

INSTRUCTIONS FOR COMPLETING THE DISADVANTAGED BUSINESS ENTERPRISE (DBE) PROGRAM UNIFORM CERTIFICATION APPLICATION

NOTE: If you require additional space for any question in this application, please attach additional sheets or copies as needed, taking care to indicate on each attached sheet/copy the section and number of this application to which it refers.

PRE-APPLICATION INFORMATION

- A. Is your firm at least 51%-owned by a socially and economically disadvantaged individual(s) who also controls the firm?
- B. Is the disadvantaged owner a U.S. citizen or lawfully admitted permanent resident of the U.S.?
- C. Is your firm a small business that meets the Small Business Administration's (SBA's) size standard and does not exceed \$20.41 million in gross annual receipts?
- D. Is your firm organized as a for-profit business?

If you answered "Yes" to all of the questions above, you may be eligible to participate in the U.S. DOT DBE program.

Section 1: COMPANY INFORMATION

A. General Information

- (1) State the legal name of your firm, as indicated in your firm's Articles of Incorporation.
- (2) State any other names used by your firm.
- (3) Indicate your firm's website address, if any.
- (4) Give the Federal Tax ID number of your firm as provided on your firm's filed tax returns, if you have one. *This could also be the Social Security number of the owner of your firm.*
- (5) Indicate the primary phone number of your firm.
- (6) Indicate a secondary phone number, if any.
- (7) Indicate your firm's fax number, if any.
- (8) Indicate your firm's ability to receive e-mail communication.
- (9) State the county in which your firm is located.
- (10) State the street address of your firm (i.e. the physical location of its offices -- not a post office box address).
- (11) State the mailing address of your firm, if it is different from your firm's street address.

Section 2: COMPANY OWNERS & REPRESENTATIVES

(Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below - if your firm has more than one owner, provide completed copies of this section for each additional owner)

A. General Information

- (1) Give the name of the owner or representative.
- (2) State his/her role within your firm (company owner or representative)
- (3) State his/her title or position within your firm.
- (4) Check the appropriate box that indicates this individual's gender.
- (5) Check the appropriate box that indicates this individual's ethnicity (*check all that apply*). If you checked "Other," specify this owner's ethnic group/identity not otherwise listed.
- (6) Indicate this individual's salary.
- (7) Give his/her office phone number.
- (8) State if this individual is the company contact? (*One, and only one, owner or representative must be designated as the company contact.*)
- (9) Enable online account for this individual? (*This will enable he/she to enter or update information for your firm online*) If you entered yes, enter his/her e-mail address.

B. Responsibilities (Company Owner or Representative)

- (1) Check all that apply. (Financial decisions on your firm's behalf, including the acquisition of lines of credit, surety bonds, supplies, etc.; Estimating and bidding, including calculation of cost estimates, bid preparation and submission; Negotiating and contract execution, including participation in any of your firm's negotiations and executing contracts on your firm's behalf; Hiring and/or firing of management personnel, including interviewing and conducting performance evaluations; Field/Production operations supervision, including site supervision, scheduling, project management services, etc.; Office management; Marketing and sales; Purchasing of major equipment; Signing company checks (for any purpose); and Conducting any other financial transactions on your firm's behalf not otherwise listed.)

- (2) State if this employee is an officer of the company. *If yes, state the date appointed.*

- (3) State if this employee is a member of the board of directors. *If yes, state the date appointed.*

- (4) Check the appropriate box that indicates whether any of your firm's officers and/or directors listed above own or work for any other firm(s) that has a relationship with your firm. If you answered "Yes," identify the name of the firm, the officer or director, and the nature of his/her business relationship with that other firm.

- (5) Check the appropriate box that indicates whether any of your firm's officers and/or directors listed above performs a management or supervisory function for any other business. If you answered "Yes," identify each person by name, his/her title, the name of the other business in which s/he is involved, and his/her function performed in that other business.

