



CITY OF
Savannah

ENTREPRENEURIAL CENTER

Economic Development Department

**Minority and Women-Owned Business Enterprise
Certification Application**

City of Savannah's Minority and Women-Owned Business Enterprise Program

Department of Economic Development

City of Savannah M/WBE Certification Application

Roadmap for Applicants

Purpose

The purpose of the City of Savannah's Minority and Women-Owned Business Enterprise (M/WBE) Program is to help small businesses owned and controlled by socially and economically disadvantaged individuals, including minorities and women, participate in all aspects of projects and contracts administered by the City's Procurement Department. The City of Savannah prohibits discrimination against a person or business in pursuit of these opportunities on the basis of 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 individual(s), and therefore, is eligible to be certified as an M/WBE:
- A "**Minority or Women-Owned Business Enterprise**" is one that is at least fifty - one (51%) percent owned and controlled by one or more socially and economically disadvantaged individuals.
- 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 individual must be a citizen (or lawfully admitted permanent resident) of the United States who is either:
 1. *Black Americans*
 2. *Hispanic Americans*
 3. *Native Americans*
 4. *Asian-Pacific Americans*
 5. *Subcontinent Asian Americans 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 a Disadvantaged Business Enterprise (DBE) or by the Small Business Administration (SBA) as an 8(a) firm or by Georgia Minority Supplier Development Council (GMSDC), the City of Savannah may accept your certification provided adequate documentation is provided.
- Additionally, an M/WBE 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 define 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 M/WBE certification. All applications for certification must be accompanied by a sworn affidavit attesting to the accuracy and truthfulness of the information provided.
- The City of Savannah 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 a certified M/WBE with the City of Savannah. 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 and accurate application could result in a delay of your certification review. Again, thank you for your interest in the City of Savannah M/WBE Program. Please return your complete application to:

**City of Savannah
Department of Economic Development
P.O. Box 1027
Savannah, GA 31402**

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*)
- Social & Economic 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 contributions 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 titles/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). A new business must provide a current Balance Sheet.
- Copies of relevant licenses.
- Other DBE/ACDBE, SBA 8(a) or GMSDC certifications or denials and decertifications.
- Bank Authorization and Signatory cards.
- Schedule of salaries paid to all officers, managers, owners, or directors of the firm (W-2's).

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 sides of all Corporate Stock Certificates and Stock.
- Transfer Ledger.
- Shareholders Agreement.
- Minutes of all stockholder and Board of Directors meetings.

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- Corporate by-laws and any amendments.

Section 1. CERTIFICATION INFORMATION

1. Prior/ Other Certifications.

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

Section 2: GENERAL INFORMATION

2. Contact Information.

Contact person:		Legal name of firm:		
Phone #:	Cell#:	Fax#:		
E-mail:		Web site (if firm has one):		
Street Address of firm: (No P.O. Box #)				
Mailing address of firm:	City:	County/Parish:	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 type of ownership prior to the date indicated above? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain.	
Method of acquisition (check all that apply): <input type="checkbox"/> Started new business <input type="checkbox"/> Bought existing business <input type="checkbox"/> Inherited business <input type="checkbox"/> Secured concession <input type="checkbox"/> Merger or consolidation <input type="checkbox"/> Other (explain)	
Has this firm operated under a different name during the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain.	
Has this firm applied for reorganization under Chapter 11 and/or liquidation under Chapter 7, within the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, provide court papers)	
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 Corporate Bylaws and Bylaws Amendments (if applicable), the Corporate Bank Resolution and Bank Signature Cards) <input type="checkbox"/> Other
Number of employees: Permanent Full-time _____ Temporary Full-time _____ Seasonal Full-time _____	
Where do you obtain seasonal employees?	

