



## APPLICATION FOR CERTIFICATION

State Form 46250 (R12 / 8-13)

INDIANA DEPARTMENT OF ADMINISTRATION  
DIVISION OF SUPPLIER DIVERSITY  
Indiana Government Center South  
402 West Washington Street, Room W469  
Indianapolis, IN 46204-2744  
Telephone: (317) 232-3061  
Website: [www.in.gov/idoa/mwbe](http://www.in.gov/idoa/mwbe)

### STATEMENT AND PURPOSE

The Indiana Department of Administration has developed a Certification Application to determine whether your firm is eligible for certification and contracting programs. To qualify as a Minority-owned or Women-owned Business Enterprise (M/WBE), your firm must meet certification standards established by the certifying agency and 25 IAC Article 5, a copy of which is attached.

We urge you to take advantage of contracting opportunities offered under this program by filling out the attached application. If you need assistance, or have questions regarding completion of the application, please contact the office listed in this document.

Upon receipt of the completed Certification Application, the Department will evaluate the information submitted to determine compliance with the criteria. **It is, therefore, imperative that your application and any attached documentation provide evidence of the ownership and control of your firm.** You must also show that your firm has the resources necessary to perform the work you indicated. Only those firms which have been certified under this process can be considered for participation in the M/WBE program.

To ensure a timely review of your application you must answer all questions and submit all requested documentation. If your firm was established in the past 2 years and portions of the application do not seem applicable, please write (N/A) for those and all other questions that do not apply to your business. Failure to complete portions of the Certification Application and submit the requested documentation will delay the certification process. The effort you make in submitting a complete application, the documentation requested and any other documentation that will help prove your firm meets the eligibility standards will decrease the amount of processing time.

Since it is intended to prevent abuse of the program, the application is in the form of a **sworn affidavit**. The information requested is for certification purposes only and will be kept confidential to the extent allowed by law. Some portions of the Certification Application and/or documentation may be released under the Freedom of Information Act. **Any false information submitted by applicants will be considered as grounds for denial or decertification and for prosecution.**

**Right of refusal:** Firms located outside of Indiana must be certified by their home state prior to receiving certification consideration in Indiana. Each state shall have the right to refuse certification of a firm despite the fact that said firm may be certified elsewhere. Also, the Indiana Department of Administration has the right to make independent decisions as it deems necessary.

## INSTRUCTIONS FOR COMPLETING THIS APPLICATION

This booklet is designed to assist in completing the M/WBE 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 department 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.

If you have additional information that is not requested in the application but will help prove that your firm is eligible, please attach this information to your application.

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

Indiana Department of Administration  
Division of Supplier Diversity  
Indiana Government Center South  
402 W. Washington St., Rm. W469  
Indianapolis, IN 46204-2744  
[www.in.gov/idoa/mwbe](http://www.in.gov/idoa/mwbe)  
(317) 232-3061

**Please note:** All companies wishing to be certified through our agency **must** obtain a Bidder Registration Number (BRN). Applications without a BRN cannot be processed. To obtain your BRN go to [www.in.gov/idoa/mwbe](http://www.in.gov/idoa/mwbe) and follow the instructions located in the supplemental materials that came with this application. Problems and questions can be directed to (317) 234-3542 during normal business hours.

**Question 1:** Name of firm (DBA, if appropriate). Also attach a copy of your assumed business name certificate.

**Question 2:** Main address of firm. This should be the address of the main or corporate office. P.O. Box numbers alone are not acceptable. Additional offices should be listed on a separate document.

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

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

**Question 5 (A):** Place an "X" in the space in front of the type of firm that is applying for certification. Provide copies of the original and all amended partnership agreements obtained from the appropriate governmental agency. Also provide copies of all stock certificates issued, including all canceled certificates. **(B):** The average number of full-time employees hired during the year.

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

**Question 7:** If space is insufficient to identify previous firm names used, attach a separate sheet which includes all business names previously used by any owner, partner or stockholder who has at least 5 percent ownership in the firm applying for certification.

**Question 8 (A):** Provide information requested. **(B):** If certified as SBA 8a, attach a copy of the certification. **(C):** If firm is certified by the official state certifying body, attach a copy of the certification(s). **(D):** If firm is certified by other governmental agencies, attach a copy of the certification. **(E):** Answer question as indicated.

