



CITY OF ORLANDO

TO: M/WBE Applicants
FROM: Minority and Women Business Enterprise Office
SUBJECT: City of Orlando M/WBE Certification Questionnaire

Please find attached the City of Orlando M/WBE Certification Questionnaire.

Complete all questions in full. Any questions not applicable to your company should be marked "N/A." Ensure the Affidavit is properly completed, signed and **NOTARIZED** and copies of all applicable documentation listed on the "Check List of Documents for Submittal" are submitted. If it is impossible to submit any document listed, note on a separate sheet with an explanation as to why it cannot be submitted. If you have any questions concerning the M/WBE Certification Questionnaire, please call Gina E. Bernard, Certification Officer at 407- 246-2809.

Mail completed Questionnaire and documentation to:

Minority and Women Business Enterprise Office
City Hall
P. O. Box 4990
Orlando, FL 32802-4990

Upon review and processing of your application, you will be notified of any other information required and of the date your application goes before the City of Orlando Certification Board for its review and decisions in writing.

The M/WBE Certification Program is governed by Chapter 57, Articles II and III of the City of Orlando Codified Ordinance and Rules and Regulations promulgated by the City of Orlando Certification Board. These documents are available for review in the Minority Business Enterprise Office, Orlando City Hall, Fifth Floor, 400 S. Orange Avenue, Orlando, Florida 32801 and are accessible on line at the City of Orlando's Website. (<http://www.cityoforlando.net/admin/mbe/index.html>)

You are encouraged to review all applicable rules and regulations prior to submission of your M/WBE Application.

Steps for Doing Business with the City of Orlando:

Getting on the Bid List: The Office of Purchasing has contracted with Demand Star by Onvia for the maintenance of an automated bid notification system. This system is categorized by specific commodities and services. Businesses who have subscribed to the service are notified by fax or e-mail when an Invitation to Bid, Request for Proposal or Request for Quote has been issued for the commodity or service offered by the business. You will receive by fax or e-mail, depending on your particular Demand Star by Onvia subscription, information regarding availability of the bid package.

To have your firm placed on the automated vendor list, contact Demand Star by Onvia at 1-800-711-1712 for details on the subscription services and fees.

Although this service is not a mandatory requirement in bidding with the City, it is the only way to be notified automatically of City bid opportunities that match what your company does.

You can also view City bid opportunities online at the City of Orlando's Purchasing Department's website: www.cityoforlando.net/admin/purchasing.

If you have any questions or need assistance with Demand Star, please contact the Purchasing Department at Tel: 407-246-2291.

Information concerning major construction and engineering projects which are handled by the Public Works Department, may be obtained from the Engineering Bureau at Tel: 407 – 246-2261.

Attachment

STATEWIDE AND INTER-LOCAL MINORITY BUSINESS ENTERPRISE CERTIFICATION APPLICATION

Certifying Entity: **CITY OF ORLANDO, FLORIDA**

FOR INTERNAL USE ONLY

INSTRUCTIONS: Please complete each item. Type or print clearly. Do not leave any spaces blank on the application. If a question is not applicable to your business, insert "N/A" in the space provided. Whenever the space is insufficient to answer a question completely, attach additional sheets as necessary. Use the question number to identify any answer continued on an additional sheet.

DATE _____

1. NAME OF FIRM: _____

2. FICTITIOUS NAME: _____

3. FEDERAL ID NUMBER _____

4. ADDRESS OF THE FIRM _____
(Number & Street)

(City) (State) (Zip Code)

5. MAILING ADDRESS:

Number & Street	CITY	STATE & ZIP CODE

6. BUSINESS PHONE NUMBER(S):

OFFICE NUMBER: _____ FAX NUMBER: _____

E-MAIL ADDRESS: _____

COMPANY WEBSITE: _____

7. LIST ALL BRANCH OFFICE LOCATIONS:

City, State	Telephone(s)	FAX(S)

