



Regional Transit Authority

SMALL BUSINESS ENTERPRISE PROGRAM

49 CFR Part 26

CERTIFICATION APPLICATION

ROADMAP FOR APPLICANTS

Should you apply?

- Is your firm at least 51% owned and controlled by an economically disadvantaged individual (s) (where economically disadvantaged is defined a person's who's personal net worth is less than \$1.32 million and who's ability to compete in the free enterprise system has been impaired due to capital and credit opportunities)?
- Is the economically disadvantaged owner a U.S. citizen or lawfully permanent resident of the U.S.?
- Is your firm a small business that meets the Small Business Administration's (SBA) size standard and does not exceed \$17.42 million gross receipts?
- 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 Small Business Enterprise Program.

Is there an easier way to apply?

If you are currently certified as a Disadvantaged Business Enterprise (DBE) you are eligible for a streamlined certification process. Under the streamlined process you must submit a notarized SBE Affidavit of Certification Eligibility attesting that your business meets the program requirements.

Be sure to attach all of the documents listed in the Documents Checklist at the end of this form with your completed application.

Where can I find more information?

- U.S. DOT – <http://osdbuweb.dot.gov/business/dbe/index.html> (this site provides useful links to the rules and regulations governing the DBE program, questions and answers, and other pertinent information)
- SBA – <http://www.ntis.gov/naics> (provides a listing of NAICS codes) and <http://www.sba.gov/size/indextableof size.html> (provides a listing of SIC codes)
- 49 CFR Part 26 (the rules and regulations governing the DBE Program)

Under Sec. 26.107 of 49 CFR, dated February 2, 1999, if at any time the Department or a recipient has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, the Department may initiate suspension or debarment proceedings against the person or firm under 49 CFR Part 29, take enforcement action under 49 CFR Part 31, Program Fraud and Civil Remedies, and/or refer the matter to the Department of Justice for criminal prosecution under 18 U.S.C. 1001, which prohibits false statements in Federal programs.

Section 1: CERTIFICATION INFORMATION

A. Prior/Other Certifications

Is your firm currently certified for any of the following programs? <i>(If yes, check appropriate box(es))</i>	DBE	Name of Certifying agency:
	Yes ___ No ___	Has your firm's state UCP conducted an on-site visit: Yes, on ___/___/___ State: _____ No ___
	8(a) Yes ___ No ___	
	SDB Yes ___ No ___	

B. Prior/Other Applications and Privileges

Has your firm (under any name) or any of its owners, Board of Directors, officers or management personnel, ever withdrawn an application for any of the programs listed above, or ever been denied certification, decertified or debarred or suspended or otherwise had bidding privileges denied or restricted by any state or local agency or Federal Entity? Yes, on ___/___/___ No ___ If Yes, identify and name state, local or Federal agency and explain the nature of the action:

Section 2: GENERAL INFORMATION

A. Contact Information

(1) Contact Person and Title:		(2) Legal Name of Firm			
(3) Phone #:	(4) Other Phone #:	(5) Fax #:			
(6) E-mail		(7) Website:			
(8) Street Address of Firm (no P.O. Box)		City	County/Parish	State	Zip
(9) Mailing Address of Firm <i>(if different)</i>		City	County/Parish	State	Zip

B. Business Profile

(1) Describe the primary activities of your firm:	(2) Federal Tax ID (if any)
(3) This firm was established on ___/___/___	(4) I/WE have owned this firm since: ___/___/___
(5) 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) _____	
(6) Is your firm "for profit"? <input type="checkbox"/> Yes <input type="checkbox"/> No	STOP! If your firm is NOT for-profit, then you do NOT qualify for this program and do NOT need to fill out this application.
(7) Type of Firm (check all that apply): <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other, Describe: _____	
(8) Has your firm ever existed under different ownership, a different type of ownership or a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain: _____	
(9) Number of Employees: Full-time _____ Part-time _____ Total _____	
(10) Specify the Gross Receipts of the Firm for the Last 3 Years: Year _____ Total Receipts \$ _____ Year _____ Total Receipts \$ _____ Year _____ Total Receipts \$ _____	