**Question 9:** The detailed **work resume** should include the various jobs or positions of each owner in the past and to date, the general description of his or her duties and responsibilities, the dates of employment or ownership, and the prior year's annual salary (W-2s, 1099s, and official payroll schedules are acceptable proof). Where applicable, former education should be included. **(A):** After completing the personal information requested on each owner, 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":

- Membership letter or certificate of an ethnic organization
- Tribal certificate
- Bureau of Indian Affairs card
- Birth certificate
- Passport
- Armed services discharge papers
- Baptismal certificate
- Any other documentation that provides evidence of your ethnicity

For proof of citizenship, submit copies of a birth certificate, voter registration card, naturalization certificate, armed services discharge papers or other documentation that validates the response.

**(B):** This section must be filled in completely and if the officer is not an owner identified in item 9A, a work resume must be included.

**(C):** This section must be filled in completely and includes work resumes. If the number of directors is more than four, attach a separate sheet of paper with the other names and the requested information.

## INSTRUCTIONS FOR COMPLETING THIS APPLICATION *(continued)*

**Question 10 (A through I):** List individuals responsible for the management areas indicated. If an area is managed jointly or more than one person manages an area, please indicate such. Work resumes must be included. Be sure to include work resumes for your field superintendents.

**Question 11 (A):** Provide the information as requested. **(B):** List those persons in your firm who are currently working for any other business which has a relationship with the firm, whether on a full-time or part-time basis as an owner, partner, shareholder, advisor, consultant or employee.

**Question 12 (A):** Provide information as requested. If a service is provided by more than one individual or company, please indicate. This would include any firm or person who provides any type of management or technical services who is not an employee of the firm. If additional space is needed, attach a separate sheet. **(B):** Provide information as requested. **(C):** Provide information as requested. **(D):** Provide information requested on those firms which have extended your firm credit, or signed letters from them indicating their willingness to extend your firm credit. **(E):** Provide information as requested.

**Question 13:** Provide a separate listing of owned equipment and a separate listing of leased equipment. Copies of state registration cards and titles must be provided for all cars, trucks and other vehicles that require state registration or licensing. Copies of documentation of ownership for all equipment owned must be attached. A copy of the current executed leases for automotive equipment must be attached. A copy of the current leases for office space, storage space, parking space and any other spaces must be attached.

**Question 14 (A):** Provide information as requested. Provide a copy of the signed Corporate Bank Resolution(s) and/or bank account signature card(s). **(B):** Provide a signed statement from your bonding agent that verifies your bonding limits. **(C):** Provide information as requested. **(D):** Provide information as requested.

**Question 15:** 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.

**Question 16:** Provide information as requested. You must provide a copy of all denial and decertification letters received.

**Question 17 (A):** Provide information on the work that your firm has completed in the past three years or for the length of time the firm has been in business. **(B):** Provide information on the projects your firm is currently working on.

**Question 18:** Provide the names and signatures of all partners and those who have authority to execute contracts.

**Question 19 (A through E):** If you are a supplier, provide the information requested. If not, mark N/A.

**Question 20 (A):** List what types of goods and/or services your firm provides. **(B)** Provide your firm's UNSPSC codes for these services. ([www.unspsc.org](http://www.unspsc.org))

**Question 21:** 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 22:** Indicate which region of the state you prefer to work in.

**Questions 23 and 25:** Answer as indicated.

**Affidavit:** The Affidavit must be signed by the President or Chief Executive Officer of the firm and the Corporate Seal affixed to it. The Affidavit must also be notarized. False statements shall make your firm subject to decertification or denial of future certification. For a not-for-profit organization, the highest ranking officer must sign the Affidavit.

**\*\* Note:** MWBE Regulations - defines the functional requirements of the Minority and Women Owned Business Enterprises Division.

## SUPPLEMENTAL MATERIALS

Please read before completing the enclosed materials.

### OBTAINING YOUR BIDDER REGISTRATION NUMBER

Dear M/WBE Applicant:

All companies that are certified or pending certification with the Minority & Women's Business Enterprises Division must be **registered with the Indiana Secretary of State** and **registered with the Indiana Department of Administration's Procurement Division** in order to receive a **Bidder Registration Number (BRN)**. Acquiring a BRN will create a unique identifier for a company in the State's computer system, and allow business owners to maintain web profiles and interact with State agencies electronically.

#### **HOW TO OBTAIN YOUR BIDDER REGISTRATION NUMBER:**

Visit our website at [www.in.gov/idoa/mwbe](http://www.in.gov/idoa/mwbe) and follow these steps:

1. On the left side of the page, click "Certify Your Business."
2. At the bottom of the page, click "Indiana Firms: Certification Steps and Application" or "Out-of-State Firms: Certification Steps," whichever is applicable.
3. Next, click on Step 2, "Obtain a Bidder Registration Number." This will take you to the Procurement Division's Bidder Registration homepage.
4. At the bottom of the page, click "Start Your Bidder Registration." This will take you to an electronic form that will ask for information about your business. Also at the bottom of this page you will find a step-by-step illustrated guide of the registration process.
5. After completing this six-step form, you will receive an email that includes your BRN, which will be listed as "EXT 00000" followed by five numerals (ex. "EXT 0000012345"), as well as your system password and a web address where you can apply for M/WBE certification and other State programs.

