

OFFICE OF THE GOVERNOR

ROBERT BENTLEY
GOVERNOR



ALABAMA DEPARTMENT OF ECONOMIC
AND COMMUNITY AFFAIRS

JIM BYARD, JR.
DIRECTOR

STATE OF ALABAMA

OFFICE OF MINORITY BUSINESS ENTERPRISE

Dear Sir or Madam:

Enclosed is a program application for the Office of Minority Business Enterprise, a minority and women's business certification and support program focused on increasing business opportunities for the target audience. Your business must have been in operation for one year prior to seeking certification. Please fully complete the application, have it notarized and provide a copy of the following documents:

- A. State of Alabama Department of Finance Vendor Application (if a registered state vendor).**
- B. Articles of Incorporation; or Organization, if an LLC.**
- C. Stock or membership certificate for each business stockholder/owner.**
- D. Other certifications (DBE, WBEC, etc.), as applicable.**
- E. Statement of duties for each stockholder or business owner.**
- F. Current Alabama state, city, and county business license(s).**
- G. Professional license(s), as applicable.**
- H. Federal and state income tax returns for the past two years.**
- I. Bank signature card.**
- J. Capability Statement (ability to produce other products or services).**
- K. Picture of business facilities (building, signage, etc.).**
- L. Proof of citizenship (ID card, tribal card, or citizenship papers if naturalized citizen).**
- M. Picture ID (driver license, etc.).**

Please return the completed application package to:

Office of Minority Business Enterprise (OMBE)
Alabama Department of Economic and Community Affairs (ADECA)
401 Adams Avenue, Suite 410
Montgomery, AL 36103

You must demonstrate that the business is owned (minimum 51 percent) and controlled by the minority or female applicant. For additional assistance, do not hesitate to contact Mr. Clarence Mann at 800-447-4191 or (334) 353-5680.

Sincerely,

Beatrice M. Forniss, Unit Director
Resources for Economic Assistance Programs

BF/CM/ap

**ALABAMA
OFFICE OF MINORITY BUSINESS ENTERPRISE
ALABAMA DEPARTMENT OF ECONOMIC AND COMMUNITY AFFAIRS**

ELIGIBILITY

To be eligible for certification as a minority or woman-owned business, the applicant must meet certain requirements which include, but are not limited to the following criteria:

1. Submit a legible type-written application.

2. **TIME IN BUSINESS**

A business must have been in operation for one year prior to seeking certification.

3. **OWNERSHIP**

A business must be at least 51 percent unconditionally owned, controlled and daily-operated, with a legal (license) presence in Alabama, by either:

- a. An individual(s) who is a citizen of the United States [specifically excluding resident alien(s)] and determined to be socially and economically disadvantaged, or;
- b. An economically disadvantaged Indian Tribe, Alaskan-native corporation, or Native-Hawaiian organization.

4. **SOCIALLY DISADVANTAGED**

Socially disadvantaged individuals are those who have been subjected to racial or ethnic prejudice, sexual or cultural bias because of their identity as a member of a group without regard to their individual qualities.

5. **ECONOMICALLY DISADVANTAGED**

Economically disadvantaged individuals are those individuals whose ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities.

6. **MEMBERS OF DESIGNATED GROUPS**

African-Americans, Native Americans, Hispanic-Americans, Women, Asian-Pacific Americans and Asian-Indian Americans have been officially designated as socially disadvantaged. Members of other groups must show proof of social disadvantage. Economic disadvantage must be established for all applicants. Participating agencies determine eligibility on a case-by-case basis.

**ALABAMA OFFICE OF MINORITY AND WOMEN'S BUSINESS ENTERPRISE
CERTIFICATION APPLICATION**

General Instructions— Application **must** be typed or legibly written.

