



CITY OF PHILADELPHIA

MINORITY BUSINESS ENTERPRISE COUNCIL

Municipal Services Building
1401 John F. Kennedy Boulevard, Room 330
Philadelphia, PA 19102
Telephone: (215) 686-MBEC
Fax: (215) 686-3878

Dear Applicant:

The Minority Business Enterprise Council ("MBEC") is the certifying agency for the City of Philadelphia. Only those minority (MDBE), woman (WDBE) and disabled (DSDBE) owned, disadvantaged business enterprises which have been certified by the MBEC may have their participation credited toward the City's contract ranges.

Businesses interested in participating on federally-assisted and federally-funded projects to meet goals or ranges should be certified by the MBEC; or another DOT (Department of Transportation) approved certifying agency as a disadvantaged business enterprise (DBE), pursuant to 49 CFR Part 26.

Enclosed is the MBEC's DBE Disclosure Affidavit (including "Personal Financial Statement"). These forms will be used to determine your eligibility for certification based on the above referenced criteria. You must complete these forms and submit the **required additional documents listed on Page 12** of this package, in order to be considered for certification. **INCOMPLETE APPLICATIONS, WITHOUT DOCUMENTS, WILL NOT BE REVIEWED AND WILL BE RETURNED TO THE APPLICANT.**

Send the original notarized DBE Disclosure Affidavit, along with copies of all required documents to: Minority Business Enterprise Council, Attention: Certification Unit, Municipal Services Building, 1401 John F. Kennedy Boulevard, Room 330, Philadelphia, PA 19102-1666.

When a **completed** DBE Disclosure Affidavit, including **all** required information and documents are received by the MBEC, the certification process will begin. Please call (215) 686-MBEC if you have questions.

PLEASE DO NOT BIND THE APPLICATION OR DOCUMENTS: USE A LOOSE LEAF BINDER, PREFERABLY.

Sincerely,

The Certification Unit of the MBEC

Enclosure

Please note: All firms located outside of Pennsylvania, must obtain certification from a U.S. Department of Transportation (US DOT) certifying agency in their home state, before seeking certification with the City of Philadelphia.

PROPRIETORSHIP

I. GENERAL INFORMATION

NAME OF BUSINESS		DATE BUSINESS ESTABLISHED
ADDRESS		BUSINESS TELEPHONE NO. (Include Area Code) ()
		FAX NUMBER (Include Area Code) ()
CITY	STATE	ZIP CODE
HOME ADDRESS (IF DIFFERENT FROM BUSINESS)		HOME TELEPHONE NO. (Include Area Code) ()
CONTACT PERSON (NAME)		TITLE
DESCRIBE SERVICE OR PRODUCT		E-MAIL ADDRESS

INDICATE THE NORTH AMERICAN INDUSTRY CLASSIFICATION (NAICS) CODES FOR THE TYPES OF PRODUCTS/SERVICE YOUR FIRM CAN PROVIDE.

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CONTROLLING INTEREST (CHECK THE APPROPRIATE BOXES):

- DISABLED - PLEASE COMPLETE PAGE 10
 FEMALE
 AFRO AMERICAN
 HISPANIC-AMERICAN _____ (NATIONAL ORIGIN)
 UNITED STATES CITIZEN
- ASIAN-INDIAN AMERICAN
 NATIVE AMERICAN _____ TRIBAL AFFILIATION _____ TRIBAL ROLL NO.
 ASIAN-PACIFIC AMERICAN _____
 LAWFUL PERMANENT RESIDENT

BUSINESS PRIVILEGE TAX NUMBER	EMPLOYER I.D. NO./SOCIAL SECURITY NUMBER
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II. OWNERSHIP INFORMATION

A. PROPRIETORSHIP

2. IDENTIFY ALL OWNERS AND THEIR PERCENTAGE OF OWNERSHIP: (USE SEPARATE SHEET IF NEEDED)

NAME	RACE/ETHNIC GROUP	SEX M/F	DATES ACQUIRED	TOTAL INVESTMENT TO ACQUIRE OWNERSHIP INTEREST IN BUSINESS	TYPE	DOLLAR VALUE

