

Chatham County Minority and Women-Owned Business Enterprise Program



Certification Application

Roadmap for Applicants

Purpose

The purpose of Chatham County Minority and Women-Owned Business MWBE Program is to help small business owned and controlled by socially and economically disadvantaged individuals, including minorities and women, participate in all aspects of projects and contracts administered by Chatham County Department. Chatham County prohibits discrimination against a person or business in pursuit of these opportunities based on race, color, sex, religion, or national origin.

-The following standards shall be used to determine whether a business is owned and controlled by one or more socially and economically disadvantaged individuals(s), and therefore, is eligible to be certified as an MWBE:

-A **"Minority or Women-Owned Business Enterprise"** is one that is at least fiftyone (51%) percent owned and controlled by one or more socially, economically disadvantaged individuals.

-To be certified with Chatham County as a MWBE **Chatham County for at least 12 months prior to applying for certification.** To operate means to be the current holder of a valid business license issued by a local government within the MSA prior to submitting to an application for certification.

- A **"Socially Disadvantaged Individual"** Is one who has been subjected to racial or ethnic prejudice or cultural bias within American society because of his/her identification as a member of a group and without regard to individual qualities. A socially disadvantaged must be a citizen (or lawfully admitted permanent resident) of the United States who is either:

1. **Black American,**
2. **Hispanic American**
3. **Native American**
4. **Asian-Pacific Americans**
5. **Subcontinent Asian American and**
6. **Women**

"Economically Disadvantaged" means an individual whose Personal Net Worth is less than \$750,000 excluding the value of their primary residence and capital invested in the business seeking certification.

If your firm is currently certified by USDOT as Disadvantaged Business Enterprise (DBE) or by the Small Business Administration (SBA) as an 8(a) firm or by Georgia Minority Supplier Development Council (GMSDC), Chatham County may accept your certification provided adequate documentation is provided.

Additionally, an MWBE is one:

1. Whose management, policies, major decisions, and daily operations are independently managed by one or more socially and economically disadvantaged individuals.
2. Which is a Small Business as defined by the SBA guidelines, and whose gross receipts do not exceed \$20.41 million average over a three-year period.

There is no application fee for MWBE certification. All applications for certification must be accompanied by an affidavit attesting to the accuracy and truthfulness of the information provided

Chatham County of shall provide eligibility determinations for new candidates within 90 days of receipt of a complete application.

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Dear Applicant:

Thank you for your interest in becoming certified MWBE with Chatham County. Please review the checklist below and compare it with your application and submission documents. Please make sure to include all supplemental documentation (as applicable) with your application. Failure to submit a complete accurate application could result in a delay of your certification review. Again, thank you for your interest in the Chatham County MWBE Program. Please return your complete application to:

**Chatham County
Minority Women Business Enterprise
Attn: Connell Heyward
1117 Eisenhower Drive, Suite 101**

ALL APPLICANTS:

- Work experience resume(s) that include places of ownership/employment and corresponding dates. (All Owners)
- Personal Net Worth statement (form enclosed). (All Owners)
- Socially Disadvantage statement.
- Entire copy of personal tax returns for the last 3 years, if applicable.
- Entire copy of corporate, partnership, or joint venture tax returns for the last 3 years.
- Documented proof of contributors used to acquire ownership for each owner (e.g. both sides of cancelled checks).
- Signed loan agreement and security agreements.
- Description of real estate and proof of ownership listed.
- List of equipment leased along with signed lease agreements.
- List of construction equipment and vehicles owned and title/proof of ownership.
- Signed leases for office/storage space.
- End of Year Balance Sheets and Income Statements for the past 3 years (or life of firm if less than 3 years old). New business must provide a current Balance Sheet.
- Copies of relevant licenses.
- Other DBE/ACBE<SBA 8(a) or GMSDC certifications denials and decertification.
- Bank Authorization and Signatory cards.
- Schedule of salaries paid to all officers, managers, owners, or director of the firm (W-2)

SOLE PROPRIETORSHIP:

- Assumed name, fictitious name, or other registration certificate from appropriate governmental agency

PARTNERSHIP OR JOINT VENTURE:

- Original and any amended Partnership or Joint Venture Agreements.
- Assumed name, fictitious name, or other registration certificate from appropriate governmental agency, if applicable.

