

Certification Application

INSTRUCTIONS AND PROCESS

This application affords consideration for certification as a Small, Minority or Women Business Enterprise (S/M/WBE) with Palm Beach County's Office of Equal Business Opportunity (OEBO).

Important Points to Remember

- A. The OEBO requires a vendor registration number, which can be obtained from the Palm Beach County Purchasing Department. Your vendor number should be inserted in the designated area of the application. Vendor registration is available online at www.pbcgov.com/purchasing. If you do not have access to the internet, computers are available at the Purchasing Department, 50 S. Military Trail, Suite 110, West Palm Beach, or at any branch of the Palm Beach County Library System. Please call the Purchasing Department at 561-616-6800, if you need assistance. **NOTE: The business name you insert on the application for Small/Minority/Women Business certification must be the same business name you register under as a vendor. If the business names are not the same, the OEBO will not process your application.**
- B. Applications are available in PDF fillable format and can be submitted online or in-person at the OEBO office the address is indicated on the application. Contact the OEBO for more information.
- C. The application must be submitted with all attachments. Additional documentation may be required, please refer to the Certification Required Documentation Checklist for a list of all required documents.
- D. If approved, certification is granted for a term of three (3) years; after which, a recertification application will be necessary. Site visits may be conducted prior to approval or during the term of the three (3) year certification.
- E. The application review process takes up to ninety (90) business days after receipt of the complete application. Failure to submit all information requested will delay the processing.
- F. Upon completion of the review, a certificate of approval or letter of denial will be issued. If approved, your firm will be included in the Directory of Certified Vendors. If denied certification by the OEBO, you are prohibited from reapplying until one year after the date of the denial.
- G. For items on the application are not applicable to your business, you must complete the section with the words "Not Applicable" or the letters "N/A".
- H. **DOCUMENTS NOT IN ENGLISH MUST BE ACCOMPANIED BY A CERTIFIED TRANSLATION.**
- I. All documents submitted to the Office of Equal Business Opportunity are deemed as public record, pursuant to Florida Statute Chapter 119.
- J. **PLEASE CLEARLY LABEL ALL BACK-UP DOCUMENTATION.**
- K. **YOU WILL BE NOTIFIED IN WRITING AS TO THE APPROVAL OR DENIAL OF YOUR APPLICATION.**
- L. **If you need assistance applying for S/M/WBE certification, please contact OEBO at 561-616-6840.**



CERTIFICATION APPLICATION

PLEASE READ CAREFULLY – TYPE OR PRINT – ANSWER ALL QUESTIONS – ATTACH ADDITIONAL/REQUIRED INFORMATION
 FAILURE TO FULLY COMPLETE THIS APPLICATION OR PROVIDE REQUIRED DOCUMENTATION WILL DELAY PROCESSING.
 ONLY FOR PROFIT BUSINESSES ARE ELIGIBLE. OEBO HAS UP TO 90 BUSINESS DAYS TO REVIEW.

PART ONE – GENERAL INFORMATION

PBC Vendor ID No. _____

1. Business Name: _____
 - a. Doing Business As (DBA) (if applicable): _____
 - b. Physical Address (Palm Beach County): _____

 - c. Mailing Address (if different): _____
 - d. Contact Information: Phone: _____ Email: _____
- Website: _____ Fax: _____ Mobile: _____

2. Requested Certification Status: **For S/M/WBE Applicants: Proof of Gender, Ethnicity and/or Tribal Affiliation is required**

- | | | | | |
|---|---|---------------------------------|---|---|
| <input type="checkbox"/> Small Business Enterprise (SBE) | <input type="checkbox"/> Small/Woman Business Enterprise (S/WBE) | <input type="checkbox"/> Male | <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African-American |
| <input type="checkbox"/> Small/Minority Business Enterprise (S/MBE) | <input type="checkbox"/> Small/Minority/Woman Business Enterprise (S/M/WBE) | <input type="checkbox"/> Female | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Native-American |
| | | | <input type="checkbox"/> White (non-Hispanic) | |

3. Business Contact Name: _____ Title: _____

4. How was the business started/acquired by its present owners? (Date Established): _____
- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Started as new | <input type="checkbox"/> Bought existing business | <input type="checkbox"/> Secured Franchise | <input type="checkbox"/> Secured Concession |
| <input type="checkbox"/> Merger/Consolidation | <input type="checkbox"/> Other (Specify) _____ | | |