8. APPLICANT'S MINORITY STATUS (Identify status for which certification is sought)

[Check all that apply]

AFRICAN AMERICAN HISPANIC AMERICAN
 ASIAN AMERICAN NATIVE AMERICAN
 AMERICAN WOMEN

9. PRIMARY OWNER OR OFFICER:

_____ (Name) _____ (Title)

10. CONTACT PERSON 1:

_____ (Name) _____ (Title)

CONTACT PERSON 2:

_____ (Name) _____ (Title)

11. DATE FIRM WAS ESTABLISHED:

_____ (Month) _____ (Day) _____ (Year)

12. NATURE OF BUSINESS: Specify primary line(s) of business, services, products, and/or materials MWBE status is requested for. (Example: fencing, painting, cleaning supplies, engineering consultant)

Identify only those areas for which you can provide a useful business 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.

Professional Service Supplier Manufacturer
 Transportation Service Construction

(b) Are minority owners of the business legal and permanent residents of Florida?

_____ YES _____ NO

If not, where and for how long: _____

(c) Has ownership been transferred to the minority owner(s) in the past two (2) years from a relative or from a former or current non-minority employer? _____ YES _____ NO

if yes, list the name(s) of former owner(s), date of transfer and percentage of ownership transferred.

Name	Date of Transfer	% of Ownership Transferred

16. TYPE OF OWNERSHIP: (Check One)

_____ Corporation

_____ Partnership

_____ Sole Proprietorship

_____ Limited Liability Company (LLC)

17. CORPORATIONS: (Complete in full and provide attachments as requested)

Date of Incorporation _____ State of Incorporation _____

(a) Is any stock of the corporation pledged, subject to any lien agreement or beneficially owned by anyone other than the person in whose name it is issued? [] YES [] NO If yes, attach all such ownership documentation.

(b) Is any holder of stock in the corporation a party to any agreement relating to the management or control of the corporation, the rights of the holders of any class of stock of the corporation or the sale, transfer, or transferability of a stock of the corporation? [] YES [] NO If yes, attach all such ownership agreements.

(c) Please complete the following statements:

The firm has *authorized* _____ shares of stock, and _____ are common stock and _____ are preferred stock.

The firm has *issued* _____ shares of stock, and _____ are common stock and _____ are preferred stock.

18. IDENTIFY THE FIRM'S CURRENT BOARD OF DIRECTORS AS SPECIFIED BELOW.

NAME	RACIAL/ETHNIC GROUP/GENDER	TITLE/POSTION	DATE OF SERVICE

19. IDENTIFY ADDITIONAL NAMES OF FIRM'S BOARD OF DIRECTORS WHO HAVE SERVED DURING THE PAST FIVE (5) YEARS.

NAME	RACIAL/ETHNIC GROUP/GENDER	TITLE/POSTION	DATE OF SERVICE

20. PARTNERSHIPS

a) Date Established: _____

b) List the names of each partner and describe the ownership interest of each, if all are not equal general partners.

Name/Title	Ownership %

21. SOLE PROPRIETORSHIPS

a) Date Established

b) Name of Proprietor

22. IDENTIFY EACH OFFICER OF THE FIRM (BY TITLE) AND STATE HIS/HER CURRENT EMPLOYMENT BY ANOTHER FIRM, IF ANY:

Title	Name	Other Employment	Gender M/F	Race/Ethnicity
Chief Executive Officer				
President				
Vice President				
Secretary				
Treasurer				

23. Identify any owner or management official or relatives of owner or management official of the firm who is an employee of another firm and maintains a business relationship with or sits on the Board of Directors of that firm. Explain the business relationship. (Business relationship may include shared space, equipment, financing, employees, or both firms may have one or more of the same owners).

24. If the answer to #23 is "none," the owner must affirm by handwriting and signing the following statement:

"There are no owners or management officials nor relatives of owners or management officials of my company who are or have been employees of another company that has an ownership interest in or a present business relationship with my company."