**Please note:** We cannot process your M/WBE application without your BRN. This number must be on your application in order to begin the M/WBE certification process.

Thank you for participating in our programs. If you need help registering your business with the State, you may call the Procurement Division at (317) 234-3542. If you have specific questions about certification or the Minority & Women's Business Enterprises program, visit our website at [www.in.gov/idoa/mwbe](http://www.in.gov/idoa/mwbe), email us at [mwbe@idoa.in.gov](mailto:mwbe@idoa.in.gov), or call our office at (317) 232-3061. **Please do not contact the Procurement Division for questions regarding certification.**

### M/WBE APPLICATION COMPLETION TIP SHEET

The following are often omitted from a firm's M/WBE certification application, but **are** required before an application can be processed. Please remember to include these with your application.

1. Copies of **W-2s** for the previous year, along with the personal income tax return for the same time period. If filing a joint tax return, you must submit W-2s for all parties.
2. Responses to **all** questions on the application for certification. Questions that are not applicable should be marked **N/A** and include an explanation.
3. A list of all company equipment and equipment leases (includes office equipment).
4. **Corporations:** Annual salaries of all owners, officers, managers, and directors for the previous year.
5. Office **lease(s)** or **deed(s)** for all property occupied by the applicant firm. If the firm is not home-based and does not own or lease any property, explain why on page one of the checklist.
6. **Taxes** and **balance sheets** for all years of operation **if** the firm has been in business for **two years or less**.
7. **Out-of-state applicants:** A like certification from your home state.

## SUPPLEMENTAL MATERIALS (continued)

### OUT-OF-STATE COORDINATED CERTIFICATION PROGRAM

Based on the outcome of the Governor's Commission meeting held on Jan. 12, 2009, the Minority & Women's Business Enterprises Division will only consider applications from out-of-state firms that are based in a state that recognizes Indiana certifications. The Minority & Women's Business Enterprises Division **will not** accept applications for certification from states that disallow like certification to Indiana-certified Minority-owned and/or Women-owned Business Enterprises.

The following states **do allow** Indiana-based businesses to apply for certification; therefore, firms based in these states **may be considered** for certification through the State of Indiana's Minority & Women's Business Enterprises Division:

**Alabama, Delaware, Illinois, Kansas, Kentucky, Massachusetts, Missouri, New Jersey, New York, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Virginia, Washington and Wisconsin.**

Eligible out-of-state firms **must** meet the following standards of certification:

1. Effective Feb. 16, 2009, an out-of-state M/WBE must be domiciled in one of the aforementioned states.
2. At a minimum, applications from out-of-state M/WBEs must meet State of Indiana requirements 25 IAC 5-3-7.
3. Out-of-state firms **must** have equivalent certification from an acceptable and recognizable State government agency in their home state. Proof must be provided. City, county, commission and council certifications **do not** fulfill this requirement.
4. Upon verification of home state certification, the MWBE Division will request a copy of the state certifying agency on-site report. This report must be dated within three years of application submittal to the MWBE Division.
5. The applying firm must be in good standing with its home state's Secretary of State.
6. The applying firm must register with the Indiana Secretary of State as a foreign firm.

Applications that do not include all items listed above will not meet the standards of certification as an M/WBE in the State of Indiana and will not be considered for certification.

### NATIONAL PROGRAM

Indiana's Minority & Women's Business Enterprises Division does not accept certifications from national programs. Effective Feb. 16, 2009, Indiana's Minority & Women's Business Enterprises Division will not consider Disadvantaged Business Enterprise (DBE) certification.

**Please note:** The above list is subject to change. Refer to [www.idoa.in.gov](http://www.idoa.in.gov) for the most up to date list of states whose firms are eligible for certification through Indiana's MWBE Division.

### INDIANA BORDER STATES QUICK REFERENCE

#### ILLINOIS

Central Management Services (CMS) is recognized as the official M/WBE certifying agency for the State of Illinois. As part of their Indiana application, all Illinois firms must provide a copy of the Illinois certification conducted by CMS (i.e., the **same** certifying agency that awarded the certification). CMS onsite documentation must be dated within the last three years.

