

Dear Applicant:

Please complete the enclosed application in its entirety so that your business can be considered for certification as a Minority (MBE) and/or Women-owned Business Enterprise (WBE).

This “universal” application is accepted for use when applying for MBE and/or WBE certification by Cook County, the Metropolitan Water Reclamation District of Greater Chicago and the State of Illinois Central Management Services. **NOTE: Each of the listed agencies has its own rules and guidelines for certification. Certification by the City of Chicago does not in any way ensure certification by any other agency.**

Please send your application and all supporting documents to:

City of Chicago
Department of Procurement Services
City Hall - Room 403
121 North LaSalle Street
Chicago, IL 60602-1284

If your application is delivered in person, please direct it to Room 403, City Hall.

Included in the application packet are the following:

- I. The Certification Application (Schedule “A”)
- II. Chapter 2-92, Article IV of the Chicago Municipal Code which establishes the MBE/WBE Procurement Program.
- III. City of Chicago Regulations Governing MBE/WBE Certification.
- IV. A list of “Assist Agencies” that provide support to certification applicants.

Thank you for your interest in the City of Chicago’s MBE/WBE Program. If you have any questions regarding the certification process, please call our INFORMATION DESK AT (312) 742-0766.

Very truly yours,

Lillie Cooper
Director of Certification

LC/
Enclosures

City of Chicago
Department of Procurement Services

Schedule A
Application for
Minority Business Enterprise (MBE)
Women Business Enterprise (WBE)



Richard M. Daley
Mayor

David E. Malone
Chief Procurement Officer

I. You must attach the following documents:

APPLICATION MUST BE SIGNED BY AN AUTHORIZED OFFICER OF THE FIRM AND NOTARIZED.

Real Estate Agreement(s) Lease, Deeds to Property.

Current License(s)

MBE/WBE or SBA 8a Certification(s) or Denial(s)

Evidence of Citizenship or Legal Residency

Documentation Limiting Ownership Rights(if applicable)

Contingent Agreements Affecting Management, Control or Rights of Any Stockholder (if applicable)

Resumes (of Work History) of Owners, Directors and Officers

Resumes (Work History) of Management Employees and Supervisors/Foremen

Title(s) of Automotive Equipment

Equipment Lease Agreement(s)

All Bank Resolutions and/or Bank Signature Cards

Management Service Agreement(s) (if applicable)

Proof of Contribution(s) by Owner(s) to Acquire Stock in Firm or Start Up Capital (i.e., Cancelled Checks

ments)

Current Financial Statements including Balance Sheet(Assets and Liabilities) **plus** Previous two years

ding ALL Attachments and Schedules **plus** previous two years.

Copies of W-2 forms for previous three(3) years for all owners, directors and officials

Copies of ALL Signed Loan Agreements

ces.

Copies of the Cover Page and Executed Signature Page of Three(3) Contracts and/or Purchase

II. CORPORATIONS Must Also Include These Documents:

Articles of Incorporation

Certificate of Incorporation

By-Laws of Corporation

Copies of All Stock Certificates Issued (front & Back) and Stock Ledger

Minutes of First Stockholder's Meeting and/or Corporation's Organizing Minutes

Minutes of First Board of Director's Meeting

Minutes of Stockholder's Meeting documenting election of current Officers

Minutes of Board of Director's Meeting documenting the election of current Directors

III. PARTNERSHIPS Must Also Include These Documents:

Partnership Agreement

Assumed Name Certification or Certificate of Limited Partnership

IV. SOLE PROPRIETORSHIPS Must Also Include:

Assumed Name Certification

SCHEDULE A

If owned, provide proof of ownership.

5. Do you currently have all necessary State and/or City licenses authorizing the firm to legally conduct business in Illinois? [If yes, please submit copies of all licenses or pending applications.

5. Current Licenses: List the firm's local, county, and state active business license(s) and permit(s), (e.g., contractor, registration) as required by law.