Use plain white paper when answers require additional space. Properly identify the item referred to by the appropriate number. At the top of each additional page, state the name of the applicant, date of application and item number. Please answer all questions completely. If a particular question does not apply to your business operation, write not applicable (N/A) in the space provided. You must include all requested attachments. **YOUR BUSINESS MUST HAVE BEEN IN OPERATION FOR ONE YEAR PRIOR TO SEEKING CERTIFICATION. THIS APPLICATION MUST BE SIGNED, DATED, AND NOTARIZED!**

Date of application _____ / _____ / _____ (Day, Month, Year)

I. BUSINESS INFORMATION

Name of Business: _____

Contact Person Title

Business Street Address (Also mailing address, if different)

City State Zip

Telephone Number Email Address Web Site

Fax Number: _____ Cell Number: _____

Date Business Established _____ / _____ / _____ (Day, Month, Year)

Method of acquisition (check one)

() Purchased existing business () Started business () Secured a franchise
() Merger or consolidation () Other (Please specify) _____

Is your business a home-based operation: Yes _____ No _____

List or attach location of all additional facilities _____

NAIC Codes: (SIC Codes) _____

List and include copies of all state license(s) _____

Major products and/or services offered:

Gross annual sales _____

Can you supply products or services? Local _____ Regional _____ National _____

Legal Structure (check one)

- () Proprietorship LLC
() Partnership LLP
() Corporation
() Sole Proprietorship

Total Number of Employees: _____

Total Number of Minority Employees: _____

Federal Tax ID Number: _____

Type of Business (check one)

- () Manufacturing () Professional Services () Broker
() Construction () Finance () Transportation
() Service () Distributorship () Other

II. CUSTOMER BUSINESS REFERENCE

1. Customer Name _____

Plant _____

City _____

Buyer _____

Telephone () _____

Product/Service _____

Dollar Volume \$ _____

Quality Approvals (if applicable) _____

3. Customer Name _____

Plant _____

City _____

Buyer _____

Telephone () _____

Product/Service _____

Dollar Volume \$ _____

Quality Approvals _____

2. Customer Name _____

Plant _____

City _____

Buyer _____

Telephone () _____

Product/Service _____

Dollar Volume \$ _____

Quality Approvals _____

4. Customer Name _____

Plant _____

City _____

Buyer _____

Telephone () _____

Product/Service _____

Dollar Volume \$ _____

Quality Approvals _____

III. BANK AND CREDIT REFERENCES

1. List Your Bank and Credit References

(a) Name of Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Type of Account: _____ Credit Line Amount: _____

Name of Bank Officer: _____

Title: _____ Telephone: () _____

(b) Name of Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Type of Account: _____ Credit Line Amount: _____

Name of Bank Officer: _____

Title: _____ Telephone: () _____

2. List other Credit References:

Name of Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Type of Account: _____ Credit Line Amount: _____

Name of Bank Officer: _____

Title: _____ Telephone: () _____

Note: Please submit copies of all existing banking resolutions along with signature cards.

IV. CONSTRUCTION [] OR SERVICES [] INFORMATION (Check One)

Trade Specialty _____ Bonding Capacity \$ _____

Copy of Bond Attached _____ Bonding Agent _____

Authorities/Licenses (list and include copies all professional licenses) _____

1. UNION NAME: _____ Union Affiliation: _____

Local Union _____

2. PROJECT NAME _____ (Most recent) 3. Project Name _____ (Largest)

Geographical Area _____ Geographical Area _____

Start Date _____ / _____ / _____ Start Date _____ / _____ / _____

Finish Date _____ / _____ / _____ Finish Date _____ / _____ / _____

Dollar Value \$ _____ Dollar Value \$ _____

*Please send copy of Bonding Certificate

V. TRANSPORTATION INFORMATION (Transportation Carriers, Only)

1. Operating Status: Independent Carrier () Common Carrier ()

2. List the Commodities You Normally Transport: _____

3. Operating Authorities: Interstate () Intrastate ()

4. Insurance Carrier: _____

*Note: Please submit proof of insurance coverage.

5. List All Vehicles and Equipment (Please forward copies of all applicable vehicle titles/leases.)

<u>Vehicles and Equipment</u>	<u>Owned/Leased</u>	<u>Registration No.</u>
_____	_____	_____
_____	_____	_____

VI. (A) PLANT OR SATELLITE OPERATIONS INFORMATION

Plant Address _____ City _____ State _____ Zip _____

Telephone _____

Plant Manager _____

Facilities (Total Available Space): _____ Office Square Feet _____

VI. (B) EQUIPMENT INFORMATION

List your basic operating equipment:	<u>Owned</u>	<u>Leased</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Include copies of lease agreement(s)

VII. MANAGEMENT INFORMATION

A. List the names of every proprietor, partner, officer, director and stockholder and include a separate Statement of Duties for each. The names listed should include minority group members and non-minority group members.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