Effective Feb. 16, 2009, businesses that are certified DBEs through the Illinois Department of Transportation **may not** apply for M/WBE certification with the State of Indiana.

Indiana's Minority & Women's Business Enterprises Division **does not** accept onsite reports from the City of Chicago, PACE, Metra, IDOT, the Chicago Transit Authority or the Chicago Minority Business Development Council (CMBDC).

#### KENTUCKY

As of January 28, 2001, Kentucky may be considered for certification through Indiana's Minority & Women's Business Enterprises Division.

#### OHIO

Ohio **does not** recognize Indiana-based firms for certification through the Ohio Department of Administration (OHDAS). We are unable to accept any Ohio companies for Indiana certification as of Feb. 16, 2009. Also effective Feb. 16, 2009, businesses that are certified as DBEs through the Ohio Department of Transportation **may not** apply for M/WBE certification with the State of Indiana.

#### MICHIGAN

Michigan does not have a certification program. We are unable to accept Michigan companies for Indiana certification.

**CERTIFICATION DOCUMENTATION CHECKLIST**

**All Applications**

- A list of active contracts (#17 of application)
- Birth certificates for **all** owners
- Current driver's licenses
- A list of all equipment your firm owns, rents, and leases
- Initial investment, stock purchase or member units
- Professional licenses
- Naturalization certificate, if applicable
- Office lease, if applicable
- U.S. passport, if applicable
- A list of company-owned real estate
- Resumes of all owners, managers, directors, and officers
- Salaries of all owners, managers, directors, and officers

**S & C Corporations**

- Original and amended articles of incorporation, with filing certificate and state seal
- Bank signature card or corporate bank resolution
- Original and amended by laws
- Notarized CPA letter, \* **in lieu of personal taxes requested below**, if you filed federal taxes in the previous year
- Federal corporate tax returns from the previous year (Include 1120 and K-1s)
- Board and stockholders' meetings minutes (last 3 years)
- All owners' personal taxes from the previous year
- Double-sided stock certificates and stock ledger
- Documentation from all stock purchases

**Limited Liability Corporation**

- Original and amended articles of organization, with filing certificate and state seal
- Bank signature card or corporate bank resolution
- Notarized CPA letter, **only if you filed corporate taxes in the previous year**
- All members' membership certificates
- Original and amended operating agreement
- All owner's personal taxes from the previous year.

**Partnerships**

- Bank signature card or corporate bank resolution
- Notarized CPA letter, **only if you filed partnership taxes in the previous year**
- Meeting minutes from the past 3 years
- Original and amended partnership agreement
- All owners' Form 1065 tax return from the previous year

**Sole Proprietorships**

- Prior year's Schedule C tax return

**Out-of-State Applicants**

- Home state certification letter or certificate
- Indiana Certificate of Authority
- Home state Certificate of Existence or Good Standing

\* **CPA Letter:** [www.in.gov/idoa/files/cpaletter.pdf](http://www.in.gov/idoa/files/cpaletter.pdf)



# APPLICATION FOR CERTIFICATION

State Form 46250 (R12 / 8-13)