5. Is the principal owner a citizen of the United States of America? [] YES [] NO
 If NO, is the principal owner a permanent lawful resident of the United States? [] YES [] NO

6. Business Structure and Categories (check what applies-proof is required):
- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Partnership | <input type="checkbox"/> Construction | <input type="checkbox"/> Goods |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Company (LLC) | <input type="checkbox"/> Professional Services (CCNA) | <input type="checkbox"/> Professional Services (Non-CCNA) |
| | | | <input type="checkbox"/> Other Services _____ |

7. List the NIGP commodity codes registered with the Purchasing Department (See #15 on Required Document List) :

PART TWO– OWNERSHIP AND CONTROL

8. Please identify the firm's/company's ownership:

Race/Ethnicity/Gender Codes: (A) Asian American; (B) Black /African-American; (H) Hispanic American; (N) Native American; (W) White Non-Hispanic; (M) Male; (F) Female

	Owner Name	Race/Ethnicity	Gender	Years of Ownership	Ownership Percentage
1.					
2.					
3.					

9. Provide name of licensed individual(s) and type of license/certification necessary for the business. (Submit a copy of all licenses with application).

Name of license holder	Type of License/Certificate	License/Certificate Number	Expiration Date

10. Please provide a list of all subsidiary and/or affiliated companies: _____

11. Provide the following information regarding your company's current insurance and bonding capacity, if applicable.

- a. Bonding Agent: _____ Bonding Capacity: _____
 b. Insurance Carrier: _____ Insurance Limits: _____

12. Identify those individuals in the firm/business, by name and title (including owners and non-owners) who are responsible for the following day to day operations of the applicant business:

Operation	Name	Title
Financial Decisions		
Management Decisions		
Estimating		
Personnel/Hiring - Firing		
Purchasing supplies		
Field Operations Supervisor		
Signing of Contracts		

CERTIFICATION REQUIRED DOCUMENTS CHECKLIST

A written explanation on company letterhead is required for all documents that are not submitted but are applicable to your business. The OEBO reserves the right to request additional information and conduct on-site visits during the certification process. Please note that all documents submitted will become public record. A cursory review of your application is available upon request. **If you do not wish to have your taxes as a part of the public record, you may request to have them reviewed by an OEBO Small Business Specialist.** You may contact the office at 561.616.6840 to schedule an appointment.

FOR ALL APPLICANTS (in addition to your business structure below)

1. Federal Tax returns (and requests for extensions) filed by the firm with related schedules, for the past three years.
2. Federal tax returns (and requests for extensions) for subsidiaries and/or affiliates, including all schedules, if applicable.
3. For Firms in business less than one year, submit opening balance sheet and income statements for months in business.
4. Copies of résumés for owners and directors may be requested.
5. Current Palm Beach County Business Tax Receipt and Municipal Business Tax Receipt, when applicable.
6. Copy/Copies of professional license(s) or Certificate of Competency or permit(s).
7. Fictitious Name Certificate (if applicable).
8. Proof of capital investment (identify investors, types of contributions and amount of contributions).
9. Copy of current executed lease agreement and any addendums or property tax bill.
10. Current list of employee(s) with date of employment/hire and position/title for both full & part-time.
11. Current Reemployment tax form RT-6 or tax form 941
12. Copies of 1099 for independent contracted employees, if applicable.
13. Largest contract to date, to include the date of the project, the owner of the contract and service rendered.
14. Provide copies of your insurance and/or bonding to include agent/company and capacity/coverage amount.
15. Provide a list of all equipment used to provide the services indicated in your commodity list.
16. Copies of three current: Customer invoices, Signed contracts or Proposals to include date, owner and service rendered.
17. **For a provider of Consultant Competitive Negotiations Act (CCNA) Professional Services, submit a copy of your CCNA certification. – Contact the Palm Beach County Department of Engineering at 561-684-4000 for more information.**

CORPORATIONS (in addition to 1-17 above, if applicable):

1. Articles of Incorporation, including date approved by State Department of Corporations, and any subsequent amendments.
2. Corporate By-laws.
3. List of shareholders, copy of issued stock certificates (front and back); copy of stock ledger; and proof of stock purchase.
4. List of Officers and Board of Directors.