					OTHER (SPECIFY)	
NAME	RACE/ETHNIC GROUP	SEX M/F	DATES ACQUIRED	TOTAL INVESTMENT TO ACQUIRE OWNERSHIP INTEREST IN BUSINESS	TYPE	DOLLAR VALUE

					OTHER (SPECIFY)	

a. DESCRIBE SOURCE OF INVESTMENT LISTED, FOR EACH OWNER/INVESTOR (*PERSONAL SAVINGS, LOANS, ETC.*)

b. IF ANY OWNER/INVESTOR LISTED ABOVE HAS AN OWNERSHIP INTEREST IN ANOTHER COMPANY, IDENTIFY:

c. IS ANY OWNER/INVESTOR LISTED ABOVE A PARTY TO ANY AGREEMENT RELATING TO THE MANAGEMENT OR CONTROL OF THE FIRM, THE RIGHTS OF THE OWNERS/INVESTORS OR THE SALE, TRANSFER OR TRANSFER ABILITY OF ANY ASSETS OF THE FIRM?

YES NO If answer is "YES", describe below all such agreements or, if in writing, attach copies:

d. DO ANY FAMILY RELATIONSHIPS EXIST BETWEEN THE OWNERS/INVENTORS OF THIS BUSINESS? IF SO, PLEASE IDENTIFY BY NAME AND STATE THE NATURE OF THE RELATIONSHIP (*i.e., WIFE/HUSBAND, FATHER/DAUGHTER, MOTHER/SON, ETC.*)

2. IDENTIFY PRIOR OWNERS OF FIRM.

III. OPERATIONS

A. OFFICES

1. IF YOUR BUSINESS OWNS, RENTS, LEASES OR SUBLEASES ANY OFFICE, PLANT, WAREHOUSE, OR YARD SPACE, SPECIFY BELOW AND IDENTIFY THE OWNERS OF THE PROPERTY.

██████████	██████	██████	██████████	██████████	██████████

2. IF OFFICE, PLANT, WAREHOUSE OR YARD SPACE IS SHARED WITH ANY OTHER FIRM(S), IDENTIFY THE OTHER FIRM(S) BELOW:

██████████	██████████	██████████	██████████

3. DOES YOUR BUSINESS OPERATE OUT OF PRIVATE RESIDENCE? IF SO, PLEASE IDENTIFY THE OWNER AND ADDRESS OF RESIDENT:

██████████	██████████

**A. INDICATE ALL PERSONNEL WHO ARE RESPONSIBLE FOR THE FOLLOWING FUNCTIONS:
(IF ADDITIONAL SPACE IS REQUIRED ATTACH ADDITIONAL SHEETS):**

1. FINANCIAL DECISIONS
a. RESPONSIBILITY FOR CHECKING SIGNING:

██████████	██████████	██████████	██████████

b. NEGOTIATING AND SIGNING FOR LINES OF CREDIT, LOANS, SURETY BONDING, AND INSURANCE:

██████████	██████████	██████████	██████████

2. ORDERING MATERIALS (e.g., OFFICE, JOB SITE):

██████████	██████████	██████████	██████████

3. PURCHASING AND /OR LEASING MAJOR EQUIPMENT:

NAME	TITLE	RACE/ETHNIC GROUP	SEX M/F

4. ESTIMATING; PREPARATION OF COST ESTIMATES, BIDS AND CONTRACT NEGOTIATIONS:

NAME	TITLE	RACE/ETHNIC GROUP	SEX M/F

5. EMPLOYMENT DECISIONS; HIRING / FIRING OF OFFICE AND FIELD PERSONNEL:

NAME	TITLE	RACE/ETHNIC GROUP	SEX M/F

6. JOB SITE SUPERVISION

a. SENIOR SUPERVISOR RESPONSIBLE FOR SCHEDULING AND PROJECT MANAGEMENT:

NAME	TITLE	RACE/ETHNIC GROUP	SEX M/F

b. OTHER SUPERVISORS:

NAME	TITLE	RACE/ETHNIC GROUP	SEX M/F

7. CONTRACT SIGNATURE AUTHORITY; RESPONSIBILITY FOR CONTRACT EXECUTION:

NAME	TITLE	RACE/ETHNIC GROUP	SEX M/F

8. OFFICE MANAGEMENT

NAME	TITLE	RACE/ETHNIC GROUP	SEX M/F

9. MARKETING / SALES

NAME	TITLE	RACE/ETHNIC GROUP	SEX M/F

10. ARE ANY OF THE OWNERS, OFFICERS, OR EMPLOYEES OF YOUR BUSINESS EMPLOYED BY ANY OTHER BUSINESS?

YES NO

IF "YES" IDENTIFY THE PERSON, THEIR TITLE, THE NAME OF THE OTHER BUSINESS AND THE PERSON'S FUNCTION IN THE OTHER BUSINESS:

NAME	TITLE	BUSINESS	FUNCTION

a. DOES THE BUSINESS IDENTIFIED ABOVE HAVE ANY TYPE OF RELATIONSHIP WITH YOUR BUSINESS?

(e.g. SHARE OFFICE SPACE, FINANCIAL INVESTMENTS, EQUIPMENT LEASES, SHARED PERSONNEL OR INVENTORY.)

YES NO

IF "YES", STATE THE BUSINESS RELATIONSHIP.

11. IDENTIFY THE NUMBER OF EMPLOYEES IN THE FOLLOWING CATEGORIES:

a. NUMBER OF **FULL-TIME** EMPLOYEES FOR PAST THREE (3) YEARS.

# of Minorities	# of Females	Total # of Employees for the Year
_____	_____	Total # of Employees for the year of _____ (1): _____
_____	_____	Total # of Employees for the year of _____ (2): _____
_____	_____	Total # of Employees for the year of _____ (3): _____

b. NUMBER OF **PART-TIME** EMPLOYEES FOR PAST THREE (3) YEARS.

# of Minorities	# of Females	Total # of Employees for the Year
_____	_____	Total # of Employees for the year of _____ (1): _____
_____	_____	Total # of Employees for the year of _____ (2): _____
_____	_____	Total # of Employees for the year of _____ (3): _____

c. NUMBER OF **SEASONAL** EMPLOYEES FOR PAST THREE (3) YEARS.

# of Minorities	# of Females	Total # of Employees for the Year
_____	_____	Total # of Employees for the year of _____ (1): _____
_____	_____	Total # of Employees for the year of _____ (2): _____
_____	_____	Total # of Employees for the year of _____ (3): _____

V. FINANCIAL INFORMATION

A. LOANS AND CREDITS

1. INDICATE MAJOR CREDIT SOURCE(S) AND AMOUNT(S) OF CAPITAL INVESTED IN YOUR BUSINESS. IDENTIFY FORM OF CAPITAL
(i.e., CASH EQUIPMENT, REAL ESTATE, INVENTORY, AND ANY OTHER(S)):

CREDIT SOURCE OR INVESTOR NAME	AMOUNT	FORM OF CAPITAL

2. WHO PROVIDES THE COLLATERAL FOR LOANS, LINES OF CREDIT AND MAJOR PURCHASES FOR YOUR BUSINESS:

NAME	TITLE	RELATIONSHIP TO BUSINESS

3. DOES YOUR BUSINESS OWE MONEY TO ANY PRINCIPAL OR SPOUSE OF ANY PRINCIPAL? IF YES, IDENTIFY.

NAME	TITLE	AMOUNT	REASON FOR DEBT	DUE DATE

4. PROVIDE THE FOLLOWING BANKING INFORMATION FOR EACH ACCOUNT (i.e., MONEY MARKET, PAYROLL ACCOUNT, ACCOUNTS PAYABLE, CHECKING ACCOUNT, SAVINGS ACCOUNT)