CORPORATION OR LLC:

- Official Articles of Incorporation (signed by state official).
- Both side of all Corporate Stock Certificates and Stock).
- Transfer Ledger.
- Shareholders Agreement.
- Minutes of all shareholder and Board of Directors meetings

Section 1. CERTIFICATION INFORMATION

1. Prior Certification/Other Certifications

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(a) Is your firm currently certified for any of the following programs? (If yes, attach a copy of your certification(s). ___ USDOT DBE ___ SBA 8(a) ___ GMSDC	Name of the certifying agency:
Has the firm home had an on-site visit conducted? ___ Yes, on ___/___/___ ___ NO	
(b) Has your firm applied for certification for any programs listed in 1(a) in the past? ___ Yes, on ___/___/___ ___ NO	
(c) Has the firm or any of its owners, Board of Directors, officers, or management personnel ___ Yes, on ___ NO been denied certification before by an agency in any state, local, or Federal entity? ___/___/___ If Yes, identify State and name of agency:	

Section 2. GENERAL INFORMATION

2 Contact Information.

Contact person:	/Legal name of firm:
Phone#:	/Cell#:
	/Fax#:
Email:	Web site (if firm has one):
Street Address of firm: (No P.O. Box #)	
Mailing address of firm:	
City: _____	County: _____
State: _____	Zip: _____

3. Business Profile

Primary nature of business:	/Federal Tax ID:
Federal identification number or Applicant's Social Security number This firm was established on: ___/___/___ I (we) have owned this firm since: ___/___/___	
Did the business exist under a different of ownership prior to the date indicated above? ___ Yes ___ No IF Yes, Explain.	
Method of acquisition (check all that apply) ___ Started new business ___ Bought existing business ___ Inherited business ___ Secured concession ___ Merger or consolidation ___ Other (<i>explain</i>)	
Has this firm operated under a different name during the past five years? ___ Yes ___ No If Yes, explain.	
[] Yes [] No (If yes, provide court papers)	
Has this firm applied for reorganization under Chapter 11 and/or liquidation under Chapter 7, within the last 3 years? ___ Yes ___ NO If Yes, explain	
Type of firm (check all applicable):	
<input type="checkbox"/> Sole proprietorship (provide a copy of the assumed name certificate)	
<input type="checkbox"/> Partnership (provide copies of all partnership agreements and the assumed name certificate)	
<input type="checkbox"/> Limited Liability Partnership	
<input type="checkbox"/> Corporation (provide Articles of Incorporation, copies of the stock certificates (both sides), Stock Transfer Ledger, Shareholders' Agreement, all minutes of the shareholders' meeting and Board of Directors' meetings, the	

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Corporate Bylaws and Bylaws Amendments (If applicable), the Corporate Bank Resolution and Bank Signature Cards)

___Other

Number of employees:

Permanent Full-time _____

Temporary Full-time _____

Seasonal Full-time _____

Where do you obtain seasonal employees?

Does your firm directly pay, in its own name, all its employees? ___YES ___No (If yes explain)

Specify the gross receipts of the firm for the last 3 years:
(Attach copies of full tax returns for each year)

Year Ending	Total receipts	\$
Year Ending	Total receipts	\$
Year Ending	Total receipts	\$

Section 3. OWNERSHIP

4. Identify all individuals or holding companies with any ownership interest. List their cash, equipment and/or real estate and/or other investment in the firm and attach the documentation of the source of those investments.

(Attach work experience resumes of each person; if more than two owners, attach a separate sheet).

FIRST PERSON

Name: _____ /Title _____ / Home Phone# _____

Home Address (street number) _____ City: _____ State: _____ Zip: _____

Gender: Male _____ Female _____

U.S. Citizen: Yes _____ No _____

Legal permanent resident: Yes: _____ No _____

Number of years owned	Initial investment of acquire ownership interest in firm. •		
Percentage owned:	Type	Dollar Value	
Relation to other owners:	Cash	\$	
	Real Estate	\$	
	Equipment	\$	
	Other	\$	

Shares of Stock:	Number	Percentage	Class	Date Acquired	Method Acquired

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Section 4: CONTROL

5. Identify officers and Board of Directors.

(Attach work experience resumes of each person, including dates of employment at each company for each person. If more than two persons, attach a separate sheet.)

	Name	Title/Date Appointed	Ethnicity	Gender
Company Officers	1.			
	2.			
	3.			
Board of Directors	1.			
	2.			
	3.			