LIMITED LIABILITY COMPANIES (LLC), (in addition to 1-17 above, if applicable)

1. Operating Agreement.
2. Membership Units.
3. Ledger.

PARTNERSHIP (in addition to 1-17 above, if applicable)

1. Partnership Agreement.

FRANCHISE (in addition to 1-17 above, if applicable)

1. Franchise Agreement.

SOLE PROPRIETORSHIP (in addition to 1-17 above, if applicable)

1. Most recent three years personal federal tax returns that include a Schedule C and requests for extensions.

AFFIDAVIT OF CERTIFICATION

This form must be signed and notarized by the majority owner(s) upon which the certification status is relied.

The undersigned does hereby declare that the statements contained in the Certification application and all documents, which have been provided in support of this application (hereafter referred to as THIS APPLICATION), are true, accurate and complete and include all material information necessary to identify and explain the ownership and operation of:

(Insert full name of the applicant company here)

Vendor ID#

Further, the undersigned agrees to provide the Office of Equal Business Opportunity (hereafter referred to as the OEBO) with current, complete, and accurate information regarding THIS APPLICATION, its documents, or any project or contracts issued by the organizations or corporations utilizing the OEBO for their own small business enterprise, minority business enterprise, and/or woman-owned business enterprise procurement and/or construction programs. The undersigned further agrees that, as a part of this renewal procedure, the OEBO may freely contact any person or organization named in this application to verify statements made in THIS APPLICATION and/or to secure additional information or data required to grant to, or withhold from, the applicant company certification as a Small Business Enterprise (SBE), or Small/Minority Business Enterprise (S/MBE), or Small/Woman Business Enterprise (S/WBE), or Small/Minority/Woman Business Enterprise (S/M/WBE). The undersigned understands and agrees that failure to submit required materials and/or to consent to interview(s), audit(s), and/or examination(s) will be grounds for immediate rejection of the application for certification or recertification.

Further, the undersigned acknowledges that there are no written, oral or tacit agreements concerning the control and financial operation of the firm between any persons associated with the firm.

Further, the undersigned understands that all documents submitted will become public record.

Further, the undersigned acknowledges on behalf of the applicant business that the applicant business is ready, willing and able to perform work for Palm Beach County Commissioners and intends to actively compete for such opportunities with the Board of County Commissioners as are within the applicant's scope of business.

The undersigned acknowledges that certification is normally reviewed every three years; however, the OEBO retains the right to reevaluate the certification of any firm at any time. The undersigned further acknowledges that should the OEBO change the eligibility requirements for certification during the three-year certification period, the applicant must meet all new eligibility requirements in order for the certification to remain valid.

FRAUD

It is recognized and acknowledged that the statements contained in THIS APPLICATION are true and that any material misrepresentation will be grounds for denial of certification or for decertification and may result in not awarding or terminating contracts which may be awarded as the result of information contained in THIS APPLICATION. It is further recognized that whoever makes such false statements or material misrepresentations may be found guilty of a misdemeanor or felony under Chapter 837, F.S.

The undersigned acknowledges that he/she may not fraudulently obtain, retain, attempt to obtain nor aid another in fraudulently obtaining or retaining or attempting to obtain certification; willfully make a false statement, to any official of a certifying jurisdiction or employee for the purpose of influencing the certification of an entity as an SBE, S/MBE, S/WBE, or S/M/WBE; or willfully obstruct, impede or attempt to obstruct or impede any official or employee who is investigating the qualifications of a business entity which has requested a renewal of their certification.

The applicant further understands that false statements or material misrepresentation made in this application will be grounds for initiating action under local, state, and federal laws, which deal with fraud and perjury. The OEBO may initiate actions, as it deems appropriate, including but not limited to, forwarding pertinent information to the appropriate governmental authorities.

Signature

Name (type or print)

Title

Date

State of Florida
County of _____

The foregoing instrument was acknowledged before me by means of **physical presence** or **online notarization**, this _____ day of _____, _____ (year), by _____ (name of person acknowledging).

Signature of Notary Public