BANK	BANK OFFICER	ADDRESS	TELEPHONE NUMBER

5. IF YOU HAVE BONDING CAPACITY, IDENTIFY AGENT / BROKER, BONDING LIMIT, AND GUARANTOR:

AGENT / BROKER	ADDRESS	TELEPHONE NUMBER	BONDING LIMIT	GUARANTOR

6. LIST CURRENT PROFESSIONAL OR TRADE LICENSES (i.e., CONTRACTOR, ENGINEER, ARCHITECT, ICC, ETC.)

TYPE OF LICENSE	LICENSEE	REGISTRATION NUMBER		

7. SPECIFY GROSS RECEIPTS OF YOUR BUSINESS FOR LAST THREE (3) YEARS:

a. YEAR ENDING: TOTAL RECEIPTS

_____	_____
_____	_____
_____	_____

8. LIST THREE (3) LARGEST CONTRACTS COMPLETED IN PAST THREE (3) YEARS:

1.			
2.			
3.			

9. LIST ALL OF YOUR BUSINESS' CURRENT MAJOR PROJECTS: *(USE SEPARATE SHEET IF NECESSARY)*

PROJECT	DOLLAR AMOUNT	ANTICIPATED COMPLETION DATE	NAME OF ENTITY ISSUING CONTRACT

10. DOES YOUR BUSINESS OWN MAJOR EQUIPMENT?

YES — IF "YES", LIST BELOW *(USE SEPARATE SHEET IF NECESSARY)*. NO

ITEM	DATE ACQUIRED

11. DOES YOUR BUSINESS RENT OR LEASE ANY MAJOR EQUIPMENT?

ITEM	RENT	LEASE	QUANTITY	DATE OF RENTAL OF LEASE AGREEMENT

a. MONTHLY OR ANNUAL RENT OR LEASE PAYMENT FOR EACH ITEM LISTED ABOVE:

(USE SEPARATE SHEET IF NECESSARY)

MONTHLY \$ _____ ANNUAL \$ _____

RENTAL AGENCY: _____ LESSOR: _____

CONTACT: _____ CONTACT: _____

TELEPHONE NUMBER: Area Code () _____ TELEPHONE NUMBER: Area Code () _____

12. DOES ANY OTHER BUSINESS SHARE OR CONTRIBUTE EQUIPMENT, FINANCING OR PERSONNEL TO YOUR COMPANY?

YES — IF "YES", LIST BELOW. NO

NAME OF BUSINESS	ADDRESS	TELEPHONE NUMBER	TYPE OF BUSINESS

13. LIST TWO (2) CURRENT BUSINESS REFERENCES.

NAME

ADDRESS

NAME OF CONTACT

TELEPHONE NO.

NAME

ADDRESS

NAME OF CONTACT

TELEPHONE NO.

14. IDENTIFY PERSONS OR FIRMS WHO PROVIDE THE FOLLOWING SERVICES FOR YOUR BUSINESS:

a. EXTERNAL MANAGEMENT OR TECHNICAL/COMPUTER SERVICE

NAME	ADDRESS	TELEPHONE NUMBER

b. ACCOUNTANT

NAME	ADDRESS	TELEPHONE NUMBER

c. ATTORNEY

NAME	ADDRESS	TELEPHONE NUMBER

d. PRINCIPAL SUPPLIERS (MATERIAL OR EQUIPMENT)

NAME	ADDRESS	TELEPHONE NUMBER

15. SPECIFY PERSONAL ANNUAL INCOME OF EACH MINORITY, WOMAN OR DISABLED OWNER(S) FOR THE PAST THREE (3) YEARS:
(USE SEPARATE SHEETS IF NECESSARY)

NAME	YEAR ENDING	ANNUAL INCOME	NAME	YEAR ENDING	ANNUAL INCOME
(1)		\$	(4)		\$
(2)		\$	(5)		\$
(3)		\$	(6)		\$

16. PREVIOUS APPROVALS / CERTIFICATIONS

a. ARE YOU A SBA 8A CERTIFIED BUSINESS?

NO YES PENDING APPLICATION

b. IS THIS BUSINESS CURRENTLY CERTIFIED BY THE U.S. DEPARTMENT OF TRANSPORTATION (USDOT) OR IN ITS OWN STATE AS A DBE, MBE OR WBE?

NO YES PENDING APPLICATION _____
IDENTIFY STATE

c. IS THIS BUSINESS CURRENTLY CERTIFIED AS A DBE, MBE OR WBE BY ANY OTHER FEDERAL, STATE OR LOCAL AGENCY?

