



MINORITY/FEMALE BUSINESS ENTERPRISES CERTIFICATION APPLICATION

1. **Background** – The Cuyahoga Metropolitan Housing Authority (CMHA) has maintained a historical commitment to assist minority business enterprises by affording opportunities to increase their economic viability. In 1985, CMHA’s Board of Commissioners adopted the resolution approving this program. In order to meet today’s standards; CMHA redeveloped its program in an effort to stimulate economic opportunities for qualified minority and female enterprises. These opportunities are in the areas of construction, technical and professional services and for the procurement of equipment, supplies, and other services as necessary.

A variety of certification programs operate at the Federal, State and Local levels. These programs were originally designed to safeguard minority business assistance programs from misuse by non-minority firms and companies. They serve as a tool for an organization that wants to do business with minority enterprises by verifying the minority ownership of the firm and verifying that the firm is operational.

2. **Purpose** – The Cuyahoga Metropolitan Housing Authority (CMHA) created the MBE/FBE Program to afford maximum participation in all contracting and procurement opportunities for certifiable minority business enterprises and female business enterprises to the greatest extent feasible.
3. **Goal** – CMHA established a **20%** goal for participation by minority owned and operated businesses and a **10%** goal for female owned and operated businesses for all of its contracting and procurement opportunities.
4. **Applicability** – In order for a business to be certified by CMHA, the business must be operational for at least one-year and operate from one of the following counties: Cuyahoga, Summit, Lake, Lorain, Medina or Geauga.

5. **Definitions**

- **Small Disadvantaged Business:** To determine if a company is a small disadvantaged business, the business must be owned by one or more disadvantaged individual with a net worth of each person, upon whom the certification is based of \$750,000 or less, taking into account the exclusions allowed by the Federal government. The Small Business Administration Office can assist in understanding the criteria for small disadvantaged businesses. To locate the nearest SBA office, go to www.sbaonline.sba.gov/.
- **Female Business Enterprise:** For certification as a female business enterprise, a business must be at least **51%** owned, operated and controlled by one or more females of U.S. citizenship. Proof of effective management of the business (operating position, by-laws, and other decision-making role) is required as well as proof of control of the business as evidence by signature role on loans, leases, and contracts.
- **Minority Business Enterprise:** For certification as a minority-owned business, a business must be at least **51%** owned, operated and controlled by minority group members who are U.S. citizens and who demonstrate the capability to perform a line of business and provide a commercially useful business function according to customs and practices of the industry. The controlling interest in a company represented to be minority-owned must be citizens of the U.S. who are **African American** (origin from any of the Black racial groups of Sub-Saharan Africa); **Hispanic American** (origin from Latin America, Mexico, Puerto Rico, Cuba, Central and South American, or Hispanic cultures or descents); **Native American** (origin from any of the American and Alaskan Indian, Eskimo, Aleut, or Native Hawaiian tribes or bands... all American and Alaskan Indians must be documented members of a federally recognized tribal entity); **Asian-Pacific American** (origin from Japan, China, Philippines, Vietnam,

Korea, Samoa, Guam, Laos, Cambodia, Taiwan, Thailand, Indonesia, and the U.S. Trust Territories of the Pacific or the Northern Marianas); or **Asian-Indian American** (origin from India, Pakistan or Bangladesh).

As an approach for encouraging more business participation, CMHA uses outreach efforts through sponsored workshops, seminars, and continual promotion of the program by networking with other governmental and non-governmental agencies. It is the intent that CMHA's Inclusion Program benefits only those bona fide firms who are qualified for participation as defined under the program.

In accordance with the Authority's commitment to increase the level of MBE and FBE participation under its contracting and procurement activities, CMHA has established specific goals: at least **20%** of all expenditures be expended either directly or indirectly toward bona fide MBE's and at least **10%** of all expenditures and procurements be expended either directly or indirectly toward bona fide FBE's which are located within the covered area.

You may download a certification application at <http://www.cmha.net>.

For further information contact Mr. Robert Wilson, SDB Program Manager at 216-271-2838 or by email wilsonr@cmha.net.

It is the policy of the Cuyahoga Metropolitan Housing Authority (CMHA) to afford maximum participation in all contracting and procurement opportunities for certifiable minority business enterprises and female business enterprises to the extent feasible.

