

DANE COUNTY

TARGETED BUSINESS ENTERPRISES

EMERGING SMALL BUSINESS
MINORITY BUSINESS
WOMEN BUSINESS



CERTIFICATION APPLICATION

The Tamara D. Grigsby

Office for Equity and Inclusion

City-County Building, Rm 356

210 Martin Luther King, Jr. Boulevard

Madison, WI 53703

Phone: (608) 283-1391 TTY: Call WI Relay 711

Email: OEI@countyofdane.com

Website: <https://oei-exec.countyofdane.com>

CERTIFICATION APPLICATION DIRECTIONS

Complete the Targeted Business Certification Application by selecting the certification your firm qualifies for (see Targeted Business Definitions on back page). All items must be completed. If an item does not apply, indicate Not-Applicable (N/A).

Attach all required documentation and return your completed application (pages 1- 4) to the address listed below. Any questions related to this application should be directed to:

DANE COUNTY CONTRACT COMPLIANCE PROGRAM
THE TAMARA D. GRISBY OFFICE FOR EQUITY AND INCLUSION
CITY-COUNTY BLDG, ROOM 356
210 MARTIN LUTHER KING, JR. BLVD
MADISON WI 53703
Phone: 608/266-4192
Email: OEI@countyofdane.com
Fax: 608/266-2138
TDD: Call Wisconsin Relay 711

Approval of your application is good for three years. To remain certified you will not be required to submit an entire application but only a **Certification Renewal Affidavit**.

The following addresses for other County Departments are included for quick reference:

DANE COUNTY PURCHASING DIVISION

City-County Bldg. Room 425
210 Martin Luther King, Jr. Blvd.
Madison, WI 53703
Phone: (608) 266-4134

DANE COUNTY DIVISION OF PUBLIC WORKS

1919 Alliant Energy Center Way
Madison, WI 53713
Phone: (608) 266-4018

DANE COUNTY DIVISION OF HIGHWAY & TRANSPORTATION

2302 Fish Hatchery Road
Madison, WI 53713-2495
Phone: (608) 266-4261

DANE COUNTY DEPARTMENT OF HUMAN SERVICES

1202 Northport Drive
Madison, WI 53704
Phone: (608) 242-6401



DANE COUNTY TARGETED BUSINESS CERTIFICATION APPLICATION

DANE COUNTY USE ONLY		
Certification Date	Expiration Date	Vendor Registration:

Principal Owner			
Company Name			
Address			
City, State, Zip Code			
Email Address:			
Telephone Number		FAX Number	
Federal ID No.		Social Security No.	

STATUS: Indicate the status claimed by individuals controlling the firm:

- Female
 Black American
 Asian - Pacific American
 Native American
 Caucasian
 Male
 Hispanic American
 Asian - Indian American
 Other _____

BUSINESS STRUCTURE: (Check one)

- Sole Proprietorship
 Partnership
 Corporation
 Other, please specify: _____

DATE BUSINESS ORIGINALLY ESTABLISHED ___/___/___ **NUMBER OF YEARS UNDER CURRENT OWNERSHIP** ___

CHECK THE TYPE OF CERTIFICATION YOU ARE APPLYING FOR:

- Emerging Small Business
 Women Business
 Minority Business

OWNERSHIP OF FIRM: Identify all owners; attach separate sheet if necessary.

Name	Race/Ethnicity	Sex	Years of Ownership	Ownership %	Voting %

GROSS RECEIPTS: List the firm's gross receipts for the last three years:

20__ (Current YTD)	\$	20__	\$	20__	\$
--------------------	----	------	----	------	----

CURRENT NUMBER OF EMPLOYEES: Full-time _____ Part-time _____

TYPE OF BUSINESS:

Architecture	Consultant	Construction Contractor	Engineering
Fabricator	Finance	Manufacturing	Retail/Vendor
Service	Transportation	Wholesale/Distributor	Legal
Broker	Other (specify)		

PRODUCT OR SERVICE: Indicate the firm's primary product line, trade or services. **(Be brief and concise)**

CONTRIBUTIONS FROM OWNERS OR STOCKHOLDERS: Attach separate sheet if necessary.

Owner	Amount	Source (cash, real estate, equipment, etc.)

CONTROL OF FIRM: Identify individuals with prime responsibility for the following areas; attach separate sheet if necessary.

Activity	Name	Title
Financial Decisions		
Office Work		
Management		
Supervision of Field Operations		
Estimating		
Bid Negotiations/Scheduling		
Signing Contracts		
Signing Checks		
Purchasing		

CERTIFICATION:

A. Are you a SBA 8a Certified Business?

- NO YES - Attach a copy of certification.

B. Are you certified as a DBE, MBE or WBE by any other federal, state or local agency?

- NO YES - **ATTACH A COPY OF THE CERTIFICATION(S).**

C. Has this firm or any of its owners, Board of Directors, Officers or Management Personnel been denied certification or been decertified by any agency in any state?

- NO YES - Indicate the state, the name of the agency, and the date.

STATE	AGENCY	DATE

Provide a copy of the denial or decertification letter(s).

RESTRICTIONS:

Are there any restrictions on the ownership or control of minority and/or women owners? This includes, but is not limited to, stock options or other ownership options that are outstanding, and any agreements between owners or between owners and third parties.

- YES NO

If you checked YES, please attach details.

OTHER OWNERSHIP INTEREST:

Is or has any owner or management official of the named firm been an employee of another firm with an ownership interest in or a present business relationship with the named firm? Present business relationships include, but are not limited to, shared space, equipment, insurance, financing, employees as well as both firms having some of the same owners.

- YES NO

If you checked YES, please attach details.

