NORTHEAST OHIO REGIONAL SEWER DISTRICT

Business Opportunity Program

APPLICATION FORM AND INSTRUCTIONS

*The **Business Opportunity Program** of the Northeast Ohio Regional Sewer District promotes procurement opportunities for small and local businesses in order to contribute to the economic health and vitality of the region.*

Rev. 8/8/2012

NORTHEAST OHIO REGIONAL SEWER DISTRICT

The **Business Opportunity Program** of the Northeast Ohio Regional Sewer District provides procurement opportunities to small and local businesses thereby contributing to the economic health and vitality of the region.

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The certification requirements are different for construction and engineering firms than for providers of goods and services. Please visit www.neorsd.org/opportunity to determine whether the instructions for construction and engineering firms (Section I) or the instructions for providers of goods and services (Section II) apply to your company.

Please review the attached materials to determine which documents are required for your company to certify as a MBE/WBE or SBE with the NEORSD.

Forward any request information with a cover letter to:

Ms. Tiffany Jordan
Contract Compliance Manager
Northeast Ohio Regional Sewer District
3900 Euclid Avenue
Cleveland, OH 44115-2506
(216) 881-6600 x6640
jordant@neorsd.org

NORTHEAST OHIO REGIONAL SEWER DISTRICT

Section I: Instructions for
CONSTRUCTION AND ENGINEERING FIRMS

Is my Construction and Engineering business eligible for the NEORSD Program?

Step 1

Please answer the following questions:

A. Does your company have a physical business address located within the boundaries of: Ashtabula, Carroll, Cuyahoga, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Stark, Summit, or Trumbull counties? (A post office box is not acceptable as a business address.)

B. Does your company fit the size standard for a small business outlined at www.neorsd.org/opportunity ?

If yes to both questions:	If no to either question:
Proceed to the next step	**Although your company does not qualify for the program, you may do business with the District. Please register your company at this address: www.neorsd.org/vendor_registration**

Step 2

Are you certified with any of the following agencies?

-City of Cleveland
-Cuyahoga County
-Northern Ohio Minority Business Supplier Development Council (formerly NOMBC)
-State of Ohio EDGE Program
-Unified Certification Program
-Woman Business Enterprise National Council
-US SBA 8 (a) Program

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If your ARE certified with one of the named agencies:	If you are NOT certified with one of the named agencies:
1. Complete the Easy Certification process NEORSD Vendor Registration Form online at www.neorsd.org/vendor_registration 2. Mail the following information to the address below: a) A cover letter requesting certification from the NEORSD, b) A copy of your certification from one of the listed agencies, c) Personal and Business federal tax returns for 1 to 5 years, and d) Personal Financial Statement (See instruction page)	1. Complete the NEORSD Vendor Registration Form online at www.neorsd.org/vendor_registration 2. Please complete the NEORSD Business Opportunity Application (www.neorsd.org/opportunity)

Step 3

Once you have completed the applicable forms, submit them to the address below. You will receive notification indicating your certification status with the NEORSD. If approved, this document serves as an official record and may be maintained as "active" for two (2) years from the approved date.

Please forward any requested information to:

Ms. Tiffany Jordan
Contract Compliance Manager
Northeast Ohio Regional Sewer District
3900 Euclid Avenue
Cleveland, OH 44115-2506

End of Section I

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Section II: Instructions for
PROVIDERS OF GOODS AND SERVICES

Is my GOODS AND SERVICES business eligible for the NEORSD Program?

Step 1

Please answer the following questions:

A. Does your company have a physical business address located within the boundaries of: Ashtabula, Carroll, Cuyahoga, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Stark, Summit, or Trumbull counties? (A post office box is not acceptable as a business address.)

B. Does your company fit the size standard for a small business outlined at www.neorsd.org/opportunity ?

If yes to both questions	If no to either questions
Please register your company at this address: www.neorsd.org/vendor_registration and proceed to the next step.	Although your company does not qualify for the program, you may do business with the District. Please register your company at this address: www.neorsd.org/vendor_registration

Step 2

For Goods & Services vendors interested in participating in the Business Opportunity Program, the District will also use this registration process as the short form certification application.