The Inclusion Program is an integral part of CMHA's compliance with its non-discriminatory employment program under Equal Employment Opportunity and meets the requirements imposed upon Public and Indian Housing Authorities as set forth under Section 3 of the Housing and Urban Development Act of 1968, as amended.

The Cuyahoga Metropolitan Housing Authority has established a **20%** goal for participation by minority owned and operated businesses and a **10%** goal for female owned and operated businesses under all of its contracting and procurement activities.

Fulfilling the objectives of the SDB Program is a cooperative effort and CMHA is obliged to lead the way by establishing and implementing affirmative procedures and practices which will ensure successful goal achievement. CMHA may refuse to do business with any entity who does not make good faith efforts to comply with meeting the goals of CMHA and carrying out the plans of this Program.

Thank you for your interest in The Cuyahoga Metropolitan Housing Authority's (CMHA's) Minority/Female Business Enterprise Certification Program. The objective of the program is to have a positive impact on the local economy while providing more opportunities for small minority and female owned businesses.

Certification is not required to do business with CMHA; however, some contracting opportunities require certification and can provide more exposure for your business.

Inclusion Program

We certify the following enterprises:

Minority Business Enterprise: A business that is at least **51%** owned and controlled by one or more minority persons.

Female Business Enterprise: A business that is at least **51%** owned and controlled by one or more females who is (are) a citizen (s) of the U.S. or a lawful, permanent resident, regardless of race or national origin.

Section 3 Business: See www.cmha.net for more information.

Minority and Female Certification Application

Applications for Minority and Female Business certification may be obtained from the Cuyahoga Metropolitan Housing Authority, Real Estate and Development Department, 8120 Kinsman Road, Cleveland, OH 44104 or by visiting the CMHA website at www.cmha.net.

Application Process

To be considered for certification as a Minority-Female Business, you must complete the certification application and provide all required supporting documentation. A checklist of required documentation is provided at the end of this packet. After an application has been received and reviewed a CMHA representative will conduct a site visit. Once it has been determined that you're a bona fide business entity, CMHA will issue a MBE/FBE certificate and list your business in the CMHA MBE/FBE Business Directory.

Completed Applications

Mail completed application and required documentation as follows:

Cuyahoga Metropolitan Housing Authority
Purchasing Department
8120 Kinsman Road
Cleveland, OH 44104
Attn: Robert Wilson III

**CUYAHOGA METROPOLITAN
HOUSING AUTHORITY
INCLUSION PROGRAM**

**MBE/FBE
CERTIFICATION APPLICATION**

Business Name: _____

Business
Address: _____

City: _____ State: _____ Zip: _____

Business Phone: () _____ Business Fax: () _____

Cell Phone: () _____ Email Address: _____

I am applying for certification as a:

- Minority Business Enterprise Female Business Enterprise Both
(Check all that apply)

My business is located in the following county:

- Cuyahoga Summit Lake Lorain Medina Geauga

OWNERSHIP INFORMATION

Owners Name: _____ **Title:** _____

Race: _____ **Gender:** _____

Check the box which indicates how this business owned:

- Individual (Sole Proprietor)**
A business which is owned directly by one person.
- General Partnership**
A business owned by two or more persons each of who are liable for the debts of the partnership.
- Limited Partnership**
A business owned by one or more general partners and one or more limited partners. Limited partnerships must file organizing documents with the State of Ohio, Office of Secretary of State.
- Limited Liability Company**
A form of business which has limited liability to its owners. Limited Liability Companies must register with the State of Ohio, Secretary of State.
- Corporation**
A legal entity that acts as a person, separate from its members or shareholders. It must file Articles of Incorporation or Domestication with the State of Ohio, Office of Secretary of State.

Date Business Established: - - (Ex. 01-01-2008)
(Must be an established business for at least one-year)

Federal Employer's Identification Number (**FEIN**):

Social Security Number: - (Ex. 34-1234567)

- - (Ex. 123-45-6789)

TYPE OF BUSINESS

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Computer (Repair/Sales) | <input type="checkbox"/> General Contractor |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Trucking | <input type="checkbox"/> Pest Control |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Heating (HVAC) | <input type="checkbox"/> Concrete/Asphalt |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Environmental Cleaning | <input type="checkbox"/> Asbestos |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Roofing | <input type="checkbox"/> Lead Abatement |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Window/Door Installation | <input type="checkbox"/> Carpet/Floor Installation |
| <input type="checkbox"/> Vinyl Siding | <input type="checkbox"/> Landscaping/Snow Plowing | <input type="checkbox"/> Other (Specify): |

Has your firm operated under any other name? Yes No

If yes, please explain:

FOR CORPORATIONS/LLC'S/PARTNERSHIPS

Identify those who have ownership in the business.