**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 to your home state.*

| Bidder Registration Number (BRN)<br><i>(must be included)</i>   | Which program are you interested in?<br><input type="checkbox"/> Minority-owned Business Enterprise (MBE) <input type="checkbox"/> Women-owned Business Enterprise (WBE)   | How were you referred to us?<br><input type="checkbox"/> IMSDC <input type="checkbox"/> City of Indianapolis <input type="checkbox"/> WBEC-GL<br><input type="checkbox"/> INDOT <input type="checkbox"/> MWBE event <input type="checkbox"/> Other: _____ |             |              |         |    |
|---|--|---|-------------|--------------|---------|----|
| 1. Authorized name of firm  |  |   |             |              |         |    |
| 2. Street address of firm <i>(P.O.Box number alone is not acceptable)</i>   |  |   |             |              |         |    |
| Mailing address of firm   |  | City  |             |              |         |    |
|   |  | County  |             |              |         |    |
|   |  | State   |             |              |         |    |
|   |  | ZIP code  |             |              |         |    |
| 3. Name of contact person   |  | 4A. Business telephone number<br>(    )   |             |              |         |    |
| 4B. Facsimile   | 4C. E-mail address   | 4D. Business website address  |             |              |         |    |
| 5A. Type of firm <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Other: _____<br>If firm is a partnership, copies of all partnership agreements and the assumed name certificate must be attached <i>(if applicable)</i> .<br>If firm is a corporation, Articles of Incorporation, copies of stock certificates <i>(both sides)</i> , Shareholders' Agreement, all minutes of the shareholders' meetings and Board of Directors' meetings, the Corporate Bylaws and Bylaws Amendments, the Corporate Bank Resolution and/or Bank Signature Cards must be attached. See the attached Certification Documentation Checklist for more detail. |  |   |             |              |         |    |
| B. What is the number of the firm's annual full-time work force?  |  |   |             |              |         |    |
| 6A. Date business was established <i>(month, day, year)</i>   | B. Date current owner(s) purchased the majority ownership of the firm <i>(month, day, year)</i>  | C. Has your firm applied for reorganization under Chapter 11, and/or liquidation under Chapter 7, within the last 3 years?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |             |              |         |    |
| 7. Has your company applied for certification in the past? <i>If so, list the names that have been used previously.</i><br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  |   |             |              |         |    |
| 8. Identification Numbers and Certification:  |  |   |             |              |         |    |
| A. Federal Identification number  | B. Are you an SBA 8a certified business?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, attach a copy of Certification.</i>  | C. Is this firm currently certified as a DBE, MBE or WBE with its own state?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, attach a copy of Certification.</i>   |             |              |         |    |
| D. If you are certified as a DBE, MBE, or WBE by any other federal, state or local agency, please attach a copy of your certifications.   |  | E. Has this firm's home state conducted an on-site visit within the last 3 years?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |             |              |         |    |
| 9. Ownership <i>(Work experience resumes of each person must be attached.)</i>  |  |   |             |              |         |    |
| A. Identify all individuals or holding companies and list their cash, equipment and/or real estate investment in the firm; and attach the documentation of the source of these investments. <i>(If additional space is required, submit an attached sheet.)</i>   |  |   |             |              |         |    |
| Name  |  | Home telephone number<br>(    )   |             |              |         |    |
| Home address <i>(street and number)</i>   |  | City  |             |              |         |    |
|   |  | State   |             |              |         |    |
|   |  | ZIP code  |             |              |         |    |
| Sex <i>(gender)</i><br><input type="checkbox"/> Male <input type="checkbox"/> Female  | Ethnic group<br><input type="checkbox"/> Black <input type="checkbox"/> Multi-Racial<br><input type="checkbox"/> Hispanic <input type="checkbox"/> Asian Pacific<br><input type="checkbox"/> Native American <input type="checkbox"/> Asian Indian<br><input type="checkbox"/> Caucasian <input type="checkbox"/> Other <i>(explain)</i> _____ | Initial investment to acquire ownership interest in firm:   |             |              |         |    |
| Number of years owned   |  | <table border="1" style="width:100%;"><thead><tr><th>Type</th><th>Dollar Value</th></tr></thead><tbody><tr><td>Dollars</td><td>\$</td></tr></tbody></table>   | Type        | Dollar Value | Dollars | \$ |
| Type  |  | Dollar Value  |             |              |         |    |
| Dollars   |  | \$  |             |              |         |    |
| Percentage owned<br>%   |  | <table border="1" style="width:100%;"><tbody><tr><td>Real Estate</td><td>\$</td></tr></tbody></table>   | Real Estate | \$           |         |    |
| Real Estate   | \$   |   |             |              |         |    |
| U.S. citizen<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | <table border="1" style="width:100%;"><tbody><tr><td>Equipment</td><td>\$</td></tr></tbody></table>  | Equipment   | \$          |              |         |    |
| Equipment   | \$   |   |             |              |         |    |
|   |  |   |             |              |         |    |
| Name  |  | Home telephone number<br>(    )   |             |              |         |    |
| Home address <i>(street and number)</i>   |  | City  |             |              |         |    |
|   |  | State   |             |              |         |    |
|   |  | ZIP code  |             |              |         |    |
| Sex <i>(gender)</i><br><input type="checkbox"/> Male <input type="checkbox"/> Female  | Ethnic group<br><input type="checkbox"/> Black <input type="checkbox"/> Multi-Racial<br><input type="checkbox"/> Hispanic <input type="checkbox"/> Asian Pacific<br><input type="checkbox"/> Native American <input type="checkbox"/> Asian Indian<br><input type="checkbox"/> Caucasian <input type="checkbox"/> Other <i>(explain)</i> _____ | Initial investment to acquire ownership interest in firm:   |             |              |         |    |
| Number of years owned   |  | <table border="1" style="width:100%;"><thead><tr><th>Type</th><th>Dollar Value</th></tr></thead><tbody><tr><td>Dollars</td><td>\$</td></tr></tbody></table>   | Type        | Dollar Value | Dollars | \$ |
| Type  |  | Dollar Value  |             |              |         |    |
| Dollars   |  | \$  |             |              |         |    |
| Percentage owned<br>%   |  | <table border="1" style="width:100%;"><tbody><tr><td>Real Estate</td><td>\$</td></tr></tbody></table>   | Real Estate | \$           |         |    |
| Real Estate   | \$   |   |             |              |         |    |
| U.S. citizen<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | <table border="1" style="width:100%;"><tbody><tr><td>Equipment</td><td>\$</td></tr></tbody></table>  | Equipment   | \$          |              |         |    |
| Equipment   | \$   |   |             |              |         |    |
|   |  |   |             |              |         |    |