REFERENCES: List three major business customers or projects (include dates):

SUPPORTING DOCUMENTATION REQUIRED

APPLICATIONS CANNOT BE REVIEWED WITHOUT SUPPORTING DOCUMENTATION

All businesses must submit copies of the following documentation. If an item does not apply to your firm, check the Not Applicable (N/A) box.

Enclosed

N/A

- | | | |
|--------------------------|--|--------------------------|
| <input type="checkbox"/> | 1. Resume or a summary of experience/qualifications for each owner or stockholder. | <input type="checkbox"/> |
| <input type="checkbox"/> | 2. Federal tax returns for past 3 years | <input type="checkbox"/> |
| <input type="checkbox"/> | 3. Certificate of insurance | <input type="checkbox"/> |
| <input type="checkbox"/> | 4. Documentation of start-up capital, such as canceled checks | <input type="checkbox"/> |
| <input type="checkbox"/> | 5. Loan agreements | <input type="checkbox"/> |
| <input type="checkbox"/> | 6. Bank signature card | <input type="checkbox"/> |
| <input type="checkbox"/> | 7. Copy of latest bond | <input type="checkbox"/> |
| <input type="checkbox"/> | 8. Most recent annual report | <input type="checkbox"/> |
| <input type="checkbox"/> | 9. List of major capital assets owned and/or leased by the firm | <input type="checkbox"/> |
| <input type="checkbox"/> | 10. Proof of ownership of equipment | <input type="checkbox"/> |
| | 11. Dane County Vendor Registration No./Commodity Codes | |

In addition, corporations must submit the following documentation:

- | | | |
|--------------------------|---|--------------------------|
| <input type="checkbox"/> | 1. Articles of Incorporation | <input type="checkbox"/> |
| <input type="checkbox"/> | 2. Bylaws | <input type="checkbox"/> |
| <input type="checkbox"/> | 3. Copies of stock certificates | <input type="checkbox"/> |
| <input type="checkbox"/> | 4. Minutes reflecting election of Directors | <input type="checkbox"/> |
| <input type="checkbox"/> | 5. Copies of Shareholder Agreements | <input type="checkbox"/> |
| <input type="checkbox"/> | 6. Corporate tax returns for three years | <input type="checkbox"/> |
| <input type="checkbox"/> | 7. Corporate banking resolution | <input type="checkbox"/> |

In addition, partnerships and joint ventures must submit the following documentation:

- | | | |
|--------------------------|---|--------------------------|
| <input type="checkbox"/> | 1. Partnership agreement or joint venture documentation | <input type="checkbox"/> |
| <input type="checkbox"/> | 2. Partnership/joint venture tax returns for past three years | <input type="checkbox"/> |

ADDITIONAL COMMENTS ON THE ABOVE DOCUMENTS;

AFFIDAVIT

The undersigned swears that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations of:

_____ *(Name of firm)*

as well as the ownership thereof. Further, the undersigned agrees to provide directly to the Dane County Office for Equity and Inclusion current, complete, and accurate information regarding actual work performed on any project, the payment thereof and any proposed changes, if any, of the foregoing arrangements, and to permit the audit and examination of books, records, and files of the named firm. Any material misrepresentation will be grounds for terminating any contract which may be awarded and for initiating action under Federal or State laws concerning false statements.

NOTE: If, after filing this Application there is any significant change in the information submitted, you must inform the Dane County Office for Equity and Inclusion directly of the change, within ten (10) days of when the change occurred.

Signature _____

Name (Please print or type) _____

Title _____

Date _____

CORPORATE SEAL
(Where Appropriate)

On this _____ day of _____, 20____, before me, appeared

_____, to me personally known, who, being duly sworn, (name)

did execute the foregoing affidavit, and did state that he or she was properly authorized by

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

State of _____

County of _____

Notary Public Signature _____

My commission expires: _____

DANE COUNTY TARGETED BUSINESS DEFINITIONS

Disadvantaged Business Enterprise

Disadvantaged Business Enterprise means a small business concern which: (a) is at least 51 percent owned by one or more socially and economically disadvantaged individuals or, in the case of any publicly owned business, at least 51 percent of the stock of which is owned by one or more socially and economically disadvantaged individuals; and (b) whose management and daily business operations are controlled by one or more of the socially and economically disadvantaged individual who own it.

Socially and Economically Disadvantaged Individuals:

- A. Any person having a current Section 8(a) certification from the Small Business Administration is considered to be socially and economically disadvantaged.
- B. Individuals who are citizens of the United States (or lawfully permanent residents) are socially and economically disadvantaged:
 1. Women;
 2. Black Americans, which includes persons having origins in any of the Black racial groups of Africa;
 3. Hispanic Americans, which includes persons of Mexican, Puerto Rican, Cuban, Central, or South American, or other Spanish or Portuguese culture or origin, regardless of race;
 4. Native Americans, which includes persons who are American Indians, Eskimos, Aleuts, or Native Hawaiian.
 5. Asian-Pacific Americans, which includes persons whose origins are from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Taiwan, Laos, Cambodia, the Philippines, Samoa, Guam, the U.S. Trust Territories of the Pacific Islands (Republic of Palau) Republic of the Marshall Islands, Federated States of Micronesia, or the Commonwealth of the Northern Mariana Islands;
 6. Asian-Indian Americans, which includes persons whose origins are from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal.

Emerging Small Business

- An independent business concern that has been in business for at least one year.
- Business is comprised of less than 25 employees.
- Business must not have sales in excess of three million over the past three years.
- Business does not have a history of failing to complete projects.

Minority Business Enterprise

An independent and valid business concern that is owned and controlled by minority person(s). A minority person or persons must own fifty-one (51%) percent of the business and must control the daily management operation of the business.

Women Business Enterprise

An independent and valid business concern that is owned and controlled by women. A woman or women must own fifty-one (51%) percent of the business and must control the daily management operation of the business.