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| Name of Qualifying Individual | License Name | Expiration Date | License Number | Any Limitations |
|-------------------------------|--------------|-----------------|----------------|-----------------|
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Submit copies of registration, licenses or certificates

7. Identify all trade associations in which you have membership:

8. Identify all union locals with which you have agreements:

9. Did the firm previously exist under another name? []Yes []No
 If yes, list the former name and identify by name all management personnel (owners, directors, officers) associated with the former firm, and identify if the current firm.

| Previous Firm Name | Firm Management Personnel | Years of Ownership | % of Ownership |
|--------------------|---------------------------|--------------------|----------------|
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10. Indicate if this firm or other firms with any of the same officers, owners, directors or management personnel have certification as a DBE/MBE/WBE or SBA 8a Certified Contractor. Indicate the name of the Certifying authority and date of such

| Name of Firm | Certifying Agency | Date of Last Certification |
|--------------|-------------------|----------------------------|
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Submit copies of all approval letters.

11. Indicate if this firm or other firms with any of the same officers, owners, directors or management personnel have certification or participation as a DBE/MBE/WBE or SBA 8a Certified Contractor. Indicate the name of the agency and date of

| Name of Firm | Denial Agency | Date of Denial |
|--------------|---------------|----------------|
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SCHEDULE A

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Submit copies of Denial(s).

12. Ownership of Firm: Identify all partners, proprietors, and stockholders by name, gender, race/ethnic group, and citizenship status. Refusal to identify the citizenship status of any owners will result in your company being ineligible for consideration for Federal Department of Transportation (USDOT) sponsored projects. For ethnic group use codes: (B) Black/African Americans, (NA) Native Americans, (AP) Asian-Pacific Americans, (AI) Asian-Indian Americans, (W) White Americans.

| Name | US Citizen (Yes/No) | Legal Permanent Resident (Yes/No) | Gender | Race / Ethnic Group | Date of Ownership | % Owned | Voting % |
|------|---------------------|-----------------------------------|--------|---------------------|-------------------|---------|----------|
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WHERE OWNERS ARE THEMSELVES A CORPORATION OR PARTNERSHIP, IDENTIFY OWNERSHIP OF EACH FIRM IN THE ABOVE SPACE.

SUBMIT DETAILED RESUMES OF OWNERS, DIRECTORS AND OFFICERS, PARTNERS AND PROPRIETORS.

SUBMIT PROOF OF CITIZENSHIP/LEGAL PERMANENT RESIDENT STATUS IF BORN OUTSIDE U.S.A. (e.g., Naturalization number or Green Card.) U.S. Citizens should submit a Birth Certificate, Voter's Registration card or Armed Services Discharge papers (DD214)

SUBMIT PROOF OF RACE/ETHNIC GROUP i.e., Birth Certificate, U.S. Passport, Tribal Certificate, Bureau of Census Affairs Card, Armed Services Discharge papers (DD214), Baptismal Certificate or any document providing evidence of ethnicity. **Proof of Disadvantaged Business Enterprise (DBE) status, proof of ethnicity/race is not required.**

Partnerships must submit ANY and ALL Partnership Agreements and/or Assumed Name Certificate.

SOLE PROPRIETORS MUST SUBMIT COPY of ASSUMED NAME CERTIFICATE issued by County Clerk (with name other than your own name).

13. If the firm is a corporation, complete in full, and submit attachments as requested.

A. State the number of shares issued to-date, by class.

| <u>Number of Shares</u> | <u>Class</u> |
|-------------------------|--------------|
| _____ | _____ |
| _____ | _____ |

SUBMIT COPIES OF ALL ISSUED AND CANCELLED STOCK CERTIFICATES (Both sides)

SCHEDULE A

B. Is any stock of the corporation pledged, subject to any lien agreement, or beneficially owned by anyone other than the person whose name it bears? Yes No

If yes, submit ALL such ownership documentation limiting ownership.

C. Is any holder of stock in the corporation of a party to a contingent agreement affecting the management or operation of a corporation or the rights of the holder of any class of stock in the corporation including the sale, transfer, or transferability of stock? Yes No

If yes, submit ALL such documentation and ANY Profit Sharing Agreement.