Step 3

Once you have completed the vendor registration process, you will receive notification indicating your certification status with the District in the Business Opportunity Program.

End of Section II

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Section III: Description

PURPOSE:
The certification process is designed to identify business owners desiring contract and subcontract opportunities with the Northeast Ohio Regional Sewer District (NEORSD). The designation for MBEs/WBEs and SBEs is necessary for evaluating the participation of these firms in NEORSD contract/subcontract activity and for calculating the percentage of construction, professional services and goods/services awarded annually to MBEs/WBEs and SBES.

The certification is voluntary for business owners, is not a prerequisite for bid activity or awards, but is required in order to participate in the District's Program. Contracts and subcontracts awarded to certified MBEs/WBEs and SBEs will be analyzed and reported annually.

Certification verify ownership, control, and management responsibilities to assure that the benefits of the Program are available to legitimate small business owners interested in participating in NEORSD procurements.

CRITERIA:
To be certified as a MBE/WBE or SBE, the District requires the business to:

1. Serve a commercially useful function,
2. Your company must have a physical business address located within the boundaries of Ashtabula, Carroll, Cuyahoga, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Stark, Summit or Trumbull counties. (A post office box is not acceptable as a business address), and
3. Demonstrate that the five-year average gross receipts of the business, together with its affiliates, do not exceed NEORSD's size standards. A complete list of the NEORSD size standards can be reviewed at **www.neorsd.org/opportunity** .

A Sample List of the NEORSD's Size Standards

Industry	District Size Standard
Accounting and Payroll	$4,250,000
Architectural Services	$4,500,000
Construction	$33,500,000
Consulting	$3,500,000
Engineering Services	$14,000,000
Goods	$3,500,000
Special Trades	$14,000,000
Trucking	$25,500,000
Waste Management	$6,250,000
Remediation Services	$7,000,000

4. The company must be an independent company that is not controlled by another firm. NEORSD will follow the guidelines of 13CFR121.103 to determine a firm's affiliation in approving certification under the program. Such determination shall include reviewing the extent of both "operational" and "managerial" control of the MBE/WBE or SBE applicant.

To establish "operational control," the applicant must have some experience and be technically competent in the industry for which certification is being sought, and must have independent responsibility for the daily operations of the firm.

To establish "managerial control," the applicant must have the demonstrated ability to make independent and unilateral business decisions for the firm.

DISCLOSURES:
All information provided by business owners will be accepted as statements of fact; however, NEORSD may request additional documentation from applicants in order to verify ownership and managerial control of a business. Failure to provide accurate information will result in denial of the certification request. All applicants must sign and notarize the enclosed affidavit, attesting to the truthfulness and validity of the information provided under the re-certification application.

What happens after I complete the re-certification application?

Once you have completed the applicable forms for Construction and Engineering firms, please submit them to the address shown on page 2. You will be notified of your certification status. If approved, this certification may be good for a period of **two (2) years.**

You will receive a thirty (30) day notice prior to the expiration date of certification**. It is the responsibility of the certified business owner to re-apply before the expiration date in order to maintain certification status.**

No application for Construction and Engineering firms will be accepted unless it is printed or typed, bears the original signature of the owner(s) and is notarized.

End of Section III

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Section IV: Document Checklist (retain for your records)

The following tables are for reference in determining if specific documents need to be attached to your application. If you are not submitting a required item or one that would logically be required for your business (such as a professional license for an engineer), please submit a letter of explanation on company letterhead. **NOTE:** You may be asked to provide additional information to support this application, and if upon investigation, the additional information is found to be untrue, certification may be denied.

