



# **EQUAL BUSINESS OPPORTUNITY PROGRAM**

**Certification Component**

# CITY OF KNOXVILLE

## CERTIFICATION PROGRAM

### PURPOSE:

The M/W/SBE certification process is designed to identify Minority and Women business owners negotiating (or desiring to negotiate) sales, services, and contracts with the City. The designation of Minority/Women Business Development (M/W/SBE) is necessary for evaluating the participation of these firms in City contract activity, and for calculating the percentage of construction, procurement and sales awarded annually to M/W/SBE's. The City will verify ownership and control by gender and ethnic background.

- ▶ M/W/SBE certification is voluntary for business owners, is not a prerequisite for bid activity or awards; but required for participation in the City's M/W/SBE Program. Contracts and sales negotiated by certified M/W/SBE's will be analyzed and reported annually.
- ▶ Certification verifies ownership, control, and management responsibilities to assure that possible benefits of the M/W/SBE Program are available to minority and women business owners interested in improving their City contracts.

### CRITERIA AND DEFINITIONS:

The necessary ownership criteria is established at a minimum of 51% of all corporate assets and liabilities vested in the minority or woman owner(s). Small Business Owners will be evaluated by SBA guidelines. The minority or woman must be in control of day-to-day operations of their business.

Owner(s) must be U.S. citizen(s).

All licenses must be in the minority and/or woman or Small Business owner(s) name.

Orientation session which explains the City's bidding procedures, requirements, practices, and contracts will be available for firms seeking certification.

- ▶ Firms seeking certification must complete the Business Profile form of which lists annual gross receipts computed over a three-year period as well as other pertinent information. There will be a one-year wait (before seeking certification) for firms that were previously majority owned.
- ▶ Minority group status is defined as Black American, Native American, Hispanic American, and Asian-Indian American, and Asian-Pacific Islander. Small Business is defined by SBA criteria.

### DISCLOSURES:

All information provided by business owners will be accepted as statements of fact. Ownership and management control will be verified which may request assistance from local, state, and federal resources. Failure to provide accurate information will result in denial of City certification. All applicants will submit reference letters with the application materials.

### PROCESS:

Partnerships and corporations presenting minority or woman ownership at 51% may be interviewed in determining management/control responsibilities of the business.

- ▶ M/W/SBE status assigned to business owners by Federal, State, or local municipalities should be included in the application submitted to the City. Current M/W/SBE status granted by Municipalities and Federal agencies will be considered in its review of applicant files.

Incomplete applications will not be processed.

Certification is valid for one year from date certified.

A certified business may make application for renewal using forms provided by the City forty-five days prior to the expiration date of the present certification.

- ▶ The City reserves the right to terminate the application and recertification application process if the required information and documentation is not received within sixty days of the initial request or expiration of certification. Determination of denied certification may be appealed to the committee for review within thirty days of notice.

### BIDDERS/SOURCE LISTS:

- ▶ City certified M/W/SBE's will be placed on the Bidders' Lists according to service and building trades capacity. Notice of all bid and contract opportunities will be provided by the City.
- ▶ The City reserves the right to construct and distribute M/W/SBE bidders' lists and to place on inactive status all firms failing to respond to bid invitations.
- ▶ The Source List is distributed to construction companies bidding as prime contractors for City-sponsored construction projects. To assure maximum opportunity for sub-bid invitations. M/W/SBEs should provide complete descriptions of capacity and capability in the application package. Active M/W/SBE bidding is an important goal of the M/W/SBE Program. M/W/SBE's shall notify the Program Director of circumstances which limit or prevent bidding, including timely response to bid invitations. Failure to notify the, M/W/SBE office of changes in business ownership and/or management control, and to maintain current information in certification files will result in removal from the bidders' source list and may lead to a recommendation to revoke certification.

