

CITY OF DAYTON



CITY OF DAYTON PROCUREMENT ENHANCEMENT PROGRAM CERTIFICATION APPLICATION

ADMINISTERED BY THE: CITY OF DAYTON HUMAN RELATIONS COUNCIL (HRC) 371 West Second Street, #100; Dayton, OH 45402; 937.333.1403 www.daytonohio.gov/departments/hrc

It is the policy of the city to promote full and equal business opportunity to all persons doing business with the city. The city must ensure that businesses seeking to participate in contracting and procurement activities with the city are not prevented from doing so on the basis of the race or gender of their owners. The city is committed to ensuring that it is not engaged in passive participation in any form of discrimination. This policy will apply to all expenditures of city public funds, irrespective of source, with the exception of noted exclusions. (City of Dayton Revised Code of General Ordinances)

CITY OF DAYTON
PROCUREMENT ENHANCEMENT PROGRAM
CERTIFICATION APPLICATION

INSTRUCTIONS

This application is used by the City of Dayton, Human Relations Council (HRC) to assist in certifying companies as minority-owned, woman-owned, small business enterprises or local small business enterprise, as defined by Section 35.35 of the City of Dayton Revised Code of General Ordinances (R.C.G.O.).

GENERAL INFORMATION

This program is designed for companies who meet the eligibility requirements. If the Council determines that substantial evidence exists indicating fraud or other unlawful activity has occurred pursuant to City of Dayton R.C.G.O. Section 35.48(A), the matter shall be referred to the appropriate legal authorities for criminal prosecution; and, in the event a conviction or guilty plea is obtained stemming from such criminal prosecution, the business entity and its principals shall be barred from participation in city contracts from a minimum of one year and may be barred permanently from participation in city contracts.

The application form must be complete and include all required documentation. If an incomplete application is received, the form and all supporting documents will be returned to the applicant.

HRC shall make a prompt determination of the certification of all companies.

Applicants shall be so notified within sixty (60) days after receipt by of a complete application and all required documentation.

An on-site visit is required to complete the certification process and shall be scheduled during the sixty day period. If the applicant is unavailable to participate in an on-site review during this period, the processing period will be extended.

The applicant will be required to substantiate all information contained in this application through submittal of supporting documentation as required by HRC. All information divulged or submitted with this application shall be considered CONFIDENTIAL.

Please forward all requested information to:

CITY OF DAYTON
HUMAN RELATIONS COUNCIL (HRC)
Procurement Enhancement Program
Attention: J. Wright
371 West Second Street, #100
Dayton, OH 45402
937.333.1403
www.daytonohio.gov/departments/hrc

DEFINITIONS

Dayton Local Business. A business located within the corporate limits of the city that has filed or paid a payroll or earnings tax in the most recent calendar quarter and is a taxpayer in good standing with the City of Dayton.

Dayton Local Small Business. A business that:

- (a) Is certified by the Executive Director of the Council, or his/her designee, as an MBE, WBE, and/or SBE; and
- (b) Is a Dayton Local Business; and
- (c) Is a general construction contractor, which has annual average gross receipts for each of the preceding three years of not more than \$15,000,000.00; or,
- (d) Is a business engaged in specialty trade and services which has annual average gross revenue for each of the immediately preceding three years of not more than \$5,000,000.00.

Joint venture. An association of two or more persons, partnerships, corporations, and any combination of them, whereby they combine their expertise, property, capital, efforts, skills and knowledge, which is also:

- (a) Comprised of at least one certified MBE, WBE, or SBE;
- (b) Evidenced by a notarized, written agreement executed by all joint venture partners;
- (c) Approved by the Executive Director of the Council, or his/her designee;
- (d) Compliant with any additional criteria established by the council in its policies and procedures; and
- (e) Comprised of member businesses that have either different race ownership, different gender ownership, or both.

Minority group. Any of the following racial or ethnic groups which are referenced in the Second-Generation Disparity Study for the City of Dayton, including:

- (a) African-Americans or Black Americans;
- (b) Hispanic Americans;
- (c) Asian-Americans; and
- (d) Native Americans.

