

NORTHEAST OHIO REGIONAL SEWER DISTRICT

Business Opportunity Program

RE-CERTIFICATION APPLICATION FORM FOR CONSTRUCTION AND ENGINEERING FIRMS



*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.*

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

Forward any requested 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

Description

Northeast Ohio Regional Sewer District
Re-Certification Application and Instructions

PURPOSE:

The certification and re-certification process is designed to identify minority business enterprises/women business enterprises (MBEs/WBEs) and small business enterprises (SBEs) desiring contracting and subcontracting opportunities with the Northeast Ohio Regional Sewer District (NEORSD). The certification and re-certification is necessary for evaluating the participation of firms in NEORSD contract/subcontract activity, including calculating the percentage of construction, engineering, goods and professional services contracts awarded annually to MBEs/WBEs and SBEs.

The certification and re-certification is voluntary for business owners and is not a prerequisite for bid activity or contract awards, but it is required in order to participate as a MBE/WBE or SBE in the District's Program. Certification and re-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:

1. 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).
2. Demonstrate that the five-year average gross receipts of the business, together with its affiliates, do not exceed NEORSD size standards to qualify as a MBE/WBE or SBE. Please visit www.neorsd.org/opportunity for the complete list.

A Sample List of the NEORSD's Size Standards

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

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, please submit it to the address shown on page 2 of this application. You will be notified by letter of the status of your re-certification. Approved re-certifications are valid for a period of **two (2) years**.

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

Completed applications may be printed or typed, must contain the original signature of the owner(s), and must be notarized.

Document Checklist (retain for your records)

The following tables are for your reference in determining which documents need to be attached to your re-certification application. If a required item (or one that would logically be required) is omitted from the application (such as a professional license for an engineer), you must submit a letter of explanation on company letterhead. **NOTE:** You may be asked to provide additional information to support this application.

I. ALL FIRMS MUST PROVIDE THE FOLLOWING ITEMS:

<i>REQUIRED</i>	<i>INFORMATION REQUESTED</i>	<i>ACCEPTABLE PROOF</i>
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	<ul style="list-style-type: none"> • 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.
Required	Most recent federal tax return	Entire signed federal tax return
If Applicable	Updated Certifications with other qualified Agencies	City of Cleveland ; Cuyahoga County ; Ohio Minority Supplier Development Council (formerly NOMSDC); State of Ohio MBE/EDGE Program(s) ; Unified Certification Program ; Woman Business Enterprise National Council ; US SBA 8 (a) Program

II. FOR A SOLE PROPRIETORSHIP, ADD THE FOLLOWING:

<i>REQUIRED</i>	<i>INFORMATION REQUESTED</i>
If Applicable	Assumed name certificate or documentation (DBA - doing business as)
Required	Business federal tax returns for the past two (2) years (1040, schedule C)
Required	Social security number or federal identification number

III. FOR A CORPORATION, ADD THE FOLLOWING:

<i>REQUIRED</i>	<i>INFORMATION REQUESTED</i>
Required	Copy of articles of incorporation and amendments
Required	Copies of business federal tax returns for the past two (2) years, including schedule K-1's (if applicable)
If Applicable	Copy of assumed name certificate or documentation (DBA - doing business as)
Required	Copy of by-laws and amendments
If Applicable	Copy of all resolutions affecting ownership
Required	List of members of the board

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

<i>REQUIRED</i>	<i>INFORMATION REQUESTED</i>
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 two (2) years (form 1065 & schedule K-1s) (if applicable)
If Applicable	Copy of assumed name certificate or documentation (DBA—doing business as)

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

<i>REQUIRED</i>	<i>INFORMATION REQUESTED</i>
Required	Articles of organization and amendments
Required	Copy of Operating Agreement
Required	Copies of business federal tax returns for the past two (2) years, including schedule K-1s (if applicable)
If Applicable	Copy of assumed name certificate or documentation (DBA - doing business as)

Re-Certification 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: _____
- 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. **North American Industry Classification Codes** (Website to provide information on codes:
<http://www.neorsd.org/sbe-standards.php>)
- NAICS Code: _____ Title: _____
- NAICS Code: _____ Title: _____
- NAICS Code: _____ Title: _____

4. 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.

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

Yes (If Yes, Explain Below) _____ No _____

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6. 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 _____

7. **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)

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8. 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”)

AFFIDAVIT

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

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

2. To identify the ownership thereof;

Further, 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 NEORSRSD and allowing the examination of books, records, and files of the named company at the business location or at any other place. I understand any material misrepresentation contained in this application will be grounds for revocation of the certification 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 change (during the ensuring certification period) in the information submitted herein, the undersigned will inform the Northeast Ohio Regional Sewer District immediately of the 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) _____, which 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 _____

PLEASE COMPLETE AND RETURN

Northeast Ohio Regional Sewer District
Re-Certification Application and Instructions