6. Identify management personnel who control the firm in the following areas. (Attach work experience resumes, including dates of employment at each company, for each person; If more than two persons, attach a separate sheet)

	Name	Title	Ethnicity	Gender
Financial Decisions (responsibility for check signing, acquisitions of lines of credit, surety bonding, supplies, etc.)				
	1.			
	2.			
Estimating, bidding, and negotiating (cost estimates, bid preparation and submission, negotiating or contract execution)				
	1.			
Hiring/firing of management personnel	2.			
	1.			
	2.			
Field/ Production Operations Supervisor /site supervision/scheduling, project management services)				
	1.			
	2.			
List all field supervisors				
	1.			
	2.			
Office Management				
	1			
	2.			
Marketing/Sales				
	1			
	2			
Purchasing of major equipment				
	1			
	2			

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	Name of Firm	Name of Contact Person	Address	Phone No.
External management or technical I computer service	1.			
Accountant	1.			
Attorney	1.			
Principal suppliers	1.			
	1.			
	Materials or equipment supplied List:			
	2.			
	Materials or equipment supplied List:			

8. Identify those union(s), business (es), or professional association (s) in which the owner(s) or management personnel have membership.

Name of union business or professional association	Address	Phone No.
1.		
2.		

9. Attach a list of equipment and/or vehicles within your firm's possession or under your control (indicate separately), office space (owned or leased) and storage space (owned or leased), including signed leasing agreements.

10. Financial Information

(a) Banking Information

Name of Bank: _____ **Phone No.** _____
Name of Officer: _____
Address of bank: _____ **City:** _____ **State:** _____ **Zip:** _____

Bonding Information: If you have bonding capacity, identify:

Name of agent or broker: _____ **Phone No.** _____
Address of Agent /Broker: _____ **City:** _____ **State:** _____ **Zip:** _____ **Bonding limit: Aggregate limit \$**
Bonding limit: Aggregate limit \$ **Project limit \$**

(c) Attach copies of year-end balance sheet and profit and loss (income) statements for the last three years, or if business has been in operation for less than one year, provide a current balance sheet, a projected profit and loss statement for the next 12-month period and a projected balance sheet for the end of that period.

11. Identify all sources, amount, and purposes of money loan to the firm, including names of person or firm securing the loan, if other than owner. (Attach copies of all loan agreements.)

Name of Source	Address of Source	Amount
1		
2		

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12. List current licenses (e.g., contractor, engineer, architect, ICC, etc.). (Attach copies of licenses.

Name of Individual	Name of License	Exp. Date	License Number
1.			
2.			
3.			

13. Does your firm have key personnel insurance? ____ Yes ____ No
(If yes, attach a list of the persons named and the value)

14. List largest contracts completed by this firm in the past 3 years.

Name of Owner/ Contractor	Name /location of project	Type of work performed
1.		
2.		
3.		

15. List all active jobs this firm is currently working on. (If additional space is required, attach a separate sheet.)

Prime Contractor/ Project. #	Location of project	Type of work	Start Date	Completion Date
1				
2.				
3.				

Section 5. AFFILIATION

16. Affiliation with other businesses

(a) Affiliate companies:

(b) Do any of the people listed in questions 4, 5, or 6 perform a management or supervisory function for any other business?

Yes No

If yes, identify: Person: _____ Title: _____

Business: _____ Function: _____

(d) Whether affiliated or not, is the applicant firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office space, yard, warehouse, facilities, equipment, or office staff, with any other business organization, or entity? ____ Yes ____ No

If Yes identify:

Firm Name: _____ Tax ID Number _____

At present or in the past 5 years: If you answered Yes to any of these questions, identify on a separate piece of paper any relevant names, addresses dates, and explanations.	Has this firm had any subsidiaries of any other firm?	___Yes	___No
	Has this firm consisted of a partnership in which one or more of the partners are other firms?	___Yes	___No
	Has any other firm owned 5% or more of this firm?		
	Has this firm had any subsidiaries?	___Yes	___No

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Has this firm owned 5% or more of any other firm?

Section 6. OTHER

17. Are you a trucking firm? ___Yes ___No

(If yes, attach proof of ownership of a fully operational truck and trailer. Documentation should include insurance and titles.)

18. Are you a regular dealer? ___Yes ___No

(If yes, attach proof of warehouse, product lines carried, and distribution equipment.)

AFFIDAVIT OF CERTIFICATION

A material or false statement or omission made in connection with this application is sufficient cause for denial of certification, revocation of a prior approval, initiation of suspension or debarment proceedings, and may subject the person and/or entity making the false statement to and all civil and criminal penalties available pursuant to applicable federal and state law.

I _____ (Full name), swear or affirm under penalty of law that I am _____ (title) of applicant Firm _____ (firm name) and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions in are full and complete, omitting no material information, The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities, and pertinent history of the named firm as well as the ownership, control, affiliations thereof.