I. ALL FIRMS MUST PROVIDE THE FOLLOWING ITEMS:

REQUIRED	*INFORMATION REQUESTED*	*ACCEPTABLE PROOF*
Required	Proof of identification from majority owner or principal	Photo identification (i.e., drivers license)
Required	Résumé of all principals of company showing education, training, employment experience and management experience	
If applicable	Copy of all relevant licenses, registrations, license renewal forms and permits – professional license, business license (i.e., engineer, architect, CPA, plumbing, electrical, etc.)	
If applicable	• Updated equipment list • Proof of construction equipment, other non-construction equipment, vehicles	Titles, loan agreements with proof of latest payment
Required	Copy of business insurance certificate(s)	
Required	Proof that firm has been functional and operating under certified NAICS Code(s)	Copies of three (3) recent/current contracts or client invoices. If public sector contracts were received (federal, state, local), identify the sectors, the largest contract amount per sector, the dates of last awards, copies of the contracts awarded, and purchase orders or invoices for the largest jobs for the past 5 years.
Required	List of three (3) business references	Business name, point of contact, phone number, email address
Required	Personal Financial Statement	See instruction page

II. FOR A SOLE PROPRIETORSHIP, INCLUDE THE FOLLOWING:

REQUIRED	*INFORMATION REQUESTED*
If Applicable	Assumed name certificate or documentation (DBA - doing business as)
Required	Business federal tax returns for the past five (5) years (1040, Schedule C)
Required	Social security number or federal identification number
Required	Personal Financial Statement

III. FOR A CORPORATION, INCLUDE THE FOLLOWING:

REQUIRED	*INFORMATION REQUESTED*
Required	Copy of articles of incorporation and amendments
Required	Copies of business federal tax returns for the past five (5) years, including Schedule K-1's (if applicable)
If Applicable	Copy of assumed name certificate or documentation (DBA - doing business as)
Required	Copy of articles of incorporation and amendments
Required	Copy of by-laws and amendments
If applicable	Copy of all resolutions affecting ownership
Required	List of members of the board
Required	Personal Financial Statement

IV. FOR A PARTNERSHIP (Limited/General), JOINT VENTURE, ADD THE FOLLOWING:

REQUIRED	*INFORMATION REQUESTED*
Required	Copy of partnership / limited liability / joint venture agreement
If Applicable	Proof of initial investment for partnership and of third party agreements
Required	Copy of business federal tax returns for the past five (5) years (Form 1065 & Schedule K-1s)
If Applicable	Copy of assumed name certificate or documentation (DBA—doing business as)
Required	Personal Financial Statement

V. FOR A LIMITED LIABILITY CORPORATION /COMPANY, ADD THE FOLLOWING:

REQUIRED	*INFORMATION REQUESTED*
Required	Articles of organization and amendments
Required	Copy of corporate by-laws and amendments
Required	List of members of the board
Required	Copies of business federal tax returns for the past five (5) years, including Schedule K-1's (if applicable)
If Applicable	Copy of assumed name certificate or documentation (DBA - doing business as)
Required	Personal Financial Statement

End of Section IV

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Section V: Application

Please complete and return

(**Bold Text** indicates required information)

1. **Name of Firm:** _____

   Address: _____

   City/State/Zip _____

   Business Telephone: ( ) _____ **Fax:** ( ) _____

   Owner's Name(s): _____

   Email Address: _____

   URL Address: **www.** _____

   Please provide one of the following:

   Federal Employer ID Number: _____

   Tax Identification Number (Corporation): _____

   Social Security Number (Sole Proprietor): _____

   D-U-N-S Number: _____

2. **Type of Business: (Check all that apply)**

   Construction Contractor _____ Suppliers of Goods _____

   General Contractor _____ Consultant _____

   Professional Services _____ Service _____

   Specific Trade (specify) Other (specify)

   _____ _____

3. **Briefly describe products and/ or services provided:**

   _____

   _____

   _____

4. North American Industry Classification Codes (Website to provide information on codes: www.neorsd.org/opportunity)

NAICS Code: _____ Title: _____

NAICS Code: _____ Title: _____

NAICS Code: _____ Title: _____

5. Ownership of firm: (Check one)

A. Sole Proprietorship Date Established _____

B. Partnership Date of Agreement _____

C. Corporation Date of Incorporation _____

*Does not include affiliates, wholly owned subsidiaries, or divisions.

