DISADVANTAGED BUSINESS ENTERPRISE (DBE)
CERTIFICATION APPLICATION

Application is hereby made by the Individual (organization) identified below for certification as a disadvantaged business (DBE) enterprise under the U.S. Department of Transportation DBE program pursuant to 49 CFR 23. Socially and Economically Disadvantaged (SED) Individuals are presumed to be members of the following groups: Black Americans, Hispanic Americans, Native Americans, Asian Pacific Americans, Subcontinent Americans, Women and any groups so designated by the Small Business Administration (SBA). Applicants who are not one of the presumed groups must prove socially and economically disadvantage in accordance with 13 CFR 124.105.

Any person claiming SED status shall attach copies of a current Financial Statement prepared by an independent CPA or accountant. In addition a copy of the following documents must be submitted to prove membership in the ethnic group claimed:

Membership letter or certificate of ethnic organization - Tribal Certificate or Bureau of Indian Affairs Card - Birth Certificate/Record (including those of natural parents) - U.S. Passport - Armed Service Discharge Papers - Alien Registration Number - Any other document that provides evidence of ethnicity.

NOTE: For purposes of this application the following SED codes are to be used (B) Black Americans, (H) Hispanic Americans, (NA) Native Americans, (AP) Asian-Pacific Americans, (AS) Subcontinent - Asian Americans, (F) Female, (SBA) Other Groups Approved By (SBA) (O) Other.

Answer all questions. Indicate "N/A" if question does not pertain to your firm.

1. Name and Address of Company	**2. Mailing Address (if different)**
3. Contact Person and Title	**4. Telephone No.**
5. Federal Identification No.	**6. Other Identification No. Used**

7. Has the firm been certified under Section 8(a) by the Small Business Administration?
❒Yes ❒ No

If certified, attach a copy of the certification.

8. **NATURE OF THE FIRM'S BUSINESS:**

Identify only those areas for which you can provide a commercially useful function and still be competitive with firms in those areas. You are responsible for providing evidence of your firm's experience or ability to perform in these areas.

❒ Construction ❒ Professional Service ❒ Supplier ❒ Manufacturer

9. **Standard Industrial Classification (SIC) Code and applicable size standard for which the firm qualifies to do business (Refer to the small business size standard at 13 CFR 121)**

SIC____ Size_____ SIC____ Size

SIC____ Size_____ SIC____ Size

10. **List States in which the firm is authorized to do business:**

11. **LICENSES REQUIRED TO CONDUCT BUSINESS. Attach copies of any required local, county and state active business license(s) and permit(s), i.e., contractors, PUC, A&E registration etc.**

A. **For each license/permit attached, indicate:**

Name of licensee	Name of Qualifying Individual	Type of licenses	DBE Code	Exp. Date

(If the qualifying individual is not one of the minority or women owners listed in the application, please explain in Item 28.)

12. **OWNERSHIP INFORMATION:**

❒ Sole Proprietor ❒ Partnership ❒ Corporation ❒ Joint Venture (Complete Schedule A)

Date established/incorporated _____ State

13. LIST OWNERS/INVESTORS WHO HAVE A 5% OR MORE INTEREST:

Name	DBE Code	Gender M/F	Date of Ownership	No. of Shares	Voting %	U.S. Citizen?

Check here ❒, if more space is needed and continue listing in Item 28.

14. BOARD OF DIRECTORS (in the last three years)

Name	Title Code	DBE Code	M/F	Expiration of Term

Check here ❒, if more space is needed and continue listing in Item 28.

15. Firms with less than 100% minority/woman ownership, list the contributions of money, equipment, real estate, or expertise of each of the owners/investor. Attach proof of the initial investment in the firm (dollars, real estate, equipment, etc.) on behalf of each of the owners. If more space is required continue in Item 28.

