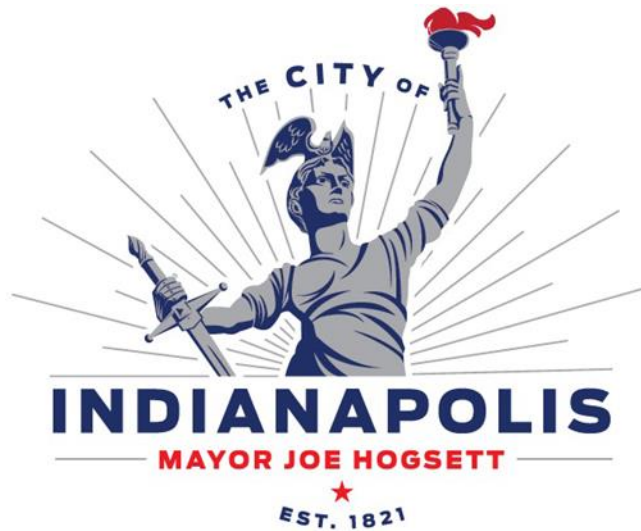


City of Indianapolis

Office of Minority & Women Business Development

Sole Proprietorship Application



Office of Minority & Women Business Development
City-County Building
200 E. Washington Street, Suite 1260
Indianapolis, IN 46204

Phone (317) 327-5262



<https://www.facebook.com/OMWBD>



<https://www.twitter.com/OMWBD>

OFFICE OF MINORITY AND WOMEN BUSINESS DEVELOPMENT

CERTIFICATION INSTRUCTIONS

The City of Indianapolis (City), Office of Minority & Women Business Development (OMWBD) issues City certifications. In general, a certification attests that there is an actual, or potential, business in operation and that the business is owned and controlled, at least 51%, by listed minority, female or person with a disability. The City certifications are issued as Minority Business Enterprise (MBE), or Woman Business Enterprise (WBE), Veterans Business Enterprise (VBE), or a Disability Owned Business Enterprise (DOBE).

Participation in our Certification program is necessary for competing for City projects as a MBE/WBE/VBE/DOBE. City certifications are regulated by the City's MBE/WBE/VBE/DOBE Business Utilization Plan.

The application must be complete. All questions must be answered or marked "N/A" if they do not apply to the applicant firm. It must be signed by the qualifying owner(s) and be notarized. All pertinent additional documentation from the "Document Request" section of the application must be submitted. Firms applying for certification must submit personal income taxes and business tax returns. W-2, W-3, 1099, and 1096 forms from the applicant business to its owners must be submitted for any type of certification.

Once received, certification applications are reviewed for completeness. If the application is incomplete, OMWBD will provide the applicant with notice of what items are missing and a date by which those items must be received. In some cases, we may return the entire application packet for correction. If the application is complete, it is scheduled for an onsite review.

Certification Standards are 49 CFR. These standards are the ones for D/MBE and D/WBE (federal) certification (49 CFR, part 26). The standard for MBE, WBE, VBE, and DOBE (City) certifications are essentially the same except the federal economic and business size standards are not included in the City standards.

On site review is required by the City for any type of certification. The City will conduct or cause to be conducted, an onsite review of certification applicants (headquarters) located in the following Indiana counties:

1. Marion
2. Hamilton
3. Boone
4. Madison
5. Hancock
6. Hendricks
7. Shelby
8. Morgan
9. Johnson

*Any other State of Indiana County must have an onsite conducted by Indiana Department of Transportation (INDOT) or Indiana Department of Administration (IDOA)

INSTRUCTIONS FOR COMPLETING THIS SOLE PROPRIETORSHIP APPLICATION

This booklet is designed to assist in completing the certification Application. Please refer to the question number and the number corresponding to it in this booklet. **Questions that do not apply to your firm should be marked (N/A) in the space provided. All questions must be answered and the requested documents submitted to the office along with the application.** Failure to do this will delay the processing of the application. Failure to answer all questions and/or submit all documentation will result in your application being returned to you.

Please return the completed application and all requested documentation to the address below:

Office of Minority & Women Business Development

City of Indianapolis
Attn: Certification Coordinator
1260-City County Building
200 E. Washington St.
Indianapolis, IN 46204

Question 1: Name of firm (D/B/A, if appropriate). Also attach a copy of your assumed business name (if any).

Question 2: Main address of firm (Principal Place of Business). This should be the address of the main corporate office. P.O. Box numbers alone are not acceptable. Additional offices should be listed on a separate document. (Indiana Domiciled/Headquarters)

Question 3: Person who the Office can contact for answers about the application.

Question 4: Main business telephone including area code, fax number, email, and web site.

Question 5 (A): Place an "X" in the space in front of the type of firm that is applying for certification. **(B):** The number of hours per week the owner is present at the principal place of business (Headquarters).

Question 6 (A): Date the **firm** was established. **(B):** Date when current owners purchased the majority ownership. **(C):** Answer as indicated.