C. Personal Information (Company Owner)

- (1) State his/her home (street) address.
- (2) Give his/her home phone number.
- (3) State the ownership percentage for this owner.
- (4) Check the appropriate box for this owner's marital status.
- (5) Check the appropriate box to indicate whether this owner is a U.S. citizen.
- (6) If this owner is not a U.S. citizen, check the appropriate box that indicates whether this owner is a lawfully admitted permanent resident. If this owner is neither a U.S. citizen nor a lawfully admitted permanent resident of the U.S., then this owner is NOT eligible for certification as a DBE owner. This, however, does not necessarily disqualify your firm altogether from the DBE program if another owner is a U.S. citizen or lawfully admitted permanent resident and meets the program's other qualifying requirements.
- (7) State the familial relationship of this owner to each other owner of your firm.
- (8) Check the appropriate box that indicates whether any trust has ever been created for the benefit of this disadvantaged owner. If you answered "Yes," briefly explain the nature, history, purpose, and current value of the trust(s).
- (9) Indicate the number of years as an owner.
- (10) Indicate the number, percentage of the total, class, date acquired, and method by which this owner acquired his/her shares of stock in your firm.
- (11) Check the appropriate box that indicates whether any of your immediate family members own or manage

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another company. An "immediate family member" is any person who is your father, mother, husband, wife, son, daughter, brother, sister, grandmother, grandfather, grandson, granddaughter, mother-in-law, or father-in-law. If you answered "Yes," provide the name of each relative, your relationship to them, the name of the company they own or manage, the type of business, and whether they own or manage the company.

D. Personal Net Worth Worksheets

(NOTE: You only need to complete this section for each owner that is applying for DBE qualification (i.e. for each owner who is claiming to be "socially and economically disadvantaged" and whose ownership interest is to be counted toward the control and 51% ownership requirements of the DBE program)

Year: Give the applicable year for the net worth worksheets.
Life Insurance Worksheet: List the insurance company, face amount, cash surrender value and beneficiaries for all insurance policies.

Stocks and Bonds Worksheet: List the security name, number of shares and year-end market value per share for all stocks and bonds.

Unpaid Taxes Worksheet: List the type of tax and amount for all unpaid taxes.

Real Estate and Real Estate Mortgages Worksheet: List the type of property, street address, date purchased, original cost, current estimated value on all real estate. Check the appropriate box for is there a mortgage on the property. If you answered "Yes", list the name of the mortgage holder, mortgage balance and mortgage holder address for all mortgages.

Other Personal Property Worksheet: List the asset name, asset type and current estimated value for all other personal property.

Other Assets Worksheet: List the asset name, asset type and current estimated value for all other current assets.

Notes Payable Worksheet: List the noteholder name, noteholder address, original balance, current balance, payment amount, payment frequency and collateral type for all notes payables.

Other Liabilities Worksheet: List the liability and amount for all other liabilities.

E. Personal Net Worth Statement

Indicate in the space provided the total Personal Net Worth (PNW) of each owner who is applying for DBE qualification. Use the totals from the net worth worksheets to fill out the Personal Net Worth Statement.

Section 3: CERTIFICATION INFORMATION

A. Prior/Other Certifications

Check the appropriate box indicating for which program your firm is currently certified. If you are already certified as a DBE, indicate in the appropriate box the name of the certifying agency that has previously certified your firm, and also indicate whether your firm has undergone an onsite visit. If your firm has already undergone an onsite visit/review, indicate the most recent date of that review and the state UCP that conducted the review.

(NOTE: If your firm is currently certified under the SBA's 8(a) and/or SDB programs, you may not have to complete this application. You should contact your state UCP to find out about a streamlined application process for firms that are already certified under the 8(a) and SDB programs.)

Prior/Other Applications and Privileges

Indicate whether your firm or any of the persons listed has ever withdrawn an application for a DBE program or an SBA 8(a) or SDB program, or whether any have ever been denied certification, decertified, debarred, suspended, or had bidding privileges denied or restricted by any state or local

agency or Federal entity. If your answer is yes, indicate the date of such action, identify the name of the agency, and explain fully the nature of the action in the space provided.