Minority business enterprise ("MBE"). A business:

- (a) Which is at least 51 percent owned by one or more members of one or more minority groups, or, in the case of a publicly held corporation, at least 51 percent of the stock of which is owned by one or more members of one or more minority groups, whose management and daily business operations are controlled by one or more members of one or more minority groups;
- (b) Which, in the case of a general construction contractor, has annual average gross receipts for each of the preceding three years of not more than \$33,500,000.00; or, in the case of a business engaged in a specialty trade and services has annual average gross revenue over each of the immediately preceding three years of not more than \$15,000,000.00; or, in the

- case of a business engaged in goods and services has an annual average employee count of 100 or less;
- (c) Which can demonstrate that the personal net worth of each owner whose ownership and control are relied upon for certification does not exceed \$750,000.00 exclusive of the value of the owner's interest in the MBE and the individual's equity in his or her primary place of residence; and
 - (d) Which has been certified as an MBE by the Executive Director of the Council or his/her designee.

Women business enterprise ("WBE"). A business enterprise:

- (a) Which is at least 51 percent owned by one or more women, or, in the case of a publicly held corporation, 51 percent of the stock of which is owned by one or more women, whose management and daily business operations are controlled by one or more women;
- (b) Which, in the case of a general construction contractor, has annual average gross receipts for each of the preceding three years of not more than \$33,500,000.00; or, in the case of a business engaged in a specialty trade and services has annual average gross revenue over each of the immediately preceding three years of not more than \$15,000,000.00; or, in the case of a business engaged in goods has an annual average employee count of 100 or less;
- (c) Which can demonstrate that the personal net worth of each owner whose ownership and control are relied upon for WBE certification does not exceed \$750,000.00 exclusive of the value of the owner's interest in the WBE and the individual's equity in his or her primary place of residence; and
- (d) Which has been certified as a WBE by the Executive Director of the Council or his/her designee.

Small business enterprise ("SBE"). A business that:

- (a) Is an independent and continuing enterprise for profit, performing a commercially useful function;
- (b) Has been in existence for not less than one year;
- (c) In the case of a general construction contractor, has annual average gross receipts for each of the preceding three years of not more than \$33,500,000.00; or, in the case of a business engaged in a specialty trade and services has annual average gross revenue over each of the immediately preceding three years of not more than \$15,000,000.00; or, in the case of a business engaged in goods and services has an annual average employee count of 100 or less; in determining the average annual gross revenues of a small business enterprise, the Council shall include gross receipts of each of its affiliates. The gross revenue standard shall be adjusted from time to time consistent with the United States Small Business Administration ("SBA") standards for small businesses.
- (d) Certifies that its individual owner(s) whose ownership and control are relied upon for SBE certification has a personal net worth that does not exceed \$750,000.00; and,
- (e) Which has been certified as an SBE by the Executive Director of the Council or his/her designee.

On-site visit-Owner interview at business location consisting or a review of the worksite and verification of application information. There are two types of on-site visits:

1. Scheduled-Prior notification shall be given.
2. Random-may occur anytime without notice, during and subsequent to certification process.

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When answers require additional space, use plain white paper. Properly identify the item referred to by the topic. At the top of each additional answer and exhibit, state the name of the applicant, date of application and topic. Please answer all questions in English as completely as possible. If a particular question does not apply to your business operation, write not applicable (NA) in the space provided. You must include all attachments requested.

COMPANY IS APPLYING FOR CERTIFICATION AS (Check all for which the owner is eligible):

<input type="checkbox"/> MBE, WBE and SBE PROGRAMS and THRESHOLDS <input type="checkbox"/> Construction: Average Annual Receipts of not more than \$33.5 Million <input type="checkbox"/> Services: Average Annual Receipts not more than \$15.0 Million <input type="checkbox"/> Supplies: 100 or less employees Owner's Personal Net Worth: \$750,000 Limit (Excludes ownership equity in the business and individual's primary residence)	<input type="checkbox"/> DAYTON LOCAL SMALL BUSINESS <input type="checkbox"/> Construction: Average Annual Receipts not more than \$15.0 Million <input type="checkbox"/> Services: Average Annual Receipts not more than \$5.0 Million <input type="checkbox"/> Supplies: Average Annual Receipts not more than \$5.0 Million Owner's Personal Net Worth: \$750,000 Limit (Excludes ownership equity in the business and individual's primary residence)
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COMPANY NAME _____