Question 7 (A): Provide information requested. **(B):** If firm is certified by other governmental agencies, attach a copy of the certification **(C):** Answer question as indicated **(D):** Answer question as indicated.

Question 8: (A): After completing the personal information requested on ownership, place an "X" in the boxes that apply to that individual. You should attach copies of one of the following documents which will prove membership in the ethnic group marked by the "X" (if any changes):

(MBE Ethnicity documents)

- (B): Membership letter or certificate of an ethnic organization
- (C): Tribal certificate (proof of enrollment)
- (D): Bureau of Indian Affairs card
- (E): Birth certificate
- (F): Passport or Naturalization Certificate
- (G): Armed services discharge papers
- (H): Baptismal certificate
- (I): Voter registration card
- (J): Any other government documentation that provides evidence of your ethnicity

The parent company must also meet the City of Indianapolis certification standards to certify a branch office or subsidiary.

City of Indianapolis does not accept certifications/on-sites from national programs, non-profits or paid certification programs.

INSTRUCTIONS FOR COMPLETING THIS APPLICATION *(continued)*

Question 9 (A through D): List individual responsible for the management/control areas indicated. If an area is managed/controlled jointly or more than one person manages an area, please indicate such.

Question 10: Provide information as requested from the signed Corporate Bank Resolution(s) and/or bank account signature card(s).

Question 11: List what types of goods and/or services your firm provides.

Question 12: Provide information as requested. You must provide a copy of all denial and decertification letters received.

Question 13: Provide information as requested (select one).

Question 14: Submit copies of required information. Be sure to identify the individual's name or firm that the license is issued to. If trucking is an area identified, and Interstate or Intrastate Authority is required. Provide a copy of the Authority. Companies that are incorporated and are applying for certification must be registered with the State of Indiana Secretary of State's office, which can be reached at (317) 232-6576.

Question 15: Provide information as requested. You must provide a copy of all denial and decertification letters received.

Question 16: Companies that are incorporated and are applying for certification must be registered with the Marion County Recorder's Office or the State of Indiana Secretary of State's office.

Question 17: To register your business with The City of Indianapolis Purchasing Division visit www.indy.gov/purch. If you have any questions, please call 317-327-4900.

If you have any questions, please contact the Office of Minority and Women Business Development.

Phone: (317) 327 – 5262

YOUR VENDOR REGISTRATION

You can now register with the City of Indianapolis Marion County at (Required):

www.INDY.GOV/PURCH

In City's effort to serve you better, City's Vendor Registration form is now online. You may now complete the form, attach documents, select your commodities, and print a copy for your personal records all online.

For questions, please contact City of Indianapolis/Marion County Purchasing

Office of Finance and Management

Purchasing Division Suite 1522
200 E. Washington St.
Indianapolis, IN 46204

Hours: 8:00-5:00 (M-F)

Phone: (317) 327-4900

www.INDY.GOV/PURCH

APPLICATION FOR SOLE PROPRIETORSHIP CERTIFICATION

NOTE: If after filing this application and prior to the expiration of your certification, there is any change in the ownership and/or management of this firm, you must submit a new Application for Certification.

Which program are you interested in? <input type="checkbox"/> Minority Business Enterprise (MBE) <input type="checkbox"/> Women Business Enterprise (WBE) <input type="checkbox"/> Veteran Business Enterprise (VBE) <input type="checkbox"/> Disability- owned Business Enterprise (DOBE)				City of Indianapolis	
1. Authorized name of firm (including D/B/A)					
2. Street address of firm (P.O. Box number alone is not acceptable)		City	County	State Indiana	ZIP code
Mailing address of firm		City	County	State Indiana	ZIP code
3. Name of contact person				4A. Business telephone number ()	
4B. Facsimile		4C. E-mail address		4D. Business website address	
5A. Is the firm a Sole Proprietorship or Single member LLC? (If no, this application is incorrect contact OMWBD) <input type="checkbox"/> Yes <input type="checkbox"/> No(Contact OMWBD)					
B. How many hours per week are the qualifying principle(s) physically present at the firm Principal place of business(Headquarters)?					
6A. Date business was established (month, day year)		B. Date current owner(s) purchased the majority ownership of the firm (month, day, year)		C. Has your 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	
7. Identification Numbers and Certification:					
A. Federal Identification number		B. Is this firm currently certified as a MBE, WBE, VBE, or DOBE with any other entity? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, attach a copy of Certification.</i>			
C. Is the company domiciled in the state of Indiana (Headquarters)? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "No" Contact OMWBD before submitting)				D. Have you had an on-site visit within the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Ownership Identify all individuals or holding companies and list their cash, equipment and/or real estate investment in the firm. (If additional space is required, submit an attached sheet.)					
Name			Home telephone number ()		
Home address (street and number)		City	State Indiana	ZIP code	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnic group <input type="checkbox"/> Black <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Native American <input type="checkbox"/> Asian Indian <input type="checkbox"/> Caucasian <input type="checkbox"/> Other (explain)		Initial investment to acquire ownership interest in firm:		
Number of years owned	Salary: \$ _____		Type		Dollar Value
Percentage owned 100 %			Dollars	\$	
U.S. citizen (Permanent Resident) <input type="checkbox"/> Yes <input type="checkbox"/> No			Real Estate	\$	
			Equipment	\$	
9. Indicate management personnel who controls the firm in the following areas.					
A. Financial Decision: (responsibility for check signing, acquisition of lines of credit, surety bonding, supplies, etc.)					
Name		Title		Ethnicity	Sex
B. Hiring/firing of management personnel:					
Name		Title		Ethnicity	Sex
C. Contract signature authority: (contract execution, bid submission)					
Name		Title		Ethnicity	Sex
D. Purchasing of major equipment:					
Name		Title		Ethnicity	Sex