**MINORITY/WOMEN/SMALL BUSINESS DEVELOPMENT PROGRAM**  
**City of Knoxville**  
**400 Main Street**  
**Knoxville, TN 37902**  
**(865) 215-3867**

DATE: \_\_\_\_\_

**APPLICATION FOR CERTIFICATION**

**Section I**

1. Name of Firm: \_\_\_\_\_

2. Street Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City-State-Zip: \_\_\_\_\_

3. Business Telephone: \_\_\_\_\_ FAX Number: \_\_\_\_\_

<u>Owner(s) Name:</u>	<u>% Ownership:</u>	<u>Race:</u>	<u>Sex:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Is Owner a U.S. Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. Services(s) and/or product(s) you provide. Select at least one, no more than five.

<u>Class Code Number:</u>	<u>Description:</u>
_____	_____
_____	_____
_____	_____
_____	_____

## Section II

1. Date business originally established:      Month:\_\_\_\_\_ Day:\_\_\_\_\_ Year:\_\_\_\_\_
- Date business acquired by current owner: Month:\_\_\_\_\_ Day:\_\_\_\_\_ Year:\_\_\_\_\_
2. If incorporated, list date filed:              Month:\_\_\_\_\_ Day:\_\_\_\_\_ Year:\_\_\_\_\_
3. Check one:    \_\_\_\_\_ Corporation    \_\_\_\_\_ Partnership    \_\_\_\_\_ Sole Proprietor    \_\_\_\_\_ Small Business
4. Ethnicity:  
    \_\_\_\_\_ African American      \_\_\_\_\_ Asian American      \_\_\_\_\_ Hispanic American  
    \_\_\_\_\_ Native American    \_\_\_\_\_ Caucasian Female      \_\_\_\_\_ Other (please specify)
5. Number of employees:    \_\_\_\_\_ Full Time              \_\_\_\_\_ Part Time
6. Is this firm currently certified by SBA as an 8(a) minority contractor? \_\_\_\_\_
7. Has your firm ever been denied certification?              \_\_\_\_\_ Yes              \_\_\_\_\_ No
8. Name of primary banking institution: \_\_\_\_\_
9. Has your firm obtained other M/W/SBE Certification?    \_\_\_\_\_ Yes              \_\_\_\_\_ No  
(Submit copy of letter or certificate)

## Section III

1. County Privilege License Number: \_\_\_\_\_
2. Federal Tax Identification Number: \_\_\_\_\_
3. TN State Professional License Number: \_\_\_\_\_  
    Individual that qualified for Licensing: \_\_\_\_\_
4. Maximum Bonding Level: \_\_\_\_\_  
    Name of Bonding Company and Agent: \_\_\_\_\_  
    Bonding Limit: \_\_\_\_\_

## Section IV

1. Identify individual(s) responsible for day-to-day management and policy-making for the following:

<u>Name</u>	<u>Title</u>	<u>Race</u>	<u>Sex</u>
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Financial: \_\_\_\_\_

Personnel: \_\_\_\_\_

Payroll: \_\_\_\_\_

Loans: \_\_\_\_\_

Policy Development: \_\_\_\_\_

Marketing/Sales: \_\_\_\_\_

Negotiating Contracts: \_\_\_\_\_

Estimating: \_\_\_\_\_

Field Operations: \_\_\_\_\_

Office/Building Space: \_\_\_\_\_

Supplies/Equipment: \_\_\_\_\_

2. List contributions of money, equipment, real estate, or expertise brought to the firm by owner(s).

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## Section V

1. References: (MUST be completed).

	<u>Company</u>	<u>Contact Person</u>	<u>Telephone Number</u>
<u>Credit:</u>	1. _____		
	2. _____		
	3. _____		
	4. _____		
 <u>Business:</u>	1. _____		
	2. _____		
	3. _____		
	4. _____		