ADDRESS (Number & Street) _____ CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____ E-mail _____

CONTACT PERSON _____ TITLE _____

LIST LOCATION OF ALL ADITONAL FACILITIES

ADDRESS CITY STATE ZIP

Type of business (Check primary function)

Construction Contractor
 Distribution
 Transportation
 Manufacturer
 Service
 Broker
 Professional Service
 Other (Specify) _____

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Commodity Codes (Major products and/or services provided):

Code	Description of product/service
_____	_____
_____	_____
_____	_____

Legal structure

Corporation Partnership Sole Proprietorship
 Other (Specify) _____

Federal I.D. or social security number **Dates of fiscal year (start date – end date)**
_____ FROM: _____ TO: _____

Annual sales for the past three years
Year 1: _____ Year 2: _____ Year 3: _____
Annual Sales: _____ Annual Sales: _____ Annual Sales: _____

Has your company done or is it currently doing business under another name? No Yes
If Yes, give former name: _____

Date your business was established: _____

Type of Acquisition (Check One)

Bought existing business Started business Secured a franchise
 Merger or consolidation Other (Specify) _____

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Identify all owners of the business by name, gender, race and percentage of ownership and control.

NAME	GENDER	RACE	CITIZEN (Yes or No)	% OWNED
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____

Identify all officers of the business by name, gender, race, office and salary.

NAME	GENDER	RACE	OFFICE	SALARY
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____

If your company is less an 100% minority-owned or woman-owned, list the following information:

- A. Capital contributions by minority/woman owner(s) _____ Cash _____ Loan
- B. Capital contributions by non-minority/woman owner(s) _____ Cash _____ Loan
- C. Equipment supplied by minority/woman owner(s) _____
- D. Equipment supplied by non-minority/woman owner(s) _____
- E. Real estate supplied by minority/woman owner(s) _____
- F. Real estate supplied by non-minority/woman owner(s) _____
- G. Area(s) of expertise of minority/woman owner(s) _____
- H. Area(s) of expertise of non-minority/woman owner(s) _____

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How was company started or acquired?

- Cash/Capital (\$ Amount) _____ (submit canceled check(s) or other documents)
- Loan (\$ Amount) _____ (submit loan documentation)
- Gift (explain or submit documentation) _____
- Payment of Services (explain or submit documentation) _____
- Inherited (explain or submit documentation) _____
- Other (Specify) _____

Identify by name, race, gender, title, and job classification, those individuals in the company who Are responsible for day-to-day management and policy decision making, including, but not limited to, those with prime responsibility for: (include owners and non-owners)

	NAME	GENDER	RACE	TITLE
FINANCIAL DECISION	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
SIGNING OF CHECKS	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
PAYROLL	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
PURCHASING	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
OTHER	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
ESTIMATING	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
SALES AND MARKETING	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
HIRING/FIRING OF MANAGEMENT	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
MAJOR PURCHASES	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
SUPERVISION OF FIELD OPERATIONS	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
NEGOTIATING/SIGNING CONTRACTS	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
CREDIT ACQUISITION	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
BONDING AND INSURANCE	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____

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Is any person listed in items above, including spouse and immediate family members, currently or has been previously affiliated or associated in any capacity with any other concern(s) operating in the same or similar type of business as applicants concern?

NO YES (if yes, complete the following):

NAME	BUSINESS NAME	AFFILIATION
_____	_____	_____
_____	_____	_____
_____	_____	_____

If there is a business relationship existing between the applicant and a majority business, does the relationship include shared: (check the items that apply)

Owners Space Financing

Employees (if checked see below) _____

NAME	GENDER	RACE	TITLE
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____

Has your company received certification as a minority business enterprise or female business enterprise from any other agency? NO YES (if yes, complete the following):

Name of Certifying Agency: _____ Date: _____

Name of Certifying Agency: _____ Date: _____

Name of Certifying Agency: _____ Date: _____

Has your company or any other company with any of the same officers been denied certification?