	1	2	3
Name			
Title			
Race			
Gender	<input type="checkbox"/> M or <input type="checkbox"/> F	<input type="checkbox"/> M or <input type="checkbox"/> F	<input type="checkbox"/> M or <input type="checkbox"/> F
Years Owned			
% Owned			
Salary			
Class of Stock	<input type="checkbox"/> Common <input type="checkbox"/> Preferred	<input type="checkbox"/> Common <input type="checkbox"/> Preferred	<input type="checkbox"/> Common <input type="checkbox"/> Preferred
Citizenship	<input type="checkbox"/> USC* <input type="checkbox"/> LAPR**	<input type="checkbox"/> USC* <input type="checkbox"/> LAPR**	<input type="checkbox"/> USC* <input type="checkbox"/> LAPR**

- *United States Citizen (USC)
- ** Lawfully Admitted Permanent Resident (LAPR)
- M=Male or F=Female

Total number of shares issued: _____ Total outstanding: _____

With firms less than 100% minority/female owned, please answer the following:

Amount of capital contributions made by majority owner (s): \$ _____
 How were they made? Cash Loan

Amount of capital contributions made by minority/female owner (s): \$ _____
 How were they made? Cash Loan

Equipment supplied by majority owner (s): _____

Equipment supplied by minority/female owner (s): _____

Real estate supplied by majority owner (s): _____

Real estate supplied by minority/female owner (s): _____

How was your business acquired?

- Cash/Capital Loan Gift Payment of Services Inherited Other

(Provide documentation for the appropriate box that you checked)

CONTROL OF FIRM

Responsibilities	Name	Race	Gender	Title
Signor of Checks and Payroll			<input type="checkbox"/> M <input type="checkbox"/> F	
Estimating			<input type="checkbox"/> M <input type="checkbox"/> F	
Sales/Marketing			<input type="checkbox"/> M <input type="checkbox"/> F	
Human Resources			<input type="checkbox"/> M <input type="checkbox"/> F	
Field Supervisor			<input type="checkbox"/> M <input type="checkbox"/> F	
Financial Decisions			<input type="checkbox"/> M <input type="checkbox"/> F	
Purchasing			<input type="checkbox"/> M <input type="checkbox"/> F	
Insurance			<input type="checkbox"/> M <input type="checkbox"/> F	

To the best of your knowledge, identify any owner or employee of the MBE/FBE/DBE Business who is currently, or has been previously, an employee of a majority –owned firm which has an ownership interest in, or a present business relationship with, the MBE/FBE requesting certification:

Name	Race	Gender	Title
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	

EMPLOYMENT DATA

				Male					Female				
Job	Total	Male	Female	Black	Hspn.	Asian Amer.	Amer. Indian	Alaska Native	Black	Hspn.	Asian Amer.	Amer. Indian	Alaska Native
Office/Manager													
Professionals													
Technicians													
Sales Workers													
Office/Clerical													
Craftsmen Semi-skilled													
Laborers Unskilled													
Service Workers													
Total this Report													

Identify all current full time employees including officers on your payroll. Use additional sheets if necessary.

Employee Name	Race	Gender	Title	Length of Employment
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		

		<input type="checkbox"/> M		
		<input type="checkbox"/> F		
		<input type="checkbox"/> M		
		<input type="checkbox"/> F		
		<input type="checkbox"/> M		
		<input type="checkbox"/> F		
		<input type="checkbox"/> M		
		<input type="checkbox"/> F		

CONTRACT/SALES VOLUME

Has your business been awarded any public or private sector contracts? Yes No

If yes, were they: Federal State Local Private

List three (3) of your most recent public or private sector contracts:

Name	Address	Phone	Amount
			\$
			\$
			\$

Please list as references three (3) of your primary business suppliers:

Supplier Name	Address	Phone	Annual Volume
			\$
			\$
			\$

Is your business a goods and supplies distributor? Yes No

If yes, please answer the following questions:

Do you own, operate and maintain a store, warehouse, or other establishment in which articles, equipment or supplies relating to your line(s) of products is/are kept in stock and sold to the public on a wholesale and/or retail basis? Yes No

If yes, please describe your facilities. If no, please explain any arrangement (s) that eliminate (s) this necessity.

