



Michigan Minority Supplier Development Council

3011 West Grand Blvd Detroit, MI 48202-3011

(313) 873-3200

2011 MBE Application for Certification

Please answer all questions as completely as possible. When answers require more space, use additional paper, properly identifying the item referred by the appropriate number. If a particular question does not apply to your business operation, write not applicable (NA) in the space provided. **Company submitting application must be at least fifty-one percent (51%) owned by one or more minority individuals with U.S. citizenship. Please include your completed application, supporting documents and processing fee of \$300.00.**

1. Company: _____

2. Parent Company: _____

3. Street Address: _____ **Check if home office**

4. Mailing Address [if different]: _____

5. City: _____ 6. State: _____ 7. Zip: _____

8. Telephone: _____ 9. Fax Number: _____

10. Website Address: _____ 11. E-mail Address: _____

12a. Employer's ID Number/Federal ID Number: _____ and/or

Social Security Number : _____ **(Sole Proprietorship only)**

12b. In the space below, please give a concise description of company's product(s), service(s), or type of construction. If your company offers more than one product/service, list primary product or service first. The description below will be placed in our database and online directory. **(Maximum characters is 225 this includes spaces-dashes-periods etc)**

12c. List owner, members, corporate shareholders and Limited Liability Corporation members and title:

Owner's Name(s)	Owner's Title

13. Key Contact (s) Name (preferably owner/principal): _____ Phone # _____

14. Key Contact's Title: _____ Email: _____

Other Contact (s) Name _____ Other Contact's Title: _____

Other Contact Phone Number _____ Other Contact's E-mail _____

Additional Contact (s) Name _____ Additional Contact's Title: _____

Additional Contact Phone Number _____ Additional Contact's E-mail _____

15. NAICS Codes (s): _____ (Maximum of 5 codes)

(Six digit codes only) If you don't know your NAICS Code, go to: <http://www.naics.com/search.htm>

***MINORITY GROUP**

A citizen of the United States who is Black, Hispanic, or Native American. Asian Pacific whose origins are in Japan, China, the Philippines, Vietnam, Korea, Samoa, Guam, the U.S. Trust Territory and the Pacific Islands, the Northern Marianas Islands, Laos, Kampuchea (Cambodia), Taiwan, Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Republic of the Marshall Islands, or the Federated States of Micronesia. Native American means American Indians, Eskimos, Aleuts, and Native Hawaiians. Asian Indian Americans include United States citizens whose origins are from India, Pakistan, and Bangladesh.

*NMSDC's definition of Sole Proprietorship is a company owned/operated 100% by one (1) individual or married couple. Split ownership does not constitute Sole Proprietorship.

27a. Are business premises: (check one)

- Owned
- Leased
- Home based

List or attach location of all additional facilities: _____

27b. Geographic market

- Local
- Regional
- National
- International

28. List of contributions of each of the owners.

Name	Actual Money	Equipment	Real Estate	Expertise
	\$			_____ years
	\$			_____ years
	\$			_____ years

29. If license or permit is required to provide product or service, give information as follows:*

Name of License Holder	Type of License/Permit	License Number

* This is to know if license or permit is owned by the minority applicant.

30. Does your company share any resources with any other firm or individual? Yes No

(office facilities, storage space, equipment, personnel, inventory, financing, etc.) If yes, please identify and explain fully.

31. Identify any owner, management official or employee of your company who is associated with any other business.

Yes No If yes, explain fully and identify the business or person with whom you have an agreement and attach any written agreement and/or explain any oral or intended agreement.

32. Identify those individuals (owners, non-owners and key employees) who are responsible for the day-to-day operations and policy decision-making, including those with prime responsibilities for:

Operation	Name	Title	Ethnic Origin
Financial decisions			
Signatory on major documents			
Personnel management			
Marketing/sales			
Payroll			
Estimating			
Purchasing of major items			
Supervision of Field Operations			
What jobs firm will undertake			

33. Is the company bonded?

- Yes, Amount _____
- No

Bonding /Security Company _____

34. Provide three current customer references (Must have at least one)

*A. COMPANY _____
Address _____
City/State/ZIP _____
Buyer _____ Phone: _____
Product/Service _____ Dollar Volume: _____

*B. COMPANY _____
Address _____
City/State/ZIP _____
Buyer _____ Phone: _____
Product/Service _____ Dollar Volume: _____

* C. COMPANY _____
Address _____
City/State/ZIP _____
Buyer _____ Phone: _____
Product/Service _____ Dollar Volume: _____

35. Provide two current bank references (Must have at least one)

* A. Name of Bank Officer _____ Title: _____
Name of Institution _____
Address _____
City/State/ZIP _____
Type of Account _____ Credit Line: \$ _____