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Does your firm directly pay, in its own name, all its employees? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If No, explain)</i>		
Specify the gross receipts of the firm for the last 3 years: <i>(Attach copies of full tax returns for each year)</i>	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 these 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 <i>(street and number)</i>			City:	State:	Zip:
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnic group <i>(Attach proof of status):</i>			
U.S. Citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American	
Legal permanent resident:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Asian Pacific	<input type="checkbox"/> Asian Indian	
Number of years owned:	<i>Initial investment of acquire ownership interest in firm:</i>				
Percentage owned:	Type		Dollar Value		
Relation to other owners:	Cash		\$		
	Real Estate		\$		
	Equipment		\$		
	Other		\$		
Shares of Stock:	<u>Number</u>	<u>Percentage</u>	<u>Class</u>	<u>Date Acquired</u>	<u>Method Acquired</u>
Additional contributions made by anyone since the business was started/acquired:					

SECOND PERSON

Name:		Title:		Home Phone#:	
Home Address <i>(street and number)</i>			City:	State:	Zip:
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnic group <i>(Attach proof of status):</i>			
U.S. Citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American	
Legal permanent resident:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Asian Pacific	<input type="checkbox"/> Asian Indian	
Number of years owned:	<i>Initial investment of acquire ownership interest in firm:</i>				
Percentage owned:	Type		Dollar Value		
Relation to other owners:	Cash		\$		
	Real Estate		\$		
	Equipment		\$		
	Other		\$		
Shares of Stock:	<u>Number</u>	<u>Percentage</u>	<u>Class</u>	<u>Date Acquired</u>	<u>Method Acquired</u>
Additional contributions made by anyone since the business was started/acquired:					

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Section 4: CONTROL

5. Identify officers and Board of Directors.

(Attach work experience resumes of each person; If additional space is required, 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, negotiations or contract execution)				
	1.			
	2.			
Hiring /firing of management personnel				
	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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7. Identify persons or firms who provide the following services:

	Name of Firm	Name of Contact Person	Address	Phone No.
External management or technical / computer service	1.			
Accountant	1.			
Attorney	1.			
Principal suppliers	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: _____

(b) 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 \$ _____ 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 loaned to the firm, including name 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.		
3.		

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

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

13. Does your firm have key personnel insurance? Yes No

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(If Yes, attach a list of the persons named and the value)

14. List the 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/ Proj. #	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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify: Person: _____ Title: _____ Business: _____ Function: _____	
(c) Do any of the people listed in questions 4, 5, or 6 own or work for other firms that have a business relationship with yours? (E.G. ownership interest, shared office space, financial investments, equipment leases or personal sharing) <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify: Firm: _____ Person: _____ Business Relationship: _____	
(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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify: Firm's 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 been a subsidiary of any other firm? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Has this firm consisted of a partnership in which one or more of the partners are other firms? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Has any other firm owned 5% or more of this firm? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Has this firm had any subsidiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Has this firm owned 5% or more of any other firm? <input type="checkbox"/> Yes <input type="checkbox"/> No

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.)

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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 any 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 I authorize such agency to contact any entity named in the application, 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 is 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 promptly and directly provide the prime contractor and THE CITY OF SAVANNAH 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 THE CITY OF SAVANNAH 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.).

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 me is true and correct.

Print Name: _____ Signature: _____ Date: (mm/dd/yy) _____

Print Name: _____ Signature: _____ Date: (mm/dd/yy) _____

Print Name: _____ Signature: _____ Date: (mm/dd/yy) _____

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 _____

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AFFIDAVIT OF SOCIAL AND ECONOMIC 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 M/WBE 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: _____

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 _____

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PERSONAL FINANCIAL STATEMENT WORKSHEET

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 <i>(Cash surrender only)</i>	\$		5. Other Liabilities <i>(describe on separate sheet)</i>	\$
6. Stocks and Bonds <i>(current market value)</i>	\$		6. Mortgage on other properties	\$
7. Real Estate <i>(Exclude primary residence)</i>	\$		7. Other liabilities	\$
8. Automobiles <i>(present value)</i>	\$			
9. Personal property	\$			
10. Other Assets <i>(describe on separate sheet)</i>	\$		TOTAL LIABILITIES (Add line 1-8)	\$
11. Ownership in <u>other</u> businesses	\$			
TOTAL ASSETS (Add Lines 1 – 11)	\$		Personal Net Worth (Total Assets Minus Total Liabilities)	\$

I certify that this personal financial statement is complete and accurate to the best of my knowledge. I hereby certify under penalty of perjury that my personal net worth does not exceed \$750,000.

The City of Savannah is authorized to verify the accuracy of this statement to determine whether I meet the economic standards for participation in the City of Savannah's M/WBE 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	
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 _____	