NO YES PENDING APPLICATION _____
IDENTIFY AGENCY

d. HAS THIS BUSINESS OR ANY OF ITS OWNERS, DIRECTORS, OFFICERS, OR MANAGEMENT PERSONNEL BEEN DENIED CERTIFICATION OR BECOME DECERTIFIED AS A DBE, MBE, OR WBE BY ANY AGENCY?

NO YES IF "YES" PROVIDE EXPLANATION ON SEPARATE SHEET.

The undersigned does hereby swear that the foregoing statements are true and correct and include all material information necessary to identify and explain the social and economic disadvantage of its owners and the ownership and control of

(NAME OF BUSINESS)

Further, the undersigned does covenant and agree to provide the City of Philadelphia, through the prime contractor, current, complete and accurate information regarding actual work performed on any project on which it works, the payment therefore and any proposed changes in any of the arrangements hereinabove stated and to permit the audit and examination of books, records and files of:

(NAME OF BUSINESS)

by authorized representatives of the City of Philadelphia. It is recognized and acknowledged that the statements herein are being given under oath and any material misrepresentation will be grounds for not awarding or terminating any contract which may be awarded in reliance hereon. It is further understood that engaging in any deceptive conduct for the purpose of obtaining or retaining this certification is punishable as a felony of the third degree under 18 Pa. C.S.A. '4107.2.

SIGNATURE OF FIRM'S AUTHORIZED REPRESENTATIVE

TITLE

DATE

State of _____ :

County (City) of _____ :

On this _____ day of _____ 20 _____ , before me, appeared _____ , the undersigned officer, personally in the foregoing affidavit and acknowledged that he (she) executed the same in the capacity therein stated and for the purposes therein contained.

In witness whereof, I hereto set my hand and official seal.

NOTARY PUBLIC

My commission Expires _____ (SEAL)

Please note: According to the Pennsylvania Association of Notaries (PAN) it is a conflict of interest for anyone to act as a notary who has a direct interest in the document or Business which is to be notarized.

DISABILITY AFFIDAVIT

The applicant for certification as a disabled owned business is required to show that the following conditions exist for each disabled owner of the firm:

- (1) The presence of a medically recognized physical or mental impairment which substantially limits one or more major life activities.
 - (a) A medically recognized physical or mental impairment means any orthopedic deformity or functional impairment such as muscular dystrophy; spinal cord injuries; absence or amputation of major and minor members; visual impairments; hearing impairments; mental, psychoneurotic and personality disorders; and other physiological disorders affecting the neurological, musculoskeletal, genitourinary, skin and cellular tissue, respiratory, cardiovascular, hemic and lymphatic, endocrine and digestive body systems.
 - (b) Major life activities means functions, such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. The disabled business owner's substantial functional limitations must be a result of his or her physical or mental impairment. The existence of a physical or mental impairment alone, without substantial and continuing functional limitations as a result of the impairment, would not satisfy the requirements for certification.

TO BE COMPLETED BY PHYSICIAN			
Name Of Patient	ICD—CM Diagnoses Code(s)	Date Of Onset Of Disability <u>Mo.</u> <u>Day</u> <u>Year</u>	Date Patient First Consulted You <u>Mo.</u> <u>Day</u> <u>Year</u>

Please type a description, in detail, of any substantial and continuing functional limitations resulting from the diagnosed disability. Submit with physician's signature.

I certify that all the above statements are true and correct and am notified that the submission of false information by me is subject to the penalties of 18 Pa. C.S.A. §4904 relating to unsworn falsification to authorities.

Signature of Physician Date

Tax I.D. No. _____

BUSINESS PLAN FORMAT

INSTRUCTIONS:

Prepare a concise but clear response to items I through IX below. The purpose of this section of the certification application (*Disclosure Affidavit*) is to give the Minority Business Enterprise Council an overview as to how you plan to develop and operate your firm.

Please note: The information given below is a guide to use if you do not already have a business plan. Please ***do not write on this page.*** You are encouraged to develop your own plan and submit it to us.