NO YES (if yes, complete the following):

Name of Certifying Agency: _____ Date: _____

CURRENT EMPLOYMENT DATA

Please provide the number of actual employees in the grid under Present Work Force.

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EEO - 1 FORM MAY BE SUBSTITUTED FOR THIS GRID

Statistics Compiled as of (Date): _____
 (MM, d, YYYY)

Present Work Force

Occupations	Total Males	Male Employees					Total Females	Female Employees					Total All Employees
		Minority Groups						Minority Groups					
		Black	Hispanic	Asian/ Pacific Islanders	Am. Indian/ Alaskan Natives	Two or more races		Black	Hispanic	Asian/ Pacific Islanders	Am. Indian/ Alaskan Natives	Two or more races	
Officials and Managers													
Professionals													
Technicians													
Sales Workers													
Office and Clerical													
Craftsmen (Skilled)													
Operatives (Semi-skilled)													
Laborers													
Service Workers													
Total													

Figures for the following classifications shall also be included in the appropriate category above the "Total" line.

Apprentices													
On-the-job Trainees	White Collar												
	Production												

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THE FOLLOWING ATTACHMENTS ARE REQUIRED FOR CERTIFICATION:

1. Three recent contracts
2. Two business credit references (suppliers), include names of companies, contact person and title, address, and telephone number.
3. Copy of licenses required by city or state.
4. Submit evidence of all outstanding loans.
5. Resume of principal (s).
6. Office rental or lease agreements.
7. Bank resolution/signature card.
8. Copies of Bid or Performance Bonds
9. Birth Certificates of minority principal (s).
10. Equipment rental or lease agreements.
11. Listing of all equipment, owned or leased.
12. Vehicles owned and copies of memorandum of title.
13. Dun & Bradstreet number, if any.
14. Proof of capital invested.

SOLE PROPRIETORSHIP

1. Individual Federal Income taxes for the past three (3) years
2. Company's Federal taxes for the past three (3) years (all available if less than 3 years)
3. Company's last financial statement

PARTNERSHIP

1. Individual Federal Income Taxes of partners for the past three (3) years (all available if less than 3 years)
2. Company's Federal taxes for the past three (3) years (all available if less than 3 years)
3. Company's last financial statement
4. Partnership Agreement

CORPORATION

1. Individual Federal Income taxes for the past three (3) years (all available if less than 3 years)
2. Company's Federal taxes for the past three (3) years (all available if less than 3 years)
3. Company's last financial statement
4. Articles of Incorporation (attach copy of certificate from Secretary of State) and Bylaws
5. Copy of Stock Certificate (s) issued
6. Agreements containing options to purchase or otherwise acquire stock
7. Shareholder guarantees for any debt
8. Schedule of advances made to corporations by shareholders for the proceeding three (3) years
9. Minutes of first board or shareholders meeting

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OWNER'S AFFIRMATION AT TIME OF APPLICATION

Read the following paragraphs carefully! Your signature on this application indicates acceptance and understanding of the conditions.

- ✓ OMISSION of information may be cause for this application not receiving timely and complete consideration.
- ✓ THE CERTIFYING AGENCY RESERVES THE RIGHT to request further information from the applicant prior to certification.
- ✓ APPLICANT AGREES to immediately notify the certifying agency if there is any significant change in the information submitted, including, but not limited to an impact on ownership and/or control.
- ✓ ALL INFORMATION in this application is true and accurate and is submitted for consideration of certification.
- ✓ IF the certifying agency determines that substantial evidence is available which indicates the applicant has committed fraud, the matter shall be referred to the City Attorney for criminal prosecution per the City of Dayton R.C.G.O.
- ✓ IF THE APPLICANT is awarded certification, the applicant agrees to abide by all rules governing their status as may be determined by the certifying agency from time to time.

The undersigned hereby swears, under penalty of law, that all statements made in this application are true.

The undersigned agrees to hold the certifying agency harmless from any claim arising out of this application and agrees to indemnify said agency from any liability in connection with the certification of the applicant.