2. List Major Equipment:

<u>Type</u>	<u>Quantity</u>	<u>Lease/Own</u>
_____		
_____		
_____		
_____		

3. List projects and/or contracts recently completed or currently underway:

<u>Project</u>	<u>Contact Person</u>	<u>Telephone Number</u>
_____		
_____		
_____		
_____		

4. Highest dollar value of a completed contract and/or project: \_\_\_\_\_

# **AFFIDAVIT**

\*The undersigned swears that the foregoing statements are true and correct and include all material necessary to identify and explain the operations of: \_\_\_\_\_ (Name of Firm) \_\_\_\_\_ as well as the ownership thereof. Further, the undersigned agrees to provide the City current, complete and accurate information regarding actual work performed on the project, the Payment thereof, and any proposed changes, if any, of the foregoing arrangements. Any material misrepresentations will be grounds for any contract which may be awarded and for initiating action under federal or state laws concerning false statements.”

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Title: \_\_\_\_\_

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## **TO BE COMPLETED BY NOTARY PUBLIC**

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 19 \_\_\_\_ BEFORE ME APPEARED  
(NAME) \_\_\_\_\_, TO ME PERSONALLY

KNOWN, WHO, BEING DULY SWORN, DID EXECUTE THE FOREGOING

AFFIDAVIT, AND DID STATE THAT HE/SHE WAS PROPERLY AUTHORIZED BY

(NAME OF FIRM) \_\_\_\_\_ TO EXECUTE THE

AFFIDAVIT AND DID SO AS TO HIS/HER ACT AND DEED

## ***NOTARY SEAL***

NOTARY  
PUBLIC: \_\_\_\_\_

COMMISSION  
EXPIRES: \_\_\_\_\_

Please submit all items that apply to your firm. Any omissions will delay the certification process.

- Resume' of principal owner(s) (ALL FIRMS)
- License(s) (i.e., business, professional, contractors, plumbing, electrical, etc.) (ALL FIRMS)
- Reference Letter(s) (ALL FIRMS)
- Partnership Agreement
- Articles of Incorporation
- Corporate By-Laws
- Stock Certificates(s) issued (front and back) not a specimen copy
- Stock Ledger
- Minutes of Corporate Meeting
- Liability Insurance Certificate and/or Bonding Information
- Bank Signature Card (ALL FIRMS)
- Other Certification Letter(s) and/or Denial(s) Letters (ALL FIRMS)
- 8(a) Certification Letter
- Business Profile (ALL FIRMS)
- Third Party Agreements for Leases, Rentals, Service (ALL FIRMS)
- Proof of authority to do business in the State and/or City (ALL FIRMS)
- Proof of prerequisite expertise, experience necessary to perform within a specific service area, product/commodity line (ALL FIRMS)

**CITY OF KNOXVILLE  
M/W/SBE BUSINESS DEVELOPMENT PROGRAM  
BUSINESS PROFILE**

Date: \_\_\_\_\_

Status: (Check all that apply)

- African American   
  Asian American   
  Hispanic American   
  Native American  
 Woman   
  Small Business   
  Subcontractor   
  Prime Contractor or Vendor

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

License No. & Type: \_\_\_\_\_

Specialty:  
\_\_\_\_\_

Type of Work Typically Subcontracted:

\_\_\_\_\_

#Employees	Gross Annual Receipts:	<input type="checkbox"/> <\$500,000
Full Time:		<input type="checkbox"/> \$500,000 - \$1,000,000
Part Time:		<input type="checkbox"/> >\$1,000,000

Available Equipment: (To be filled out by subcontractors only)

\_\_\_\_\_

Bonding Capability?	___Yes	___No	Bondable Amount _____
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Type Insurance:	_____	Amount _____
	_____	Amount _____
	_____	Amount _____

# BUSINESS PROFILE

**Relevant classes, seminars, certifications, etc.**



**References: (List project names, locations, contact persons for each)**

**Signed:** \_\_\_\_\_

**Title:** \_\_\_\_\_