**9A. Ownership (continued)**

|   |   |                              |   |
|---|---|------------------------------|---|
| Name  |   | Home telephone number<br>( ) |   |
| Home address (street and number)  |   | City                         | State ZIP code  |
| Sex (gender)<br><input type="checkbox"/> Male <input type="checkbox"/> Female | Ethnic group<br><input type="checkbox"/> Black <input type="checkbox"/> Multi-Racial<br><input type="checkbox"/> Hispanic <input type="checkbox"/> Asian Pacific<br><input type="checkbox"/> Native American <input type="checkbox"/> Asian Indian<br><input type="checkbox"/> Caucasian <input type="checkbox"/> Other (explain) _____ |                              | Initial investment to acquire ownership interest in firm: |
| Number of years owned   |   |                              | <b>Type</b> <b>Dollar Value</b>                           |
| Percentage owned %  |   |                              | Dollars \$  |
| U.S. citizen<br><input type="checkbox"/> Yes <input type="checkbox"/> No      |   |                              | Real Estate \$  |
|   |   |                              | Equipment \$  |

|   |   |                              |   |
|---|---|------------------------------|---|
| Name  |   | Home telephone number<br>( ) |   |
| Home address (street and number)  |   | City                         | State ZIP code  |
| Sex (gender)<br><input type="checkbox"/> Male <input type="checkbox"/> Female | Ethnic group<br><input type="checkbox"/> Black <input type="checkbox"/> Multi-Racial<br><input type="checkbox"/> Hispanic <input type="checkbox"/> Asian Pacific<br><input type="checkbox"/> Native American <input type="checkbox"/> Asian Indian<br><input type="checkbox"/> Caucasian <input type="checkbox"/> Other (explain) _____ |                              | Initial investment to acquire ownership interest in firm: |
| Number of years owned   |   |                              | <b>Type</b> <b>Dollar Value</b>                           |
| Percentage owned %  |   |                              | Dollars \$  |
| U.S. citizen<br><input type="checkbox"/> Yes <input type="checkbox"/> No      |   |                              | Real Estate \$  |
|   |   |                              | Equipment \$  |

**B. Identify officers (work experience resumes of each person must be attached).** If additional space is required, submit an attached sheet.

| Name | Title | Ethnicity | Gender | Date Appointed (month, day, year) |
|------|-------|-----------|--------|-----------------------------------|
|      |       |           |        |                                   |
|      |       |           |        |                                   |
|      |       |           |        |                                   |

**C. Identify current Board of Directors (work experience resumes of each person must be attached).** If additional space is required, submit an attached sheet.

| Name | Title | Ethnicity | Gender | Date Appointed (month, day, year) |
|------|-------|-----------|--------|-----------------------------------|
|      |       |           |        |                                   |
|      |       |           |        |                                   |
|      |       |           |        |                                   |

**10. Indicate management personnel who control the firm in the following areas. (Attach work experience resumes, including dates of employment at each company, for each person).** If more than two persons, please attach a separate sheet.

**A. Financial Decision: (responsibility for check signing, acquisition of lines of credit, surety bonding, supplies, etc.)**

| Name | Title | Ethnicity | Gender |
|------|-------|-----------|--------|
|      |       |           |        |
|      |       |           |        |

**B. Estimating: (cost estimates, bid preparation or negotiations)**

| Name | Title | Ethnicity | Gender |
|------|-------|-----------|--------|
|      |       |           |        |
|      |       |           |        |