Company Name _____

Signature _____

Name (Print) _____

Title _____

Date _____

DO NOT WRITE BELOW THIS LINE

APPROVED

DISAPPROVED

MBE

WBE

SBE

LOCAL

HUD3

COMMENTS:

DATE

(Print and Sign Your Name For) HUMAN RELATIONS COUNCIL

CITY OF DAYTON PEP CERTIFICATION APPLICATION



Personal Net Worth Form

(All information will be kept confidential to the extent permitted by Law)

Complete this form for: (1) each proprietor, or (2) each limited partner and each general partner, or (3) each stockholder or (4) any person or entity with ownership in this MBE/SBE/WBE/DLSB. Attach account statements for verification of values.

Name _____ Business Phone _____

Residence Address _____ Residence Phone _____

City, State, & Zip Code _____ E-MAIL ADDRESS _____

Business Name of Applicant/Borrower _____

ASSETS

(Do not include Personal Residence or Investment in the Business (omit cents))

Cash on hands & in Banks _____
 Savings Accounts _____
 IRA or Other Retirement Account _____
 Accounts & Notes Receivable _____
 Life Insurance-Cash Surrender Value Only _____
 Stocks and Bonds (DESCRIBE IN SECTION 3) _____
 Real Estate (DESCRIBE IN SECTION 4) _____
 Automobile-Present Value _____
 Other Personal Property (DESCRIBE IN SECTION 5) _____
 Other Assets (DESCRIBE IN SECTION 5) _____
 TOTAL Assets _____

LIABILITIES (Omit Cents)

Accounts Payable _____
 Notes Payable to Banks and Others (DESCRIBE IN SECTION 2) _____
 Installment Account (Auto) _____
 Mo. Payments _____
 Installment Account (other) _____
 Mo. Payments _____
 Loan on Life Insurance _____
 Mortgages on Real Estate(DESCRIBE IN SECTION 4) _____
 Unpaid Taxes (DESCRIBE IN SECTION 6) _____
 Other Liabilities (DESCRIBE IN SECTION 7) _____
 TOTAL Liabilities _____

Total Net Worth = Assets – Liabilities: _____

Section 1(A): Source of Income

Salary _____
 Net Investment Income _____
 Real Estate Income _____
 Other Income (Describe below)* _____

Section 1 (B): Contingent Liabilities

As Endorser or Co-Maker _____
 Legal Claims & Judgments _____
 Provision for Federal Income Tax _____
 Other Special Debt _____

Description of Other Income in Section 1 (A):

Section 2 Notes Payable to Bank and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Note holder (s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Name of Securities (use NYSE Code of applicable)	Cost Basis	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Section 4. Real Estate Owned. Exclude Primary Residence (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

	Property A	Property B	Property C
Type of Property	_____	_____	_____
Address	_____	_____	_____
Date Purchased	_____	_____	_____
Original Cost	_____	_____	_____
Present Market Value	_____	_____	_____
Name & Address of Mortgage Holder	_____	_____	_____
Mortgage Account Number	_____	_____	_____
Mortgage Balance	_____	_____	_____
Amount of Payment per Month/Year	_____	_____	_____
Status of Mortgage	_____	_____	_____

Section 5. Other Personal Property and Other Assets. Exclude Investment in the Business (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency).

Section 6. Other Liabilities. (Describe in detail).

I authorize the HRC to make inquiries as necessary to verify the accuracy of the statements made and to determine my eligibility for the PEP. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining certification with the City of Dayton PEP. I understand FALSE statements may result in denial/removal of eligibility for certification and possible prosecution for fraud.

The undersigned hereby certifies and affirms, upon personal knowledge, they have read and understand the truth and completeness of the statements herein and understands and acknowledges these statements are for the express purpose of applying for MBE, FBE, SBE, DLSB or Section 3 certification with the City of Dayton, Ohio, and understands that anyone who furnishes false or misleading information or who omits material information hereon may be subject to criminal prosecution and/or civil liability.

Signature **Title in Company** **Date**

PLEASE NOTE: If you have questions, please contact Human Relations Council at (937) 333-1403 or marci.wright@daytonohio.gov.