As primary owner of this business, I certify that the business is registered with the City of Cleveland and, or State of Ohio as a legal business to perform the work as described herein.

By signing below, I swear that the foregoing statements made as part of this application are true and correct and includes all material information necessary. Further, the undersigned agrees to provide directly to CMHA any and all information and materials as may be required to substantiate the ownership and control of said company. This includes complete cooperation with CMHA allowing the examination of books, records, and files of the named company at the business location or CMHA office. I understand any material misrepresentation will be grounds for terminating any contract, which may be awarded, and for imposing sanctions under federal, state, or local laws concerning false statements. Please note that the information provided with this application may be subject to such laws. If after filing this document, there are any changes (during the ensuing calendar year) in the information submitted herein, the undersigned will inform the certifying organization to which this form was initially submitted immediately of the change (s).

Owners Name: _____ Title: _____

Owners Signature: _____ Date: _____

**CUYAHOGA METROPOLITAN
HOUSING AUTHORITY
INCLUSION PROGRAM**

**MBE/FBE
AFFIDAVIT**

This affidavit must display an original signature and notary seal.

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____ County: _____

Business Phone: () _____ Fax Number: () _____

The undersigned swears that the foregoing statements made as part of this application are true and correct and includes all material information necessary:

To identify the ownership thereof; and

To establish their eligibility for certification as a:

- Minority Business Enterprise
- Female Business Enterprise
- Both

Further, the undersigned agrees to provide directly to CMHA any and all information and materials as may be required to substantiate the ownership and control of said company. This includes complete cooperation with CMHA allowing the examination of books, records, and files of the named company at the business location or CMHA office. I understand any material misrepresentation will be grounds for terminating any contract, which may be awarded, and for imposing sanctions under federal, state, or local laws concerning false statements. Please note that the information provided with this application may be subject to such laws. If, after filing this document there is any changes (during the ensuing calendar year) in the information submitted herein, the undersigned will inform the certifying organization to which this form was initially submitted immediately of the change (s).

I certify that I have read the above information and understand the MBE/FBE program requirements and numerical goals.

NOTARIZATION: (Sign only in the presence of a Notary Public)

Owners Signature

Print Name

Title

Date

State of _____ County of _____ on this ____ day of _____ 20____, before me appeared

_____ acknowledging that he/she has read and understands the requirements and numerical goals set forth in the MBE/FBE Program.

Notary Signature

Commission Expiration

Notary Seal

REQUIRED DOCUMENTATION

The following documents are required with application submittal:

- Completed application
- Original notarized affidavit
- City of Cleveland licenses or registrations (General Contractors & Vendors)
- Business account signature card or corporate resolution (your bank will provide this)
- Business taxes (last two years)
- Personal taxes (last two years)
- Current (year-to-date) financial statement on the business
- Copies of six (6) cancelled business checks (front and back)
- Copies of three (3) recent contracts, invoices or purchase orders which business was done
- Copy of lease, rental, or mortgage agreement where business is located
- Workers compensation certificate
- Liability insurance certificate
- Copy of Birth Certificate
- Copy of Drivers License
- Tribal certificate and registration with Bureau of Indian Affairs (if applicable)
- Copy of other agency certifications (MBE/FBE/DBE/Section 3)
- List of all the equipment you use to operate your business
- A business card or brochure for the company being certified
- Resume of owner (s)
- Incorporation documents**
 - Articles of Incorporation documents
 - By-Laws
 - Board Meeting Minutes
 - Secretary of State Certificate
 - Share ledger
 - Stock certificates
 - Stock agreements
 - Buy-out rights
- Partnership or Limited Liability Corporations**
 - Articles of Organization documents
 - Partnership Agreement
 - Buy-Out Rights Agreement
 - Profit Sharing Agreement

If you need assistance completing this application, please contact Robert Wilson III, SDB Program Manager at (216) 271-2838 / wilsonr@cmha.net or Lydia Sanders (216) 271-3247 / sandersl@cmha.net