B. Business Profile

- (1) Give the date on which your firm was officially established, as stated in your firm's Articles of Incorporation.
- (2) Give the date on which you and/or each other owner took ownership of the firm.
- (3) Check the appropriate box that describes the manner in which you and each other owner acquired ownership of your firm. If you checked "Other," explain in the space provided.
- (4) Indicate in the spaces provided how many employees your firm has, specifying the number of employees who work on a full-time and part-time basis.
- (5) Check the appropriate box that describes the legal form of ownership of your firm, as indicated in your firm's Articles of Incorporation. If you checked "Other," briefly explain in the space provided.
- (6) Check the appropriate box that indicates whether your firm has ever existed under different ownership, a different type of ownership, or a different name. If you checked "Yes," specify which and briefly explain the circumstances in the space provided.
- (7) Check the appropriate box that indicates whether your firm relies on any other firm for management functions or for employee payroll. If you answered "Yes," briefly explain the nature of that reliance and the extent to which the other firm carries out such functions.
- (8) Specify the total gross receipts of your firm for each of the past three years, as declared in your firm's filed tax returns.
- (9) In the box provided, briefly describe the primary business and professional activities in which your firm engages. NAICS code(s) will be assigned based on the type of work description. Provide as much description as possible.)

C. Other Business Relationships

- (1) Check the appropriate box that indicates whether your firm is co-located at any of its business locations, or whether your firm shares a telephone number(s), a post office box, any office space, a yard, warehouse, other facilities, any equipment, or any office staff with any other business, organization, or entity of any kind. If you answered "Yes," then specify the name of the other firm(s) and briefly explain the nature of the shared facilities or other items in the space provided.
- (2) Check the appropriate box that indicates whether at present, or at any time in the past:
 - (a) your firm has been a subsidiary of any other firm;
 - (b) your firm consisted of a partnership in which one or more of the partners are other firms;
 - (c) other firm has owned any percentage of any your firm;
 - (d) your firm has had any subsidiaries of its own;
 - (e) your firm has owned any percentage of any other firm
- (3) If you answered "Yes" to any of the questions in (2)(a)-(e), identify the name, address, type of relationship and type of business for each.

D. Equipment, Vehicles and Facilities

- (1) Equipment
State the type, make and model, and current dollar value of each piece of equipment held and/or used by your firm. Indicate whether each piece is either owned or leased by your firm.
- (2) Vehicles

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State the type, make and model, and current dollar value of each motor vehicle held and/or used by your firm. Indicate whether each vehicle is either owned or leased by your firm.

(3) Office Space

State the street address of each office space held and/or used by your firm. Indicate whether your firm owns or leases the office space and the current dollar value of that property or its lease.

(4) Storage Space

State the street address of each storage space held and/or used by your firm. Indicate whether your firm owns or leases the storage space and the current dollar value of that property or its lease.

E. Financial Information

(1) Banking Information

State the name of your firm's bank, bank officer, main phone number and address of the branch.

(2) Bonding Information

State your firm's bond agent and/or broker, binder number, agent/broker address and telephone number. State your firm's bonding limits (in dollars), specifying both the Aggregate and Project Limits.

(3) Loan Information

State the name and address of each source, name of person securing the loan, loan amount, purpose of each loan and the main phone number.

(4) Asset Transfers

Give the type of contribution or asset that was transferred, current dollar, person or firm from whom it was transferred, person or firm to whom it was transferred, relationship between the two persons and/or firms and the date of the transfer.

F. List current licenses/permits held by any owner or employee of your firm.

List the name of each person in your firm who holds a professional license or permit, the type of permit or license, the expiration date of the permit or license, and the license/permit number and issuing State of the license or permit.

G. Contracts

List the three largest contracts completed by your firm in the past three years, if any.

List the name of each owner or contractor for each contract, the name and location of the projects under each contract, the type of work performed on each contract, and the dollar value of each contract.

List the three largest active jobs on which your firm is currently working.

For each active job listed, state the name of the prime contractor and the project number, the location, the type of work performed, the project start date, the anticipated completion date, and the dollar value of the contract.

H. Other Information

Check the appropriate box that indicates if your firm is a trucking firm. If "Yes", attach proof of ownership of a fully operational truck and trailer. (*Documentation should include insurance and titles.*)

NOTE: The specific state UCP to which you are applying may have required documents that you must also supply with your application. Contact the appropriate certifying agency to which you are applying to find out if more is required.

AFFIDAVIT & SIGNATURE

Carefully read the attached affidavit in its entirety. Fill in the required information for each blank space, and sign and date the affidavit in the presence of a Notary Public, who must then notarize the form.

OTHER INFORMATION

SUPPORTING DOCUMENTATION

In order to complete your application for DBE certification, you MUST attach copies of all applicable items listed on the checklist that is included in the application.