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.*

Rev. 8/8/2012

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

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, professional services and goods/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 Cuyahoga, Lake, Lorain, Geauga, Medina or Summit or Trumbull counties.
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
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

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 of the status of your re-certification application. 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 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 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:

REQUIRED	*INFORMATION REQUESTED*	*ACCEPTABLE PROOF*
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.
Required	Most recent US Individual Income Tax Return	Entire US Individual Income Tax Return
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 two (2) years (1040, Schedule C)
Required	Social security number or federal identification number

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 two (2) years, including Schedule K-1's (if applicable)
If Applicable	Copy of assumed name certificate or documentation (DBA - doing business as)

IV. FOR A PARTNERSHIP (Limited/General), JOINT VENTURE, INCLUDE 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 two (2) years (Form 1065 & Schedule K-1s)
If Applicable	Copy of assumed name certificate or documentation (DBA—doing business as)

V. FOR A LIMITED LIABILITY CORPORATION /COMPANY, INCLUDE 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 two (2) years, including Schedule K-1's (if applicable)
If Applicable	Copy of assumed name certificate or documentation (DBA - doing business as)

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

   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

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

African-American/Black-Owned

Asian-Owned

Caucasian/White-Owned

Hispanic-Owned

Native American-Owned

Veteran-Owned

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

No

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")

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 Note holders	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:

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_____

PLEASE COMPLETE AND RETURN

Northeast Ohio Regional Sewer District
Certification Application and Instructions