SIGNATURE

25. IF ANY OWNER OF THE APPLICANT FIRM HAS OWNERSHIP INTEREST IN ANOTHER COMPANY, PLEASE IDENTIFY COMPANY IN WHICH INTEREST IS HELD.

NAME	COMPANY NAME	TYPE OF BUSINESS	% OF OWNERSHIP

26. IF YOUR COMPANY IS OWNED IN FULL OR IN PART BY ANOTHER FIRM, IDENTIFY THAT FIRM AND PERCENTAGE OF OWNERSHIP INTEREST (Include Mesbics, Venture Capitalists and other similar investors).

FIRM NAME	ADDRESS	% OF OWNERSHIP	CONTACT PERSON	TELEPHONE #

27. INDICATE WHO DIRECTS THE FOLLOWING ON A DAY-TO-DAY BASIS (Include names and titles).

Policy-Making:	
Financial Decisions:	
Personnel Decisions:	
Sigs Payroll:	
Sigs for Surety Bonds & Insurance :	
Contractual Decisions :	

28. IDENTIFY AND FULLY EXPLAIN ANY CHANGES WITHIN THE PAST TWO (2) YEARS AFFECTING THE OWNERSHIP, CONTROL AND/OR RESPONSIBILITY FOR THE DAY-TO-DAY OPERATIONS OF THE COMPANY. If yes, explain (Use a separate sheet, if necessary). YES NO

29. DURING THE PAST TWO (2) YEARS, HAVE THERE BEEN ANY CHANGES IN KEY MANAGEMENT/TECHNICAL PERSONNEL (Including New Hires, Terminations and/or Promotions)? If yes, explain (Use a separate sheet, if necessary). YES NO

30. CURRENT NUMBER OF EMPLOYEES ON THE PAYROLL:

Full-time _____ Part-time _____ Contract Personnel _____

31. PERMANENT & PART-TIME EMPLOYEES: (Identify Title/Position, Race, Sex of all Employees)

TITLE/POSITION	TOTALS	MINORITY	FEMALE
Management			
Professional			
Technical			
Supervisory			
Clerical/Administrative			
Skilled Labor			
Unskilled Labor			
Grand Total			

32. WORKFORCE INFORMATION:

(a) Are any of the employees on another firm's payroll? If so please identify firm(s) and names of employees

Firm	Name of Employee

33. LIST THE HIGHEST PAID INDIVIDUALS (by Race and Gender) WITH SALARY AMOUNTS AND OTHER FORMS OF COMPENSATION FOR THE PAST TWO (2) YEARS. (Include owners, employees, consultants, independent contractors, etc. Submit W-2 forms and 1099 forms as appropriate.)

NAME	RACE/GENDER	SALARY	OTHER COMPENSATION

34. CONSULTING SERVICES:

Has your firm contracted for management or financial consulting services during the past 12 months? If yes, please identify the firm/service provider:

_____ YES _____ NO

Name	Address	Phone Number	Contact Person

35. SPECIFY THE GROSS RECEIPTS AND THE NET WORTH OF THE FIRM FOR THE LAST THREE (3) YEARS.

a) Year ending _____	Total Receipts \$ _____	Net Worth \$ _____
b) Year ending _____	Total Receipts \$ _____	Net Worth \$ _____
c) Year ending _____	Total Receipts \$ _____	Net Worth \$ _____

36. IDENTIFY THE COMPANY'S BANKING INSTITUTION (S)

Name of Institution	Address	Contact Person	Type of Account

37. NUMBER OF SIGNATURES REQUIRED ON COMPANY CHECKING ACCOUNT: _____

Please provide the signatures of all Officers of the firm and indicate if they are authorized to sign checks. (Circle Yes or No)

SIGNATURE

President	_____	YES	NO
Vice President	_____	YES	NO
Secretary	_____	YES	NO
Treasurer	_____	YES	NO
Chief Operating Officer	_____	YES	NO