B. Under ownership column note if entry is an S-stockholder, P-proprietor or partner, D-director and O-officer. Where the person is a minority group member, insert the appropriate code letter corresponding to the minority group in which the party claims membership in accordance with the following:

Minority Classification/Group:

B = Black E = Asian Pacific
H = Hispanic X = Non-Minority
AI = Asian Indian C = Caucasian
NA = Native American O = Other

Citizenship status:

1 = By Birth
2 = Naturalized Citizen

Gender

M = Male F = Female

Member Information

<u>Name/Title</u>	<u>Handles Daily Management</u>		<u>Ownership Minority Group Member Status</u>	<u>Affiliate Percent of Ownership</u>	<u>Citizenship Status Group Member</u>
	<u>Yes</u>	<u>No</u>			
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____

- C. Does the applicant/business have any affiliates or is it a subsidiary or affiliate of another concern? (Check one) Yes No (If yes, provide the name, address, and telephone number of the subsidiary affiliate or parent. Also describe the relationship of the applicant company to the subsidiary, affiliate or parent.)
- D. Does applicant business concern or any person listed above have or intend to enter into any type of agreement with any other concern or person which relates to or affects the on going . (Check one) Yes No
- E. Is the applicant business concern involved in any administration, management or operations agreements with any other concerns or persons? Such agreements include but are not limited to management and joint-venture agreements and any agreement or contract involving the provision of such compensated services as administrative services, marketing, production and other types of compensated services. (Check one) Yes No (If yes, attach a copy of any written agreement or an explanation of any oral or intended agreement.)
- F. Is the applicant business concern involved in any present or pending lawsuit? (Check one) Yes No (If yes, provide details on a separate sheet.)
- F. Is the applicant business concern involved in bankruptcy or insolvency proceeding? (Check one) Yes No (If yes, please provide details on a separate sheet.)
- H. Supply a brief history of the applicant business concern on a separate sheet.
- I. Supply a copy of the applicant's financial statement for two years proceeding the year of application, plus financial statements of any subsidiaries or affiliates of the applicant for the same period of time. If the applicant is a new business concern, a copy of an opening balance sheet and projection of income or a statement by a certified public accountant that the applicant is a viable business concern. All financial statements submitted to the ADECA/OMBE/WOMBE must show applicable date of the information given and must be signed and dated by the proprietor, partner or authorized officer unless prepared by an independent certified public accountant. **All materials will be kept confidential.**
- J. Have you ever been rejected for certification by anyone? (Check one) Yes No (If yes, state when, by whom, and the reasons for rejection:) _____

VIII. AFFIDAVIT OF APPLICANT

Read the following paragraphs carefully! Your signature on this application indicates acceptance and understanding of the conditions.

- A. **OMISSION** of information may be cause for this application not receiving timely and complete consideration.
- B. **APPLICANT AGREES** to allow the ADECA/OMBE representatives access to the business concern and the right to a site visit of the applicant's place of business.
- C. **THE ADECA/OMBE RESERVES THE RIGHT** to request further information from the applicant prior to certification.
- D. **THE APPLICANT AGREES** to immediately notify the ADECA/OMBE of all facts that would result in a failure to satisfy the requirements contained in the guidelines.
- E. **CERTIFICATION** may be terminated at any time by ADECA/OMBE in accordance with the guidelines established by the ADECA/OMBE for the best interests of the ADECA/OMBE.
- F. **ALL INFORMATION** in this application is true and accurate and is submitted for consideration of certification and affiliate membership.
- G. **FRAUD** - IF the ADECA/OMBE discovers that a statement has been made herein which the applicant knows to be false, the certification process will be terminated immediately.
- H. **ALL MATERIALS** submitted with this package shall become the property of the ADECA/OMBE.
- I. **DE-CERTIFICATION IS AUTOMATIC** if a certified MBE has a change in ownership, control or management and does not inform ADECA/OMBE within 30 days of said change.
- J. **IF THE APPLICANT** is awarded certification, the applicant agrees to abide by all rules governing their status as may be determined by the ADECA/OMBE.

The undersigned hereby swears under penalty of law that all statements made in this application are true. The undersigned agrees to hold the ADECA/OMBE harmless for any claim arising out of this application and agrees to indemnify the ADECA/OMBE for any liability in connection with the certification of the applicant.

Business Name

Signature of Proprietor, Partner(s), or President of corporation:

Signature

Date

Print Name

Signature

Date

Print Name

Notary Signature

Date

Print Name