I. PRODUCT DEFINITION:

Describe what you plan to sell or the type of service you propose to provide.

II. TRADE AREA:

Describe where you plan to conduct business, (*i.e., City, State, etc.*).

III. MARKET ASSESSMENT:

Describe what need there is for your type of business or services and describe how you plan to capture this market.

IV. TRADE AREA CUSTOMERS:

Who will buy your product or service? Explain.

V. COMPETITION:

Explain who you view as your competitor and how you plan to overcome the competition.

VI. KEYS TO COMPETITIVE SUCCESS:

Describe what you will do differently from your competitors.

VII. MARKET CAPTURE STRATEGY:

Describe how you plan to get your share of the business.

VIII. ESTIMATED BUSINESS SALES:

State how much business you plan to do and how much money you propose to make in two (2) years.

IX. FINANCIAL RESOURCES FOR OPERATION OF BUSINESS:

State the amount of money on hand to do business, and other capital resources available to you.

- A. Business Assets/Liabilities
- B. Lines of Credit
- C. Personal Assets/Cash Support
- D. Source of Funds/Credit

INSTRUCTIONS FOR COMPLETING THIS AFFIDAVIT:

- This affidavit should be submitted as an original. All submitted documents should be **copies only**.
- If there is more than one person completing the Personal Financial Statement form, please make copies of the blank form, then have each person fill in and submit their information.
- Submit **complete** personal and company tax returns, including all W-2s, schedules, etc.

All incomplete affidavits and/or affidavits missing documentation will be returned without processing.

Submit the following documents (*and any amendments thereto*) with this affidavit:

FOR A PROPRIETORSHIP

- a. Last three years' financial statement prepared by an independent CPA or accountant, or current Financial Statement if less than three (3) years in operation.
- b. Personal financial statement. (Enclosed)
- c. Prior three years complete personal income tax returns, including all Schedule "C"s' and W-2 Forms for each owner.
- d. Resumes of each owner of the company showing education, training and employment experience; include dates.
- e. Copy of current Philadelphia Business Privilege License or Business Tax Number, for Philadelphia Businesses.
- f. Copy of firm's insurance certificate(s).
- g. Business Plan (*Outline attached*) for firms operating less than 18 months.
- h. Proof of capital contribution(s) to company by principals (*e.g., cancelled checks*).
- i. Copy of rental/lease agreement of office space, plant, warehouse or yard space.
- j. Copy of certification letter from other agencies.
- k. Fictitious Name Registration if required.
- l. If other than African American or Female, proof of minority status (*Birth certificate or naturalization*).
- m. Buy-out Rights of Agreements.
- n. Copy of written pledges, liens, agreements or ownership conditions.
- o. Copy of bank resolution and/or bank signature card.
- p. Equipment rentals and/or purchase agreements.
- q. Copy of payroll summary (*give yearly salaries including social security numbers and titles of full-time, part-time and seasonal employees*).
- r. If other than a U.S. citizen, proof of lawful permanent resident status.
- s. List of Clients

FOR RECERTIFICATION SUBMIT THE FOLLOWING

- a. Last three years' financial statement prepared by an independent CPA or accountant, or current financial statement if less than three (3) years' operational.
- b. Personal financial statement.
- c. Prior three years complete personal income tax returns, including all Schedule "C"s' and W-2 Forms for each owner.
- d. Copy of current Philadelphia Business Privilege License or Business Tax Number.
- e. Copy of firm's insurance certificate(s).
- f. Copy of rental/lease agreement of plant, office space, warehouse or yard space.
- g. Copy of certification letter from other agencies.
- h. Copy of written pledges, liens, agreements or ownership conditions.
- i. Copy of equipment rentals and/or purchase agreements.
- j. Copy of payroll summary (*including full-time, part-time and seasonal employees*).

The Minority Business Enterprise Council reserves the right to request any additional information deemed pertinent to the certification review of your firm and may request an inspection of your place of business. In addition, you may be requested to attend an interview at the MBEC Staff Office.

NOTE: ALL INCOMPLETE APPLICATIONS WILL BE RETURNED IMMEDIATELY.