10. Financial Information: A. Provide the following banking information:			
Name of bank		Who is on the bank signatory /authorization card for this company:	
Address of bank (<i>number and street, city, state, and ZIP code</i>)		Telephone number ()	
11. List type of work firm has performed or desires to perform under certification. (<i>Be very thorough.</i>)			
12. Your firms structure and local zoning (please include any zoning classification, approval, or decision letter issued by a city agency): <input type="checkbox"/> Residential (in-home) <input type="checkbox"/> Office (suite) <input type="checkbox"/> Commercial (online) <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Warehouse <input type="checkbox"/> Showroom <input type="checkbox"/> Mobile <input type="checkbox"/> Other _____			
13. Indicate the trade in which your business is engaged: <input type="checkbox"/> Construction <input type="checkbox"/> Retail <input type="checkbox"/> Supplier / Distributor <input type="checkbox"/> Manufacturer <input type="checkbox"/> Service <input type="checkbox"/> Broker <input type="checkbox"/> Other: _____			
14. Current licenses (<i>e.g. contractor, engineer, architect, ICC, etc.</i>)(<i>Qualifying M/W/V/DOBE owner(s) must possess the Licenses & Certificates required- if any in this trade</i>)			
Name of Individual or Firm	Name of License	Date of License (<i>month, day, year</i>)	Number
15. Has this firm or any of its owners, directors, officers or management personnel been denied or decertified as a DBE, MBE, WBE, VBE, or DOBE before by any agency in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, indicate the state, the name of the agency and the date.</i>			
State	Name of agency		Date (<i>month, day year</i>)
16. Is your business registered with the County Recorder's Office or Indiana Secretary of State? (attach copy) <input type="checkbox"/> Yes <input type="checkbox"/> No		17. Have you registered your business with the City of Indianapolis Purchasing Division? <input type="checkbox"/> Yes <input type="checkbox"/> No	

AFFIDAVIT OF CERTIFICATION	
<p>The undersigned swears or affirms that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations of _____ as well as the ownership thereof.</p> <p style="text-align: center;"><i>(name of firm)</i></p> <p>Any misrepresentation will be grounds for terminating any contract which may be awarded, to initiate action under federal, state, or local laws concerning false statements, or the denial of re - certification.</p> <p>The Affidavit must be signed by the President, Chief Executive Officer, or the highest qualifying member/owner of the firm:</p>	
Signature of owner, officer or partner	Date Signed (<i>Month, day, year</i>)
NOTARY CERTIFICATE	
<p>STATE OF _____</p> <p>COUNTY OF _____</p> <p>Subscribed and sworn to before me this _____ day of _____, 20_____</p>	
Signature of Notary Public	Printed or typed name of Notary Public

CHECKLIST

The following information **(copies)** must be attached to your application. Missing Failure to submit all appropriate documentation or incomplete information will delay the processing of your application.

ALL

- ☐ Work experience resumes that include places of ownership/employment and corresponding dates of owner;
- ☐ Birth certificate of owner, ethnic documentation, passport, naturalization certification of owner, tribal cards; (for MBE applicants)
- ☐ State issued identification card or driver's license;
- ☐ Entire copy of business tax return for the last 3 years;
- ☐ Relevant professional license(s) if any;
- ☐ Bank Authorization and Signatory cards;
- ☐ Register as a vendor with the City's Purchasing Division on www.indy.gov/purch (required for all)

Sole Proprietorship

- ☐ Assumed name, fictitious name, or other registration certificate from appropriate governmental agency (if any)

Disability Owned Business Enterprise (DOBE)

- ☐ Affidavit of ADA Disability from the Office of Minority & Women Business Development

Veteran Business Enterprise (VBE)

- ☐ DD-214 (honorable discharge)

*Additional documents may be requested after a desk review.

For a full version of the Certification Standards see: Federal Regulations 49 CFR & City of Indianapolis Utilization Plan

Please return this completed application by mail with all supporting documentation to:

Office of Minority & Women Business Development
Attn: Certification Coordinator
City-County Building
200 E. Washington Street Suite 1260
Indianapolis, Indiana 46204