* B. Name of Bank Officer _____ Title: _____
Name of Institution _____
Address _____
City/State/ZIP _____
Type of Account _____ Credit Line: \$ _____

Name of Bank Officer _____ Title: _____

36. If company is a Distributor, please complete: Average Dollar Value of Inventory: \$ _____

37. If company is a **Manufacturer**, list basic equipment and indicate whether equipment is leased or owned.

Basic Equipment	Leased/Owned
_____	_____
_____	_____
_____	_____

38. If company is a **Contractor**, please complete the following section:

License # _____ License Certification _____

Trade Specialty _____

Union Name/Local _____ Union Affiliation _____

Most Recent Project:

Project Name _____ Start Date _____ Finish Date _____

Geographical Area _____ Dollar Value _____

NOTE: PLEASE SEND COPY OF BONDING CERTIFICATE

Please name your responsible Managing Officer or responsible Managing Employee:

39. Transportation Information:

- Operating Status:
- Independent Carrier
- Insurance Carrier

Common Carrier Operating Authorities:

- Interstate
- Intrastate

List the Commodities you normally transport

Vehicles/Equipment	Owned/Leased & Quantity	Registration No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: Please forward copies of all applicable vehicle title and/or lease agreements with this application

40. Does the applicant business have any subsidiaries or affiliates or is it a subsidiary of another concern? Check one:

- Yes
- No

If yes, provide the name, address, and telephone number of the subsidiary, affiliate or parent company. Also describe the relationship of the applicant company to the subsidiary, affiliate or parent.

41. Does applicant business concern or any person listed in question 26 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 administration, management or operations of the applicant concern? Such agreements include but are not limited to management and joint venture agreements and any arrangement or contract involving the provision of such compensated services as administrative service, marketing, production and other type of compensated services. If yes, attach a copy of any written agreement or an explanation of any oral or intended agreement.

- Yes
- No

42. Is the applicant business and/or owner concern involved in any present or pending lawsuit?

Check one:

- Yes, If yes, provide details on a separate sheet.
- No

43. How did you hear about the _____ Minority Supplier Council? _____ Council MBE Event or Presentation

- A corporate member
- Newspaper, Radio, TV
- Other (Please specify) _____

44. Supply a copy of the applicant's financial statement for one year preceding the year of application or for the time that the applicant has been in business if less than one year, plus financial statement of any subsidiaries of affiliates of the applicant for the same period of time. If the applicant is a new business concern, enclose a copy of an opening balance sheet and projection of income, or a statement by a certified public accountant, which states that the applicant is a viable business concern. All financial statements submitted to the Council 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.

DOCUMENTATION ATTACHMENTS – Please include appropriate documentation with the application and please indicate which documents are attached. The documentation required for certification is listed below, but is not limited to:

ALL BUSINESSES ARE REQUIRED TO SUBMIT:

- Fictitious Business Statement (if applicable)
- Proof of U.S. Citizenship (naturalization documents and birth certificate)
- Proof of Ethnicity for Owner(s), Partners, Shareholders (passport, birth certificate)
- Two Years of Federal Tax Returns (Business)*
- Financial Statements (P &L , statement of cash flows, balance sheet)
- Notes Payable
- Applicable Operating Business License and/or permits
- Lease Agreements (Facilities and Equipment)
- Resume(s) of all owner(s), partners or shareholders
- Equipment Rental and Purchase Agreements (if applicable)
- Contract or work history for the past three years (if applicable) (name/contact type of work performed or type of contract received)
- Equipment owned (include description of equipment, year acquired, and current value)
- Proof of Bonding Capacity (if applicable)
- Bank Signature Card (copy signature card or letter from bank)
- Indian/Native Americans Blood Degree Certificate (i.e. tribal registry letter, tribal roll register number) [if applicable]
- \$300.00 non-refundable processing fee**

LLC's SUBMIT:

- Income Statement
- Balance Sheet
- Notes Payable
- Copy of Bank Account Signature Card or letter from Bank identifying signers
- Operating License
- Facility Lease Agreement (if any)
- Articles of Organization
- Operational Agreement
- Organizational Agreement

PARTNERSHIPS SUBMIT:

- Partnership Agreements
- Buy Out Rights
- Profit Sharing
- Current Partnership
- Financial Statement
- Third-party agreements: management service agreements
- Proof of Capital Investment

CORPORATIONS SUBMIT:

- Article of Incorporation
- Minutes of 1st Board Meeting
- Copies of Stock Certificates
- Current Stock Ledger
- Corporate Bylaws
- Proof of Stock Purchase

*Personal taxes if in business less than 1 year

IMPORTANT NOTE:

Please submit only required documents in chronological order. The submission of a neatly organized application accompanied with the required documents will expedite the processing of your application. Please provide an explanation for any documentation you cannot provide.
Incomplete applications will promptly be returned.