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14. Complete the following information for each partner, proprietor, stockholder, director, and officer of the firm:

| Title | Name | Check if Director | Gender | Race / Ethnic Group | % of Time Devoted to Business | Home Address |
|----------------|------|-------------------|--------|---------------------|-------------------------------|--------------|
| Chairman | | | | | | |
| President | | | | | | |
| Vice President | | | | | | |
| Secretary | | | | | | |
| Treasurer | | | | | | |
| | | | | | | |
| Director | | | | | | |
| Director | | | | | | |
| Director | | | | | | |

SUBMIT A COPY OF: Articles of Incorporation, By-Laws, Minutes of the FIRST Corporate Organizational Meeting, and Minutes of MOST RECENT Annual Shareholders and Board of Directors Meetings at which the current board members were elected or appointed.

A. Identify any owner or management official (see 13) of the applicant firm who has an ownership interest in any other firm. Provide information as to owner's title, address of firm, percent of ownership and product or service of the other firm.

| Owner / Manager | Name and Address of Other Firm | Title in Other Firm | % of Ownership | Product or Services of Other Firm |
|-----------------|--------------------------------|---------------------|----------------|-----------------------------------|
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B. Identify any owner or management official of the applicant firm who is an employee of or has duties in another firm, business, or agency. Describe the duties of that owner/official in the other firm, giving name and address of firm, also providing the other firm's product or service.

| Name | Duties as Employee in Other Firm | Name and Address of Other Firm | Product or Service of Firm |
|------|----------------------------------|--------------------------------|----------------------------|
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C. Identify any owner or management official of the applicant firm who is or has been an employee of another firm in the last two years.

| Name | Name of Other Firm |
|------|--------------------|
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SCHEDULE A

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D. Identify the Family Relationship among any owners or management officials of the firm.

| Name | Relationship |
|------|--------------|
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E. Identify any current business relationships with any firm identified in 14A, 14B, or 14C, including any affiliates, involving shared space, equipment, financing, or employees.

| Name | Business Relationship |
|------|-----------------------|
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15. Does your business maintain inventory? Yes No
 Description and dollar value of the inventory.

| Description of Inventory | Dollar Value of Inventory |
|--------------------------|---------------------------|
| | \$ |
| | \$ |
| | \$ |

16. List the type and serial number for all equipment owned by your firm.

| Equipment Owned | Serial Number | Quantity |
|-----------------|---------------|----------|
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Submit copies of automotive equipment titles.

A. List equipment leased, rented, or borrowed and list the name of lessor.

| Leased, Rented or Borrowed Equipment | Equipment Source (Lessor) | Contact Person/ Telephone No. |
|--------------------------------------|---------------------------|----------------------------------|
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Submit copies of lease agreement

SCHEDULE A

B. List the contributions of money, equipment, or real estate of each of the owners / shareholders. Detail amounts estments listing only assets actually contributed.

| Name of Owner(s) of Shareholder(s) | Asset(s) Contributed by Owner / Shareholder | Dollar Value | Source of Contribution (e.g., Personal Savings, Joint Assets, Inheritance, Loans, etc.) |
|------------------------------------|---|--------------|---|
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Submit proof of Contribution(s) made by each owner / shareholder.

17. Control of firm: Identify by name, race/ethnic group, gender and length of time those individuals in the firm (owners and non-owners) responsible for day-to-day management and business decisions including, but not limited to those with responsibility in each management area indicated below.

| Decisions | Name | Ethnic Group | Gender | Length of Time |
|--|------|--------------|--------|----------------|
| A. Financing Decisions | | | | |
| 1. Check Signing (Provide a copy of Corporate Resolution or Bank Signature Card(s) for each account) | | | | |
| 2. Signing and co-signing for loans | | | | |
| 3. Acquisition of lines of credit | | | | |
| 4. Surety bonding | | | | |
| 5. Major purchases or acquisitions | | | | |
| 6. Signing contracts | | | | |
| B. Management Decisions: | | | | |
| 1. Estimating | | | | |
| 2. Marketing and Sales Operations | | | | |
| 3. Hiring and firing of management personnel | | | | |
| 4. Hiring and Firing of Non-Management personnel | | | | |
| 5. Supervision of field / production | | | | |
| 6. Supervision of office personnel | | | | |

Submit copies of all bank resolutions and signature cards for all accounts.

Submit detailed resumés and w-2 forms for the previous three years for each person identified above.