16. **MANAGEMENT: List individuals by name and title responsible for the management areas indicated. Detailed resume showing work/experience history and current responsibilities must be included for each individual listed.**

Duties	Individual Responsible	Reports to:	DBE Code
Preparation and presentation of estimates and bids:			
Hiring and firing management personnel:			
Final Determination of what jobs the company will undertake:			
Day to Day Operations:			
Negotiations and approval of contracts:			
Administration of company contracts:			
Marketing and sales activities:			
Negotiating and signing for surety bonds:			
Supervision of field operations:			

17. **Identify any owner or management official of the firm who is, or has been an employee of another firm that has an ownership interest in or a present business relationship with the named firm. Provide details of the arrangement and relationship. Present business relationship include shared space, equipment, financing or employees, as well as both firms having the same owners.**

    Be sure to list those persons who are <u>currently</u> working for any other business which as a relationship with this firm, whether on a full-time or part-time basis as an owner, partner, shareholder, advisor, consultant, or employee.

18. **COMPANY'S EXPERIENCE: List the three largest projects performed by the company in the last 3 years. If performed as a subcontractor, indicate the name of the prime contractor and a contact person for these projects.**

Project	Dollar Amount	Date Completed	Prime Contractor/ Contact Person

19. **Indicate the firm's gross receipts for the last three tax years:**

Year Ending			
Gross Receipts	$	$	$

20. Name of Surety Company _____ Bonding limit

Agent _____ Telephone Number

21. Who signs for insurance and payroll?

Provide copy of the signed Corporate Bank Resolution(s) and bank account(s) signature card(s)

22. List all sources and amounts of money loaned to the company, when and by whom:

Source	Amount	Date	Terms

23. NAME, COMPANY AND ADDRESS OF FIRM'S CPA OR ACCOUNTANT:

24. NAME, COMPANY AND ADDRESS OF FIRM'S ATTORNEY:

25. WORKFORCE INFORMATION:

Past calendar year: Highest Total_____ Lowest Total_____ Average_____

A. Permanent Personnel Currently on Payroll

	Administrative	Clerical	Supervisory	Skilled	Unskilled
Part-Time					
Full-Time					
Total					

B. Are any of the employees on another firm's payroll? Yes ❒ No ❒

If yes, please identify firm(s) and number of employees

28. Provide a listing of owned equipment. Do not include leases. Copies of the state registration cards and titles must be provided for all vehicles that require state registration/licensing. Copies of documentation of ownership for all equipment owned must be attached.

28. Indicate if the firm or other firms with any of the same officers has previously received or has been denied certification of participation as a DBE, MBE or WBE and describe the circumstances. Indicate the name of the certifying authority and the date of such certification or denial.

28. Please use the space provided below to explain any of the above items. You may attach additional sheets if necessary.

AFFIDAVIT

"The Undersigned swears that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations of the firm below as well as the ownership thereof. Further, the undersigned agrees to permit an on site review of the company's operation as well as the audit and examination of books, records and files of the named firm. Any material misrepresentation will be grounds terminating eligibility as well as any contract which may be awarded and for initiating action under Federal and/or State laws concerning false statements."

NOTE: If additional information is required to determine certification, the conditions outlined herewith in the affidavit are applicable. If there are any significant changes in the information provided above that would alter your status as a DBE inform the certifying agency.

_____

Name of Firm

_____

Name Title

_____

Signature Date

On this ____ day of _____, _____, before me appeared _____ who, being duly sworn, did execute the foregoing affidavit, and did state that he or she was properly authorized by (Name of Firm) _____ to execute the affidavit and did so as his or her free act and deed.

Notary Public_____ Commission expires

[Seal]

PERSONAL FINANCIAL STATEMENT

ASSETS (Omit Cents)		LIABILITIES (Omit Cents)	
Cash on hand & in banks	$_____	Accounts Payable	$_____
Savings Account	$_____	Notes payable to banks & others	$_____
IRA/other retirement fund	$_____	(Describe in Section 1)	
Accounts and notes receivable	$_____	Installment Account (auto)	$_____
Life insurance -cash surrender	$_____	Installment Account (other)	$_____
(value only, complete in Section 7)		Loan on life insurance	$_____
Stocks and Bonds	$_____	Mortgages on real estate	$_____
(Describe in Section 2)		(Describe in Section 3)	
Real Estate	$_____	Unpaid Taxes	$_____
(Describe in Section 3)		(Describe in Section 5)	
Automobile(s) –present value	$_____	Other Liabilities	$_____
Other personal property	$_____	(Describe in Section 6)	
(Describe in Section 4)			
Other Assets	$_____		
(Describe in Section 4)		TOTAL LIABILITIES	$_____
TOTAL ASSETS	$_____		
		NET WORTH	$_____

Section 1. Notes payable to Bank and Others (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

(Name and Address of Lender)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How secured or endorsed Type of Collateral

Section 2. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation Exchange	Total Value

Section 3. Real Estate Owned. (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name and Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amt. of Payment per Month/Year			
Status of Mortgage			

Section 4. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency.)

