



**MINORITY/FEMALE  
BUSINESS ENTERPRISES  
RE-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/](http://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 III, SDB Program Manager at 216-271-2838 or by email [wilsonr@cmha.net](mailto:wilsonr@cmha.net).

**CUYAHOGA METROPOLITAN  
HOUSING AUTHORITY  
INCLUSION  
PROGRAM**

**MBE/FBE  
POLICY STATEMENT**

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.

**CUYAHOGA METROPOLITAN  
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**MBE/FBE/DBE  
RECERTIFICATION INSTRUCTIONS**

Thank you for choosing to renew your certification with the Cuyahoga Metropolitan Housing Authority's (CMHA's) Minority-Female Business Enterprise Certification Program. As stated earlier, 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.

Recertification must be renewed bi-annually. You must initiate recertification by completing the attached application. If there has been any changes in the ownership, control, location, or provided services you cannot complete a recertification application. Please visit our website at [www.cmha.net](http://www.cmha.net) and download a copy of the initial application.

**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](http://www.cmha.net) for more information.

**Minority - Female Certification Application**

Applications for Minority-Female and recertification 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](http://www.cmha.net).

**Recertification Application Process**

Complete the recertification application and provide all required supporting documentation. A checklist of required documentation is provided at the end of this packet. After the application has been received and reviewed, CMHA will issue a MBE/FBE renewal 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  
RECERTIFICATION APPLICATION**

Business Name: \_\_\_\_\_

Business  
Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_ Business Fax: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

I am recertifying 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: \_\_\_\_\_

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

Federal Employer's Identification Number (FEIN):  
  -       (Ex. 34-1234567)

Social Security Number:  
   -   -     (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<br>Plowing | <input type="checkbox"/> Other (Specify): _____    |

**CONTROL OF FIRM**

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

**CONTRACT/SALES VOLUME**

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

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

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  
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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 recertification as a:

- Minority Business Enterprise
- Female Business Enterprise
- Both

I certify that the information in your certification file regarding the above-mentioned company is up to date and accurate. I further certify that the following information listed below reflects my company's gross receipts for the last three (3) tax years.

Year Ending: \_\_\_\_\_ Amount: \_\_\_\_\_

Year Ending: \_\_\_\_\_ Amount: \_\_\_\_\_

Year Ending: \_\_\_\_\_ Amount: \_\_\_\_\_

I further 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
- Business taxes (last two years)
- Workers compensation certificate
- Liability insurance certificate

If you need assistance completing this application, please contact Robert Wilson III, SDB Program Manager at (216) 271-2838 / [wilsonr@cmha.net](mailto:wilsonr@cmha.net) or Lydia Sanders, Section 3 Coordinator (216) 271-3247/ [sandersl@cmha.net](mailto:sandersl@cmha.net)