C. If any person listed is not an employee or officer of this firm, please identify that person's past or current affiliation with any other firm.

| Name | Name of Firm | Position / Duties | Product or Service of Firm | Years of Affiliation |
|------|--------------|-------------------|----------------------------|----------------------|
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SCHEDULE A

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18. Indicate personnel or firms who provide the following services:
 estimating (an outside firm that prepares costs estimates)

| Name | Address | Contact Person and Telephone No. |
|------|---------|----------------------------------|
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B. Accounting

| Name | Address | Contact Person and Telephone No. |
|------|---------|----------------------------------|
| | | |
| | | |

C. Attorney

| Name | Address | Contact Person and Telephone No. |
|------|---------|----------------------------------|
| | | |
| | | |

D. Financial Institutions

| Name | Address | Contact Person and Telephone No. |
|------|---------|----------------------------------|
| | | |
| | | |

pliers

| Name | Address | Contact Person and Telephone No. |
|------|---------|----------------------------------|
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F. Management or Professional Services

| Name | Address | Contact Person and Telephone No. |
|------|---------|----------------------------------|
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SCHEDULE A

Submit a copy of the Management Service Agreement.

G. Name of Bonding Agency _____
Company Name Address City State Zip

Agent's Name: _____ Telephone No. (_____) _____

Bonding Limit: _____ Single Contract: _____ Aggregate: _____

Submit documentation form bonding agent verifying bonding limits.

19. Identify any amounts of money loaned to your firm, indicating the loan source, date, and amount.

| Loan Source | Address | Date of Loan | Loan Amount |
|-------------|---------|--------------|-------------|
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Submit a signed copy of each loan agreement (front and back side)

A. Identify the source of any letters of credit. _____

Submit copies of initial and current letter of credit.

20. What were the gross receipts of the firm, including all affiliates, for each of the last three fiscal years? Indicate the number of permanent employees for those years.

| Year | Gross Receipts | No. of Full Time Employees | No. of Part Time Employees |
|------|----------------|----------------------------|----------------------------|
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Submit copies of year end balance sheets and profit and loss statements for the past three years, or if a new business, submit a current balance sheet and the most recent individual U.S. tax return.

21. List the three largest contracts completed by your firm in the last three years and the type of work done on these contracts.

| Work Performed, Materials Supplied, or Services Provided by Your Firm | Company Name | Telephone No. and Contact Person | Your Contract Amount |
|---|--------------|----------------------------------|----------------------|
| | | | |
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Submit Copies of contract(s)/ purchase orders.

22. Please state any relevant facts pertinent to the control and structure of this business enterprise.

**ORIGINAL SIGNATURE PAGE
(RETURN ONLY ONE TO EACH AGENCY)**

SCHEDULE A

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Applicant agrees to provide subcontract quotes to more than one prime bidder on Agency Contracts?
 Yes **No**

Applicant agrees, upon request, to provide subcontract quotes to prime contractors' bidding on Agency Contracts? **Yes** **No**

Upon penalty of perjury, the undersigned certifies that he/she is the _____
Type or Print Title

of _____
Type or Print Name of Company

that he or she is authorized by the Company to execute this application in its behalf, that he or she has personal knowledge of the statements made in this application, and that the same are true.

The firm also affirms that the Disadvantaged, Minority or Women interests in the business constitute majority control over business operations. Further, the undersigned agrees to provide written changes in the submitted information within 10 days after the filing of this application and before the work of this firm is completed on any agency awarded contract. The agency must be informed in writing of the change, and failure to do so may result in decertification or denial of certification. The firm must further provide, upon request, information of any work performed on any specified project regarding type of work performed, its duration, amount of payment to the firm, and to permit the audit and examination of books, records and files of the named firm. **ANY MATERIAL MISREPRESENTATION OF INFORMATION IN THIS**

Schedule A

DOCUMENT WILL BE GROUNDS FOR: (1) DENIAL OF CERTIFICATION (2) DECERTIFICATION (3) DEBARMENT (4) TERMINATING ANY CONTRACT WHICH MAY BE AWARDED AND (5) INITIATING ACTION UNDER FEDERAL OR STATE LAWS CONCERNING FALSE STATEMENTS.