38. IF OTHER PERSONS ARE AUTHORIZED TO SIGN CHECKS, PLEASE INDICATE BELOW.

NAME	SIGNATURE	TITLE

42. LICENSES REQUIRED TO CONDUCT BUSINESS: Attach copies of any required local, county and state active business license(s) and permit(s), i.e., contractors, A&E Registration, etc., for each license/permit attached, indicate:

NAME OF LICENSING ENTITY	NAME OF LICENSE/QUALIFYING INDIVIDUAL	TYPE OF LICENSE	ETHNICITY/ RACE & GENDER	EXPIRATION DATE	% OF OWNERSHIP

Those companies that require a professional license to perform their line(s) of business, list the following:

Name of License Holder/Individual Qualifying Agent	Ownership Interest %

43. SPECIFY THE MAJOR ITEMS OF EQUIPMENT AND VEHICLES OWNED AND/OR LEASED BY THE FIRM. PROOF OF PURCHASE REQUIRED. (See Document Submittal Sheet for required attachments).

44. OFFICE FACILITY (Check One): Rent _____ Own _____ Home Office _____

If renting, provide the following: (A copy of the Rental/Lease Agreement)

Name of Landlord:	
Address:	
Phone No.:	

45. LIST THE SIX (6) LARGEST PROJECTS, IN DOLLAR AMOUNTS, COMPLETED BY THE FIRM DURING THE LAST YEAR.

CONTRACT \$ AMOUNT	SCOPE OF WORK	COMPLETION DATE	NAME/ADDRESS OF JOB	NAME OF PRIME CONTRACTOR	CONTACT PERSON

46. LIST THE THREE (3) LARGEST SUBCONTRACTORS AND DOLLAR VOLUME OF COMPLETED CONTRACTS UTILIZED IN THE PAST THREE (3) YEARS.

SUBCONTRACTOR	CONTRACT NAME	DOLLAR AMOUNT AWARDED

47. BUSINESS REFERENCES:

COMPANY NAME	ADDRESS (CITY & STATE)
1.	
2.	
3.	

48. DO YOU OWN/LEASE WAREHOUSE SPACE? IF YES, PROVIDE THE NUMBER OF SQUARE FOOTAGE.

_____ YES _____ NO _____ SQUARE FT.

49. DISTRIBUTORS/SUPPLIERS (Complete this question only if the business is a distributor or supplier).

Average Dollar Value of Inventory _____

CHECK LIST OF DOCUMENTS FOR SUBMITTAL

Copies of these documents are required only if they are applicable to your business operations. Write "N/A" next to those not applicable.

- Proof of minority status for all owners and officers (birth certificates, driver licenses, court records, tribal records, passports, naturalization, voter registration cards)
- Proof of residency of all owners/directors (driver licenses, homestead exemption, voter registration)
- Prior 2 years' Federal Tax Returns including all schedules
 - A. Corporations submit Corporate Federal Income Tax Returns
 - B. Sole Proprietorships submit Individual tax returns
- Last 2 years' Financial Statements for the business
- Payrolls for the last 12 months, including the Florida Quarterly Unemployment Compensation Reports and Wage Listing Reports. Include compensation for owners and officers.(UTC-6/941 FORMS)
- Completed W-9 Form
- Firm's distribution of profits for the previous year
- Title(s) or Registration(s), bill(s) of sale for firm's vehicles
- Purchase, Lease or Rental Agreement(s), Bill(s) of Sale for major equipment used by the firm
- Purchase, Lease or Rental Agreement for principle place of business and any storage/ parking facilities
- Professional License(s) used in the conduct of business
- Application and Indemnity Agreement for Bonding
- Limited Partnership Certificate
- General Liability and/or Professional Liability for the firm (Provide quotes, if applicable)
- Key Life Insurance Policies
- Promissory Notes, Loan Agreement(s) or any instrument which obligates firm's assets, minority owner's interest in the firm or the minority owner
- Bill of Sale, Buy-Out or Purchase Agreement for the firm.
- Profit Sharing Agreement
- Lines of Credit