**C. Hiring/firing of management personnel:**

| Name | Title | Ethnicity | Gender |
|------|-------|-----------|--------|
|      |       |           |        |
|      |       |           |        |

| D. Field/Production Operations Supervisor: <i>(site supervision/scheduling, project management services)</i> |       |           |        |
|--|-------|-----------|--------|
| Name   | Title | Ethnicity | Gender |
|  |       |           |        |
|  |       |           |        |

| E. List all field supervisors: |       |           |        |
|--------------------------------|-------|-----------|--------|
| Name                           | Title | Ethnicity | Gender |
|                                |       |           |        |
|                                |       |           |        |

| F. Contract signature authority: <i>(contract execution, bid submission)</i> |       |           |        |
|--|-------|-----------|--------|
| Name   | Title | Ethnicity | Gender |
|  |       |           |        |
|  |       |           |        |

| G. Office management: |       |           |        |
|-----------------------|-------|-----------|--------|
| Name                  | Title | Ethnicity | Gender |
|                       |       |           |        |
|                       |       |           |        |

| H. Marketing/Sales: |       |           |        |
|---------------------|-------|-----------|--------|
| Name                | Title | Ethnicity | Gender |
|                     |       |           |        |
|                     |       |           |        |

| I. Purchasing of major equipment: |       |           |        |
|-----------------------------------|-------|-----------|--------|
| Name                              | Title | Ethnicity | Gender |
|                                   |       |           |        |
|                                   |       |           |        |

11A. Do any of the people listed in questions 9 and 10 perform a management or supervisory function for any other business?  Yes  No If Yes, identify the person, their title, business and the person's function.

11B. Do any of the persons listed in questions 9 and 10 own or work for other firms which have a business relationship with yours? *(Relationships include: ownership interest, shared office space, financial investments, equipment leases or personnel sharing.)*  Yes  No If Yes, identify the firm, the person and the business relationship.

12. Identify persons or firms who provide the following services:

A. External management or technical/computer service

|   |                             |
|---|-----------------------------|
| Name of firm  | Name of person              |
| Address <i>(number and street, city, state, and ZIP code)</i> | Telephone number<br>(     ) |

B. Accountant

|   |                             |
|---|-----------------------------|
| Name of firm  | Name of person              |
| Address <i>(number and street, city, state, and ZIP code)</i> | Telephone number<br>(     ) |

C. Attorney

|   |                             |
|---|-----------------------------|
| Name of firm  | Name of person              |
| Address <i>(number and street, city, state, and ZIP code)</i> | Telephone number<br>(     ) |

|   |                        |  |                              |
|---|------------------------|--|------------------------------|
| <b>12D. Principal Suppliers:</b>  |                        |  |                              |
| Name of firm  |                        | Name of person                               |                              |
| Address (number and street, city, state, and ZIP code)  |                        |  | Telephone number<br>(      ) |
| Materials or equipment supplied   |                        |  |                              |
| Name of firm  |                        | Name of person                               |                              |
| Address (number and street, city, state, and ZIP code)  |                        |  | Telephone number<br>(      ) |
| Materials or equipment supplied   |                        |  |                              |
| <b>E. Identify those union(s), business or professional association(s) in which the owner(s) or management personnel have membership:</b>   |                        |  |                              |
| Name of union, business or professional association   |                        |  |                              |
| Address (number and street, city, state, and ZIP code)  |                        |  | Telephone number<br>(      ) |
| Name of union, business or professional association   |                        |  |                              |
| Address (number and street, city, state, and ZIP code)  |                        |  | Telephone number<br>(      ) |
| Name of union, business or professional association   |                        |  |                              |
| Address (number and street, city, state, and ZIP code)  |                        |  | Telephone number<br>(      ) |
| <b>13. Attach a list of construction equipment and/or vehicles in your possession or under your control (indicate separately) and a list of office equipment, office space (owned or leased) and storage space (owned or leased), including signed leasing agreements.</b>  |                        |  |                              |
| <b>14. Financial Information:</b>   |                        |  |                              |
| <b>A. Provide the following banking information:</b>  |                        |  |                              |
| Name of bank  |                        | Name of officer                              |                              |
| Address of bank (number and street, city, state, and ZIP code)  |                        |  | Telephone number<br>(      ) |
| <b>B. If you have bonding capacity, identify the agent or broker and the bonding limit:</b>   |                        |  |                              |
| Name of agent or broker   |                        |  | Bonding limit<br>\$          |
| Address of agent or broker (number and street, city, state, and ZIP code)   |                        |  | Telephone number<br>(      ) |
| <b>C. Provide copies of year end balance sheet and profit and loss (income) statements for the last three (3) years, or if a new business, provide a current balance sheet, a projected profit and loss statement for the next twelve (12) month period and a projected balance sheet for the end of that period.</b> |                        |  |                              |
| <b>D. Identify all sources, amount and purposes of money loaned to the firm, including name of person securing the loan, if other than owner. Provide copies of all loan agreements.</b>  |                        |  |                              |
| <b>Name of Source</b>   |                        | <b>Address of Source</b>                     | <b>Amount</b>                |
|   |                        |  | \$                           |
|   |                        |  | \$                           |
|   |                        |  | \$                           |
| <b>15. Current licenses (e.g. contractor, engineer, architect, ICC, etc.)</b>   |                        |  |                              |
| <b>Name of Individual or Firm</b>   | <b>Name of License</b> | <b>Date of Expiration (month, day, year)</b> | <b>License Number</b>        |
|   |                        |  |                              |
|   |                        |  |                              |
|   |                        |  |                              |