DECLARATION OF CERTIFICATION OF MINORITY STATUS

I (We) have completed and submitted the Minority Supplier Registration and Database Input Form as requested by the MICHIGAN MINORITY SUPPLIER DEVELOPMENT COUNCIL and hereby certify that the information contained herein and all attachments submitted are true and correct and accurate to the best of my (our) knowledge and belief. I (We) understand that this Declaration of Certification and the criteria set forth have been developed according to the guidelines established by the NATIONAL MINORITY SUPPLIER DEVELOPMENT COUNCIL. The certification, when granted, will be for a one (1) year period. I (We) further understand that completion and submission of this form, together with all attachments hereto, is not necessarily the sole criteria for determining certification of minority status by the MICHIGAN MINORITY SUPPLIER DEVELOPMENT COUNCIL.

I (We) acknowledge that if the Council discovers that a statement has been made herein which the applicant knows to be false, the certification process will be terminated immediately. I (We) agree that all materials submitted with this package shall become the property of the Council.

I (We) further agree that once certified, the continued certification and registration by the MICHIGAN MINORITY SUPPLIER DEVELOPMENT COUNCIL will be according to the guidelines, rules and regulations of the MICHIGAN MINORITY SUPPLIER DEVELOPMENT COUNCIL and the NATIONAL MINORITY SUPPLIER DEVELOPMENT COUNCIL and may be amended for time to time. Termination of my (our) status may be based upon, but not necessarily limited to, any one of the following:

1. Cessation of business operation by the minority business concern.
2. Discovery that any false information was knowingly supplied to the MICHIGAN MINORITY SUPPLIER DEVELOPMENT COUNCIL in the completion of this form or as contained in any attachments submitted.
3. Failure to provide timely notice or withholding of any notice to the MICHIGAN MINORITY SUPPLIER DEVELOPMENT COUNCIL of the transfer or loss of ownership and/or management and control of the business concern by its minority group members.
4. Failure or refusal to allow the MICHIGAN MINORITY SUPPLIER DEVELOPMENT COUNCIL and/or its representative access to the company's place of business upon reasonable notice and demand for the purpose of a site visit.
5. Sale, exchange, or transfer of ownership of the minority business concern, if such transfer results in the loss of control and ownership of the business concern by the minority group members.

I (We) understand and agree that the MICHIGAN MINORITY SUPPLIER DEVELOPMENT COUNCIL reserves the right to request any further and additional information that it may deem necessary to substantiate the information and representations made by the applicant (applicants) for certification. I (We) declare that the company in whose name this application is being submitted is at least fifty-one percent (51%) owned by one or more minority individuals (as defined herein) and such individuals control, operate and manage the company.

The undersigned hereby agrees (agree) to hold MICHIGAN MINORITY SUPPLIER DEVELOPMENT COUNCIL free and harmless from any and all claims, demands, and damages whatsoever arising out of the presentation of this application and agrees to indemnify and hold MICHIGAN MINORITY SUPPLIER DEVELOPMENT COUNCIL harmless for any and all liability in connection with the certification of the information contained in this application.

The undersigned hereby declares (declare) under penalty of perjury that all statements made in this application and any attachments hereto are true and correct. **I understand that the \$300.00 Registration Fee is included and non-refundable (Sign On Next Page)**

Make Sure all owner(s) partner(s) shareholder(s) etc read this page before signing the affidavit page of the application

Business Name _____

Signature of all Proprietor, Partners and President of the Corporation

_____	Date _____
_____	Date _____
_____	Date _____
_____	Date _____
_____	Date _____
_____	Date _____
_____	Date _____
_____	Date _____

Please have this form **NOTARIZED**, retain a copy of this form for your files and return the original and the attachments to:

Certification Department
Michigan Minority Supplier Development Council
3011 West Grand Blvd. Suite #230
Detroit, MI 48202-3011
(313) 873-3200

State of _____

County of _____

On _____ 20____, before me, (name) _____ the undersigned

Notary Public, personally appeared (name) _____, personally known to me, or proved to me on the basis of satisfactory evidence, to be the person(s) whose name (s) is/are subscribed to the within instrument, and acknowledged to met hat he/she they executed in the same in his/her their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) of the entity upon which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Notary Public _____

(Seal)

Commission Expires _____

NOTE: Public Law 99-272, the "Consolidated Omnibus Budget Reconciliation Act of 1985," which amends Section 16 of the Small Business Act, establishes penalties of up to a \$50,000 fine or imprisonment of up to five years, or both, for misrepresenting, in writing, the status of any concern or small business owned and controlled by socially and economically disadvantaged individuals (a "DBE") in order to obtain for oneself or another any prime subcontract to be awarded as a result or in furtherance or any provision of federal law that specifically references Section 8(D) if the Small Business Act for a definition of eligibility.