- Franchise Agreement
- Affidavit of Intent to Use Fictitious Name
- Occupational Licenses
- Minutes of the first Corporate Organizational Meeting and Minutes reflecting election of current Board of Directors and Officers
- All Stock Certificates issued, including all canceled certificates.
- Stock Ledger
- Proof of Stock Purchase (Canceled Checks, etc.)
- Articles of Incorporation
- Corporate By-Laws
- Bank Signature Card
- Partnership Agreement
- Personal Financial Statement of Sole Proprietor
- Detailed Resumes of all Principals/Owners
- Detailed List of Inventory Available for Re-Sale to the Public
- Provide four (4) copies of completed Contracts, Purchase Orders, Invoices to Customer (showing detailed description of work performed/scope of services and rates)

Limited Liability Companies:

- Operating Agreement
- List of Members by race, sex, and date appointed
- Certificates/ Units issued to each member
- Proof of Capital Contribution for each member

RELEASE OF CONFIDENTIAL INFORMATION

I, _____ personally and as the representative of _____
(Company Representative) (Company Name)

acknowledge that I have submitted an application to the **City of Orlando** for certification as a Minority/Women Business Enterprise (MWBE). Pursuant to Section 287.0943(l)(h), Florida Statutes (sited below and I hereby acknowledge reading same), I have designated certain information provided with the application as “proprietary confidential business” information.

I hereby release the **City of Orlando** to provide to, and exchange such information with other governmental entities or participants in the Statewide & Inter-Local Certification Agreement, with whom I am seeking, or have sought, certification as a MBE. The scope of this release is expressly limited to requests of those governmental entities with whom I am applying or have applied to be certified as a MWBE.

This release shall be effective from the date of this application until the next application. I have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Signed, _____

Section 287.0943(l), F.S.

(h) The certification procedure should allow an applicant seeking certification to designate on the application form the information the applicant considers to be proprietary, confidential business information. As used in this paragraph, “proprietary, confidential business information” includes, but is not limited to, any information that would be exempt from public inspection pursuant to the provisions of s.119.07(3), trade secrets, internal auditing controls and reports, contract costs, or other information the disclosure of which would injure the affected party in the marketplace or otherwise violate s.286.041. The executor in receipt of the application shall issue written and final notice of any information for which non-inspection is requested but not provided for by law.

By signing and submitting this application, I acknowledge individually and on behalf of the applicant business that the applicant and I understand that:

- The applicant has the burden of establishing entitlement to certification.
- All information and documents submitted along with the Florida Statewide and Inter-local Minority Business Enterprise Certification Application or Affidavit for Recertification become an official public record. As such, the certifying entity bears no obligation to return to the applicant any items of original production or any copies of file documents.
- The applicant consents to examinations of its books, records and premises and to interviews of its principals, employees, business contacts, creditors, and bonding companies by the certifying entity for the purpose of determining the applicant's eligibility for certification.
- The certifying entity may request additional documentation not requested on this application.
- Pursuant to Section 287.094, Florida Statutes, the false representation of any entity as a minority business enterprise for purpose of qualifying for certification as such under this program may be punishable as a felony of a second degree. The certifying entity may initiate such disciplinary actions it deems appropriate including, but not limited to, forwarding pertinent information to the Department of Legal Affairs and/or certifying entity's legal counsel for investigation and possible prosecution.
- Further, applicant declares and affirms that ownership and management of this firm have not changed, except as indicated in the application/affidavit, during the past year since certification status was granted:

[Corporate Seal]

Authorized Officer
(please print) _____

Signature _____

Title _____

Company Name _____

On this _____ day of _____ 200 _____, _____
personally appeared before me, the undersigned officer authorized to administer oaths, known to me the persons described in the foregoing affidavit who acknowledged that he/she execute the same in the capacity stated for the purpose therein contained.

In witness whereof, I have hereunto set my hand and official seal.

Notary Public _____

Form of Identification Presented _____

My Commission expires _____