|   |                |                          |   |
|---|----------------|--------------------------|---|
| 16. Has this firm or any of its owners, Board of Directors, officers or management personnel been denied or decertified DBE, MBE or WBE certification 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 (month, day, year)  |   |
| Provide a copy of the denial or decertification letter(s).  |                |                          |   |
| 17A. Specify the <b>gross</b> receipts of the firm for the last three (3) years.  |                |                          |   |
| Year ending:  |                | Total receipts = \$      |   |
| Year ending:  |                | Total receipts = \$      |   |
| Year ending:  |                | Total receipts = \$      |   |
| B. List the three (3) largest contracts completed in the past three (3) years:  |                |                          |   |
| Name of owner/contractor  |                | Name/location of project |   |
| Name of owner/contractor  |                | Name/location of project |   |
| Name of owner/contractor  |                | Name/location of project |   |
| C. List three active jobs this firm is currently working on:  |                |                          |   |
| Name of prime contractor and project number   |                | Location of project      | Date project began<br><i>(month, day, year)</i><br>Anticipated completion date<br><i>(month, day, year)</i> |
| Name of prime contractor and project number   |                | Location of project      | Date project began<br><i>(month, day, year)</i><br>Anticipated completion date<br><i>(month, day, year)</i> |
| Name of prime contractor and project number   |                | Location of project      | Date project began<br><i>(month, day, year)</i><br>Anticipated completion date<br><i>(month, day, year)</i> |

**ALL PARTNERS AND PERSONS AUTHORIZED TO EXECUTE CONTRACTS**

18. All partners must sign contracts unless a power of attorney is supplied modifying this. In the case of a corporation, only those signatures listed will be accepted. For a not-for-profit organization, the highest ranking officer's signature is needed. The following persons are duly authorized to execute contracts and related documents on behalf of:

| Name of company                          |                      |
|--|----------------------|
| NAME AND TITLE<br><i>(type or print)</i> | AUTHORIZED SIGNATURE |
|  |                      |
|  |                      |
|  |                      |
|  |                      |
|  |                      |
|  |                      |
|  |                      |
|  |                      |
|  |                      |
|  |                      |
|  |                      |

|  |
|--|
| 19. As a supplier, please address the following: |
| A. How large of an inventory do you maintain?    |
| B. Do you own the inventory?                     |
| C. Where do you maintain your inventory?         |
| D. From where do you purchase your inventory?    |
| E. What type of delivery system do you use?      |

|  |  |
|--|--|
| 20A. List type of work firm has performed or desires to perform under certification.<br><i>(Be very thorough.)</i> | B. Provide your firm's UNSPSC codes for these services. (www.unspsc.org) |
|--|--|

|   |  |
|---|--|
| 21. Is your business registered with the Indiana Secretary of State's office?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <i>If yes, please provide the S.O.S. control number.</i> |
|---|--|

22. Indicate which region(s) of the state you prefer to work in. *(See map.)*

23. Type of business

Contractor   
  Subcontractor   
  Consultant   
  Supplier   
  Vendor   
  Service Professional   
  Service Organization

**FOR FIRMS WISHING TO DO BUSINESS WITH THE CITY OF INDIANAPOLIS**

24. Indicate the trade in which your business is engaged.

Construction   
  Retail   
  Supplier / Distributor   
  Manufacturer   
  Service   
  Broker   
  Other: \_\_\_\_\_  
*(Please indicate)*

25. Does any principal in your firm, or the spouse of any principal, owe any money to the firm?

Yes       No

**AFFIDAVIT OF CERTIFICATION**

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 \_\_\_\_\_  
*(Name of company)*

as well as the ownership thereof. Any misrepresentation will be grounds for terminating any contract which may be awarded and for initiating action under federal or state laws concerning false statements.

|  |                                       |
|--|---------------------------------------|
| Signature of owner, officer or partner | Date signed <i>(month, day, year)</i> |
|--|---------------------------------------|

**NOTARY CERTIFICATE**

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

COUNTY OF \_\_\_\_\_ } SS:

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

|                            |   |
|----------------------------|---|
| Signature of Notary Public | Printed or typed name of Notary Public            |
| County of residence        | Date commission expires <i>(month, day, year)</i> |