C. Relationships with Other Businesses

(1) Is your 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: Other Firm's Name: _____ Explain nature of shared facilities: _____	
(2) At present or at any time in the past has your firm?	(a) Been a subsidiary of any other firm? <input type="checkbox"/> Yes <input type="checkbox"/> No
	(b) Consisted of a partnership in which one or more of the partners are other firms? <input type="checkbox"/> Yes <input type="checkbox"/> No
	(c) Owned any percentage of any other firm? <input type="checkbox"/> Yes <input type="checkbox"/> No
	(d) Had any subsidiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Has any other firm had an ownership interest in your firm at present or at any time in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	

(4) If you answered "Yes" to any of the questions in(2) (a) – (d) and/or (3), identify the following for each (*attach extra sheets, if needed*);

	<u>Name</u>	<u>Address</u>	<u>Type of Business</u>
1.			
2.			
3.			

D. Immediate Family Member Businesses

Do any of your immediate family members own or manage another company? Yes No

If Yes, then list (*attach extra sheets, if needed*):

	<u>Name</u>	<u>Relationship</u>	<u>Company</u>	<u>Type of Business</u>	<u>Own or Manage?</u>
1.					
2.					

Section 3: OWNERSHIP

Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below (*if more than one owner, attach separate sheets for each additional owner*) :

A. Background Information

(1) Names:	(2) Title:	(3) Home Phone #:
(4) Home Address (<i>street and number</i>)		City: State: Zip:
(5) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	(6) U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	(7) Lawfully Admitted Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No

B. Ownership Interest

(1) Number of Years as owner:	(2) Percentage Owned:
(3) Initial Investment to acquire ownership interest in firm to include type and amount (<i>Check all that apply</i>): Cash \$ _____ Real Estate \$ _____ Equipment \$ _____ Other \$ _____	
(4) Familial relationship to other owners:	
(5) Shares of Stock: <u>Number</u> <u>Percentage</u> <u>Class</u> <u>Date Acquired</u> <u>Method Acquired</u>	
(6) Does this owner perform a management or supervisory function for any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify: Name of Business: _____ Function/Title _____	
(7) Does this owner own or work for any other firm(s) that has a relationship with this firm (<i>e.g. ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify: Name of Business: _____ Function/Title _____ Nature of Business Relationship: _____	

C. Economic Disadvantage

(1) What is the Personal Net Worth (PNW) of the owner(s) applying for SBE qualification? *(Use and attach the Personal Financial Statement form at the end of this application: attach additional sheets if more than one owner is applying)*

(2) Has any trust been created for the benefit of this owner? ___ Yes ___ No
If Yes, explain *(attach additional sheets if needed)*;

Section 4: CONTROL

A. Identify your firm’s Officers and Board of Directors *(If additional space is required, attach a separate sheet)*:

	Name	Title	Date Appointed
(1) Officers of the company	(a)		
	(b)		
	(c)		
	(d)		
	(e)		
(2) Board of Directors	(a)		
	(b)		
	(c)		
	(d)		
	(e)		

(3) Do any of the persons listed in (1) and/or (2) above perform a management or supervisory function for any other business? ___ Yes ___ No
If Yes, identify for each person: Name: _____ Title: _____
Business: _____ Function: _____

(4) Do any of the persons listed in (1) and/or (2) above own or work for any other firm(s) that has a relationship with this firm *(e.g. ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)*? ___ Yes ___ No
If Yes, identify: Firm Name: _____ Person: _____
Nature of Business Relationship: _____

B. Identify your firm’s management personnel who control your firm in the following areas *(if more than two persons, attach a separate sheet)*:

	Name	Title
(1) Financial Decisions		
(2) Estimating and bidding		
(3) Negotiating and Contract Execution		
(4) Hiring & Firing Management Personnel		
(5) Field /Production Operations		
(6) Office Management		

(7) Marketing/Sales		
(8) Purchasing Major Equipment		
(9) Authorized to Sign Company Checks		
(10) Authorized to Make Financial Transactions		
(11) Do any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business ___ Yea ___ No If Yes, identify for each person: Name: _____ Title: _____ Business: _____ Function: _____		
(12) Do any of the persons listed in (1) through (10) above own or work for any other firm's that has a relationship with this firm ((e.g. ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)? ___ Yes ___ No If Yes, identify: Firm Name: _____ Person _____ Nature of Business Relationship: _____		

C. Indicate your firm's inventory in the following categories (attach additional sheets if needed):

(1) Equipment

Type of Equipment	Make/Model	Current Value	Owned or Leased?
(a)			
(b)			
(c)			

(2) Vehicles

Type of Equipment	Make/Model	Current Value	Owned or Leased?
(a)			
(b)			
(c)			

(3) Office Space

Street Address	Owned or Leased	Current Value of Property or Lease
(a)		
(b)		

(4) Storage Space

Street Address	Owned or Leased	Current Value of Property or Lease
(a)		
(b)		

D. Does your firm rely on any other firm for management functions or employee payroll? ___ Yes ___ No

If Yes, explain:

E. Financial Information

(1) Banking Information: (a) Name of Bank _____ (b) Phone no: () _____ (c) Address of Bank _____ City: _____ State _____ Zip _____					
(2) Bonding Information: If you have bonding capacity, identify: (a) Binder No: _____ (b) Name of Agent/Broker _____ (c) Address of Agent/Broker _____ City: _____ State: _____ Zip: _____ (d) Phone No: () _____ (e) Bonding Limit: Aggregate \$ _____ Project \$ _____					

F. Identify all sources, amounts, and purposes of money loaned to your firm, including the names of any persons or firms securing the loan, if other than the listed owner:

Name of Source	Address of Source	Name of Person Securing the Loan	Original Amount	Current Balance	Purpose of Loan
1.					
2.					
3.					

G. List all contributions or transfers of assets to/from your firm and to/from any of its owners over the past two years (attach additional sheets if needed):

Contribution/Asset	Dollar Value	From Whom Transferred	To Whom Transferred	Relationship	Date of Transfer
1.					
2.					
3.					

H. List current licenses/permits held by any owner and/or employee of your firm (e.g. contractor, engineer, architect, etc. (attach additional sheets if needed) :

Name of License/Permit Holder	Type of License/Permit	Expiration Date	License Number and State
1.			
2.			
3.			

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

Name of Owner/Contractor	Name/Location of Project	Type of Work Performed	Dollar Value of Contract
1.			
2.			
3.			

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

Name of Prime Contractor and Project Number	Location of Project	Type of Work	Project Start Date	Anticipated Completion Date	Dollar Value of Contract
1.					
2.					
3.					

SBE AFFIDAVIT OF CERTIFICATION

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

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 THE APPLICABLE FEDERAL AND STATE LAW.

I _____ (full name printed), 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 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 and affiliations thereof. I recognize that the information submitted in this application is for the purpose of inducing certification approval by a government agency. I understand that a government agency may, by means 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 named firm and its affiliates, inspection of its place(s) of business and equipment, and to permit interviews of its principals, agents and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

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

I acknowledge that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract 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 certify that my personal net worth does not exceed \$1.32 million, and that my ability to compete in the free enterprise system has been impaired due to capital and credit opportunities as compared to others in the same or similar line of business who are not economically disadvantaged. I further certify that my firm meets the Small Business Administration (SBA) business size criteria and the overall gross receipts cap of 49 CFR Part 26.

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

Signature _____ Date _____

Notary Public _____

Commission Expires _____