Section 5. Unpaid Taxes. (Describe in detail as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 6. Other Liabilities (Describe in detail).

Section 7. Life Insurance Held. (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries).			
I authorize the Office of Certification at the Evansville Urban Transportation Study to verify the accuracy of the statements made in order to determine whether I meet the standards of economic disadvantage for participation in the DBE Program for the Metropolitan Evansville Transit System through the City of Evansville. These statements are true and correct to the best of my belief.			
Signature:	Title:	SSN:	Date:

State of Indiana)
S.S.
County of _____)

Subscribed and sworn to before me this _____ day of _____, _____, by

_____.

_____
Notary Public

My commission expires _____

ADDENDUM TO CERTIFICATION APPLICATION

Complete this form for (1) each socially disadvantaged proprietor or (2) each socially disadvantaged limited and general partner whose combined interest totals 51% or more or (3) each socially disadvantaged stockholder making up 51% or more at voting stock. If the manager of the company is a socially disadvantaged individual separate and apart from the owner, this individual must complete a copy of this form as well.

Name:

Residence Address:

City, State, ZIP Code:

Business Name of Applicant:

DETERMINATION OF SOCIAL DISADVANTAGE

"In considering whether an owner has experienced social disadvantage based upon the effects of discrimination, the applicant for DBE status shall take into account whether the owner has held himself or herself out to be a member of a disadvantaged group, has acted as a member of a community of disadvantaged persons, and would be identified by persons in the population at large as belonging to the disadvantaged group."

I certify that I have read and understand the above statement. I further certify that an owner or owners of this company (owning at least 51% of this company) experienced social disadvantage based upon the effects of discrimination based on (mark all that apply):

❑ race ❑ ethnicity ❑ gender ❑ other (please explain on separate sheet)

Signature:

State of Indiana)
S.S.
County of _____)

Subscribed and sworn to before me this _____ day of _____,_____, by

_____.

_____
Notary Public

_____
My commission expires

Submit the following Documents (and any amendments thereto):

S			**1. Current Federal Tax Form 1040 (plus previous two (2) years)**
S	P	C	**2. Equipment rental and purchase agreement**
S	P	C	**3. Management service agreements**
	P		**4. Current Federal Tax Form 1065 (plus previous two (2) years)**
	P		**5. Partnership agreement**
	P		**6. Buy-out rights agreement**
	P		**7. Profit-sharing agreement**
S	P	C	**8. Proof of capital invested**
S	P	C	**9. Current financial statement prepared by an independent CPA or accountant**
		C	**10. Current Federal Fax Form 1120S and 4562 (plus previous two (2) years)**
S	P	C	**11. Resumes of principals of your company showing education, training and employment, with dates**
		C	**12. Article of incorporation, including date approved by State**
		C	**13. Minutes of first corporate organizational meeting**
		C	**14. Minutes of board meetings for the past two years**
		C	**15. Corporate by-laws**
		C	**16. Copy of stock certificates issued (not a specimen copy)**
		C	**17. Stock transfer ledger**
		C	**18. Proof of stock purchase**
S	P	C	**19. Copies of third-party agreements, such as rental or management service agreements**
S	P	C	**20. Applicable license(s) and/or permit(s)**
S	P	C	**21. Business card**
S	P	C	**22. Birth Certificate or American passport of qualifying applicant**
S	P	C	**23. Names of two client references**
S	P	C	**24. Lease/rental agreement for business site**
S	P	C	**25. One canceled check used for lease/rental of business site**
S	P	C	**26. Bank signature card**
S	P	C	**27. Recent contractual agreement between firm and client**
S	P	C	**28. Brochure (or descriptive information on firm)**
S	P	C	**29. Personal Net Worth Form**
S	P	C	**30. Addendum to Certification Application (Determination of Social Disadvantage)**

S - Sole Proprietorship P-Partnership C-Corporation