6. Is the business a continuation of a pre-existing business?

Yes (If Yes, Explain Below) No

7. For statistical purposes, your company is considered (please check all that apply)

African-American/Black-Owned _____ Veteran-Owned _____

Asian-Owned _____ Woman-Owned _____

Caucasian/White-Owned _____

Hispanic-Owned _____

Native American-Owned _____

8. Does your firm share any resource(s) (office facilities, storage, space, equipment, financing and/or personnel) with any other firms or individuals?

Yes No

(If yes, explain and provide which items are shared and what percentage)

9. **What are the gross receipts and number of employees of the firm for the last year's federal income tax year?**

Year Ending	**Gross Receipts**	**# of Employees** (Designate full-time employees as "FT" and part-time employees as "PT")

Instructions on how to complete the Personal Financial Statement for the Northeast Ohio Regional Sewer District Business Opportunity Program

Fill out all the line items to the best of your ability. Be sure to include the DATE in the upper right corner of the first page. Include all of your, and if applicable, your combines assets and liabilities; including those of your spouse, unless subject to pre or post nuptial agreement.

1. **ASSETS**
    a) **Cash-on-Hand & Banks:** Enter the total amount of cash-on-hand in your checking accounts.
    b) **Savings Accounts:** Enter the total cash in all savings accounts.
    c) **IRA or Other Retirement Accounts:** Enter the total value of all IRAs and other retirement accounts, including any Deferred Compensation and Pension Plans. You may be requested to provide copies of the most recent statements to substantiate the amount listed.
    d) **Accounts & Notes Receivable:** Enter the total value of all monies owed to you personally, if any. This should include shareholder loans owed to you by the applicant firm.
    e) **Life Insurance:** Enter the total cash surrender value of any life insurance policies. (Description is required in Section 8.)
    f) **Stocks and Bonds:** Enter the total current market value of your stocks/bonds. (A listing and description is required in Section 3.)
    g) **Real Estate:** Enter the total current fair market value total of all real estate owned. Be sure to include and identify which is your primary residence. (A listing and description is required in Section 4.)
    h) **Automobile:** Enter the total current fair market value of all automobiles owned.
    i) **Other Personal Property:** Enter the total current fair market value of all other personal property owned but not included in the previous sections. (i.e., household goods, collectibles, clothing and jewelry, etc.; or you may use 50% of insured contents from homeowners insurance policy)
    j) **Other Assets:** Enter the total current fair market value of other assets owned. Other assets include: vehicles, boats, trailers, etc., and other property not included in the previous sections. Exclude business seeking certification; however, include value of all other businesses owned in whole or in part. Also, include value/description of all real property, stocks, bonds, etc., held by trusts. (Itemize Other Assets in Section 5.)
2. **LIABILITES**
    a) **Accounts payable:** Enter the total value of all unpaid accounts payable that are your responsibility (i.e. gas, electric, telephone bills, etc.).
    b) **Notes Payable to Banks and Others:** Enter the total amount due on all notes payable to banks and others, paid on an installment basis. Please be sure to indicate the total monthly payment in the space provided. This should include the amount of any loans from the applicant firm. This should not, however, include any mortgage balances. (Description is required in Section 2.)
    c) **Loans on Life Insurance:** Enter the total value of all loans due on life insurance policies. (Description is required in Section 8.)
    d) **Mortgages on Real Estate:** Enter the total value due on all mortgage(s) payable on real estate. (Listing is required in Section 4.)
    e) **Unpaid Taxes:** Enter the total amount of all taxes that are currently due, but are unpaid. Contingent tax liabilities or anticipated taxes for current year should not be included. (Description is required in Section 6.)
    f) **Other Liabilities:** Enter the total value on all other liabilities not classified in the previous sections. (Description is required in Section 7.)