For City of Chicago Certification Program:

The undersigned certifies that he/she will cooperate with the Inspector General as provided by Section 2-56-090 of the Chicago Municipal Code as amended, and understands and will abide by all provisions in this chapter.

Signature Title(s)

Firm Name: _____ County: _____ State: _____

Date: _____ Corporate Seal (Where Appropriate)

(Name(s) _____ / _____
to me personally known, who, being duly sworn, did execute the foregoing
affidavit and did so as his or her free act and deed.



(Seal) Notary Public _____ Commission Expires _____

* If the foregoing certification application has been photocopied, verify the accuracy of the photocopied entries by signing each page of the application.

Applicant agrees to provide subcontract quotes to more than one prime bidder on Agency Contracts?
[] Yes [] No

Applicant agrees, upon request, to provide subcontract quotes to prime contractors' bidding on Agency
Contracts? [] Yes [] No

Upon penalty of perjury, the undersigned certifies that he/she is the _____
Type or Print Title
of _____
Type or Print Name of Company

that he or she is authorized by the Company to execute this application in its behalf, that he or she has personal knowledge of the statements made in this application, and that the same are true.

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Schedule A

For City of Chicago Certification Program:

The undersigned certifies that he/she will cooperate with the Inspector General as provided by Section 2-56-090 of the Chicago Municipal Code as amended, and understands and will abide by all provisions in this chapter.

Signature

Title(s)

Firm Name: _____

County: _____

State: _____

Date: _____

Corporate Seal (Where Appropriate)



(Name(s) _____ / _____
to me personally known, who, being duly sworn, did execute the foregoing
affidavit and did so as his or her free act and deed.

(Seal) Notary Public _____

Commission Expires _____

* If the foregoing certification application has been photocopied, verify the accuracy of the photocopied entries by signing each page of the application.

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MINORITY AND WOMEN BUSINESS ORGANIZATIONS

The following organizations provide networking opportunities and technical assistance to minority and women business owners for certification:

ASSIST AGENCIES

Black Contractors United

400 w. 76TH Street Suite 200

Chicago, IL 60620

Attn: Florence Cox, Exec. Director

Phone: (773) 483-4000

Fax: (773) 483-4150

Web: www.blackcontractorsunited.com

Chicago, IL 60605

Attn: Gloria Bell, Exec. Director

Phone: (312) 786-0212

FAX: (312) 786-9079

Web: None

Chicago Minority Business Development Council

11 S. LaSalle Street, Suite 580

Chicago, IL 60603

Attn: Tracye Smith, Exec. Director

Phone (312) 263-0105

FAX: (312) 263-0280

Web: www.cmbdc.org

Federation of Women Contractors

330 S. Wells Street Suite 1110

Chicago, IL 60606

Attn: Sandra Gidley Administrator

And Debbie Smith, Admin.

Phone: (312) 360-1122

FAX: (312) 360-0239

**Hispanic-American Contractors Industry Assoc.
(HACIA)**

901 W. Jackson - Suite 205

Chicago, IL 60607

Schedule A

Attn: Rafael Hernandez, Executive Dir.
Phone: (312) 666-5910
FAX: (312) 666-5692
web: www.hacia.info

Latin American Chamber of Commerce

3512 W. Fullerton
Chicago, IL 60647
Attn: D. Lorenzo Padron, Chairman
Phone: (773) 252-5211
FAX: (773) 252-7065
web: www.latinamericachamberofcommerce.com

Triton College

Small Business Development Center
Room D-104
2000 Fifth Avenue
River Grove, IL 60171
Attn: Geoffrey Barnes, Coordinator
(708) 456-0300 X3593
FAX: (708) 583-3118
web: www.triton.edu

Uptown Center Hull House

4520 N. Beacon
Chicago, IL 60640
Attn: Curt Roeschley
Phone: (773) 561-3500
FAX: (773) 561-3507
web: www.hullhouse.org/edu.htm

Women's Business Development Center

8 S. Michigan Ave. Suite 400
Chicago, IL 60603
Attn: Hedy Ratner, Exec. Director
Phone: (312) 853-3477
FAX: (312) 853-0145
web: www.wbdc.org

Revised 8/1/03

Revised 8/1/03