I recognize that the information submitted in the application is for the purpose of inducing certification approval by a government agency. I understand that a government agency may, by mean it deems appropriate, determine the accuracy and truth of the statements in the application, and authorize such agency to contact any entity named in the applicant, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to government audit, examination and review of books records, documents, and files, in whatever form they exist, of the names firm and am affiliates, inspection of its place(s) of business and equipment, and to permit interviews of principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

If awarded a contract or subcontract, I agree to provide the prime contractor and CHATHAM COUNTY promptly and directly on an ongoing basis, current, complete, and accurate information regarding (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to provide written notice to CHATHAM COUNTY of any material change in the information contained in the original application within 30 days of such change (e.g., ownership, address, telephone number, etc.).

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I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud, or other applicable offenses.

I declare under penalty of perjury that the foregoing is true and correct.

Signature of owner, officer, or partner _____

Date: mm/dd/yy): _____

I declare under penalty of perjury that the information provided in this application and supporting documents relating to my disadvantaged status and I is true and correct.

Print

Name _____ Signature _____ Date _____

Print

Name _____ Signature _____ Date _____

Print

Name _____ Signature _____ Date _____

NOTARY CERTIFICATE
STATE OF _____
COUNTY OF _____
Subscribed and sworn to before me this _____ day of _____, 20____
Signature of Notary Public _____ Printer/typed name of Notary Public _____ County of residence _____
Date Commission expires _____

AFFIDAVIT OF SOCIALLY DISADVANTAGE

This form must be signed and notarized for each owner upon which disadvantaged status is relied.

Social Disadvantage

Signature of Notary Public _____ Printer/typed name of Notary Public County of residence

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Date Commission expires _____

STATE OF _____
COUNTY OF _____
Subscribed and sworn to before me this _____ day of _____, 20_____
Signature of Notary Public _____ Printer/typed name of Notary Public County of residence _____
Date Commission expires _____

AFFIDAVIT OF DISADVANTAGE

This form must be signed and notarized for each owner upon which disadvantaged status is relied.

SOCIAL DISADVANTAGE

I hereby certify under penalty of perjury that I am a member of one of the following groups:

African American Hispanic American Woman
 Asian American Native American Other Ethnic Group (explain)

And that I have held myself out as a member of that group and have acted as a member of that group

I further certify that I am an owner of the company seeking MWBE certification and that I have Experienced social disadvantage due to the effects of discrimination based upon my (check all that apply)

Race Ethnicity Gender Other (explain)

Print Name: _____

Signature: _____ Date _____

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STATE OF _____
COUNTY OF _____
Subscribed and sworn to before me this _____ day of _____, 20 _____
Signature of Notary Public: _____ Printer/typed name of Notary Public <u>County of residence</u> _____
Date Commission expires _____

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And that I have held myself out as a member of that group and have acted as a member of that group

I further certify that I am an owner of the company seeking MWBE certification and that I have Experienced social disadvantage because of discrimination based upon my (check all that apply)

Race Ethnicity Gender Other (explain)

Print Name: _____

Signature: _____ Date _____

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Name				Business Phone	
Residence Address	City	State	Zip	Home Phone	
ASSETS	AMOUNT	Check if Joint Assets	LIABILITIES	AMOUNT	
1. Cash on Hand & in banks			1. Accounts payable		
2. Savings Accounts			2. Notes payable to banks and others		
3. IRA or Other Retirement Accounts			3. Installment account (auto)		
4. Personal & Notes Receivable			4. Installment account & credit cards		
5. Life Insurance (Cash surrender only)			5. Other Liabilities (Describe on separate sheet)		
6. Stocks and Bonds (Current market value)			6. Mortgage on other properties		
7. Real Estate (Exclude primary residence)			7. Other liabilities		
8. Automobiles (present value)					
9. Personal property					
10. Other Assets (Describe on separate sheet)			TOTAL LIABILITIES (Add lines 1-7)		
11. Ownership in other businesses					
TOTAL ASSETS (Add Lines 1-11)			Personal Net Worth (Total Assets Minus Total Liabilities)		

PERSONAL FINANCIAL STATEMENT WORKSHEET

I certify that this personal financial statement is complete and accurate to the best of my knowledge. Chatham County is Authorized to verify the accuracy of this statement to determine Whether I meet the economic standard participation in the Chatham County MWBE Program.

The statement is supported by (check one):

- A signed, notarized statement of personal net worth, with appropriate supporting documentation (See PNW form above).

NOTARY CERTIFICATE

Minority and Women-Owned Business Enterprise Program

NOTARY CERTIFICATE STATE OF _____ COUNTY OF _____

_____ Subscribed and sworn to before me this

_____ day of _____, 20 _____ Signature of Notary Public _____

Printer/typed name of Notary Public _____ County of residence _____ Date commission expires _____

Updated: 9/2021

Long Form

MWBE Program10