Application for MBE and 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 ethnic minority females who are economically disadvantaged.

Small Business:

The U.S. Small Business Administration (SBA) defines a small business according to the size standard matched to industries described in the North American Industry Classification System (NAICS). A size standard is the largest that a business can be and still qualify as a small business for government programs. Please review the NAICS code listed on your tax returns to ensure it accurately describes the industry your firm is in. For more information on size standards or the SBA's Small Business Size Regulations, please visit <http://www.sba.gov/size>.

Please review my application for HUB eligibility. **I understand I must include documents verifying my FEIN and proof of citizenship or naturalization.**

1. Is this business a continuation of a pre-existing business? Yes No If yes, indicate name(s): _____
2. Is this business affiliated with another business? Yes No If yes, list name and address of the affiliate firm: _____
3. Does this business use any other name(s)? Yes No If yes, indicate name(s): _____
4. Date business was established under present name and ownership: _____
5. Tax Identification Number: _____

Is this Tax ID the same as your Social Security Number? Yes No *If yes, you are not eligible for DBE or HUB certification.*

6. Has this firm previously been certified or participated as a DBE/HUB/MBE/WBE? Indicate the name of the certifying authority and provide a copy of the certification letter or certificate.

Certifying Authority	Issued	Assued

7. Has this or any other firm with any of the same officers or owners been denied DBE/HUB MBE/WBE certification by any agency? Indicate the name of the agency, the date of such denial and describe the circumstances: _____

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

9. Please identify the firms' ownership. *(Please use an additional sheet of paper if necessary.)*

Owner(s) Name	Ethnicity	Gender (M/F)	US Citizen? (Y/N)	Date of Ownership	Ownership %	Shares Owned

*Race/Ethnic Codes: **W** – White Caucasian **B** – Black African American **H** – Hispanic American **A** – Asian American **N** – Native American

10. List the initial contribution of money, equipment, real estate and amount of expertise for each owner. *(Please use an additional sheet of paper if necessary.)*

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

NOTE: Please make sure owner has submitted documented proof of contribution figures listed under money, equipment and real estate. Explain circumstances surrounding the acquisition of the firm.

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

Name	Title	Ethnicity	Gender (M/F)	Date Elected/ Expiration of Term

*Race/Ethnic Codes: **W** – White Caucasian **B** – Black African American **H** – Hispanic American **A** – Asian American **N** – Native American

12. 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				

*Race/Ethnic Codes: **W** – White Caucasian **B** – Black African American **H** – Hispanic American **A** – Asian American **N** – Native American

13. 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:

14. Does your firm share any resources (office facilities, storage space, equipment, financing and/or personnel) with any other firms or individuals? Yes No If yes, explain:

15. 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 (\$)	# of Employees (FT and PT)
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Product or Service	Provide a brief description
_____	_____
_____	_____
_____	_____

17. 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.

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

Company	Contact Person/Title	Telephone
_____	_____	_____
_____	_____	_____

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

State of Texas

County of _____

_____, 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

How did you hear about us?

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

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: _____