3. SECTION 1.

a. SOURCE OF INCOME

i. **Salary:** Enter the amount of your total annual salary. This includes any salary from the applicant firm and, if applicable, any salary from outside employment.

ii. **Net Investment Income:** Enter the total amount of all investment income. (i.e., dividends, interest, etc.)

iii. **Real Estate Income:** Enter the total amount of all real estate income received from the sale, rental, lease, etc. of real estate held.

iv. **Other Income:** enter the total amount of all other income received. (i.e., alimony, Social Security, pension, etc.) Please be sure to describe the source of the other income in the space provided below Section 1.

b. CONTENT LIABILITES

i. **As Endorser of Co-Maker:** Enter the total potential liabilities due as a result of being co-signer for a loan or other commitments.

ii. **Legal Claims and Judgments:** Enter the potential liabilities dye as a result of legal claims from judgments, lawsuits, etc.

iii. **Provisions for Federal Income Tax:** Enter the total amount of all federal taxes for which you are potentially liable due to an anticipated gain on the pending sale of an asset or other circumstances, such as pending disputes or litigation which could possibly result in a personal tax liability.

iv. **Other Special Debt:** enter the total amount due on all remaining potential debts not accounted for.

Northeast Ohio Regional Sewer District
Protecting Your Health and Environment

BUSINESS OPPORTUNITY PROGRAM

As of_____ ,_____

PERSONAL FINANICIAL STATEMENT

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

ASSETS (Omit cents)	**LIABILITIES** (Omit cents)
Cash on hand & in Banks..... $_____	Accounts Payable..... $_____
Savings Accounts..... $_____	Notes Payable to Banks and Others... $_____
IRA or Other	Installment Account (Auto)..... $_____
Retirement Account..... $_____	Mo. Payments $_____
Life Insurance-Cash	Installments Account (Other)..... $_____
Surrender Value Only..... $_____	Mo. Payments $_____
Stocks and Bonds.....$_____	Loan on Life Insurance..... $_____
Real Estate.....$_____	Mortgages on Real Estate..... $_____
Automobile-Present Value.....$_____	Unpaid Taxes..... $_____
Other Personal Property.....$_____	Other Liabilities..... $_____
Other Assets.....$_____	Total Liabilities..... $_____
Total $_____	Net Worth..... $_____
	Total $_____

Section 1. Source of Income	Contingent Liabilities
Salary..... $_____	As Endorser or Co-Maker..... $_____
Net Investment Income..... $_____	Legal Claims & Judgments..... $_____
Real Estate Income..... $_____	Provision for Federal Income Tax..... $_____
Other Income (Describe Below).....$_____	Other Special Debt..... $_____

Description of Other Income in Section 1.

Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholders	Original balance	Current Balance	Payment amount	Frequency	How Secured or Endorsed Type Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

# of shares	Name of Securities	Cost	Market value quotation/exchange	Date of quotation/exchange	Total value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address if Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount if lien, terms of payment and if delinquent, describe delinquency)

Section 6. Unpaid Taxes. (Describe in detail to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities. (Describe in detail.)

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies- name of insurance company and beneficiaries)

Signature: Date:

Signature: Date:

Section VI: AFFIDAVIT

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

1. To identify and explain the operations of _____; and
(Name of Company)

2. To identify the ownership thereof;

The undersigned has provided any and all information and materials as may be required to substantiate the

ownership and control by _____of the company. This includes

(Name of principal or majority owner)

complete cooperation with the NEORSD and allowing the examination of books, records, and files of the named company at the business location or at any other place. I understand that any material misrepresentation contained in this application will be grounds for revocation of certification and for imposing sanctions under any applicable federal, state or local laws concerning false statements.

If, after filing this document there is any change (during the certification period) in the information submitted herein, the undersigned will inform the Northeast Ohio Regional Sewer District immediately of such change(s).

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

Signature: _____

Name (Print): _____

Title: _____

Date: _____

State of_____ County of_____

On this the _____day of _____, 20____, before me appeared

(Name)_____, that he or she was properly authorized by

(Name of Firm)_____, to execute the Affidavit and did so as his or her free act and deed.

(Seal) Notary Public_____ My Commission Expires_____

END OF APPLICATION – PLEASE COMPLETE AND RETURN

Northeast Ohio Regional Sewer District
Certification Application and Instructions