



**THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA  
BUSINESS ENTERPRISE PROGRAM CERTIFICATION APPLICATION**

**OFFICE OF ECONOMIC OPPORTUNITY**  
1450 N.E. 2<sup>nd</sup> Avenue, Suite 428  
Miami, Florida 33132  
(305) 995-1307

**Date Received (Stamp Date Below):**

**CHECK CERTIFICATION(S) REQUESTED**

**Small Business Programs:**

☐ Small Business Enterprise (SBE)  
☐ Micro Business Enterprise (MBE)

**Other Programs:**

☐ Minority/Women Business Enterprise (M/WBE)

**INSTRUCTIONS:** Please complete each item. Do not leave any spaces blank. If a question is not applicable to your business, please insert "N/A" in the space provided for your answer. Whenever space is insufficient to answer a question completely, attach additional sheets necessary; use the question number to identify any answer continued on an additional sheet. **An incomplete application will be returned and considered non-responsive.**

(PLEASE PRINT LEGIBLY OR TYPE)

**1. GENERAL BUSINESS INFORMATION**

*Company name*

*Trade Name/Doing business as (D/B/A)*

*Business Street address*

*Mailing address of Registered Agent (if different)*

*City State Zip*

*City State Zip*

*Contact Person Title*

*Majority Owner's Name*

*Office Telephone Number Fax number*

*Business Mobile phone*

*Email address*

*Website address*

**2. BUSINESS STRUCTURE**

*Business Established:* \_\_\_\_/\_\_\_\_/\_\_\_\_

*Federal Tax Id No. (FEIN):* \_\_\_\_\_

*Business Structure:*

☐ CORPORATION      Date of Incorporation: \_\_\_\_/\_\_\_\_/\_\_\_\_      State of Incorporation: \_\_\_\_\_  
☐ LLC  
☐ PARTNERSHIP  
☐ SOLE PROPRIETORSHIP  
☐ JOINT VENTURE  
☐ OTHER \_\_\_\_\_

**Is the company a franchise, subsidiary or affiliate of another company?** \_\_\_\_ Yes \_\_\_\_ No

**3. OFFICE FACILITY** (Please submit current signed copy of the lease agreement/warranty deed)

☐ Rent/Lease                      ☐ Own                      Number of years at current location: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_

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

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

List below if other than the prime facility is used for storage in the day-to-day operations of the business:

\_\_\_\_\_

**4. TYPE OF BUSINESS**

☐ Manufacturer ☐ Distributor    ☐ Factory Rep.    ☐ Commodities Supplier    ☐ Professional Services ☐ Dealer  
☐ Broker            ☐ Retailer            ☐ Construction    ☐ CCNA Professional    ☐ Importer/Exporter    ☐ Jobber  
☐ Wholesale

Please indicate the services provided, work performed, and/or products sold:

\_\_\_\_\_  
\_\_\_\_\_

List all NIGP codes that apply to your firm

(        )    (        )    (        )    (        )    (        )    (        )    (        )

If applicable, please provide below any and all licensed trade information:

Type of License/Certificate of Competency	Certification Number	Expiration Date	Name of Qualifier

**5. EMPLOYEE INFORMATION** (List the number of current employees)

Permanent/Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Temporary: \_\_\_\_\_ Total: \_\_\_\_\_

**6. CORPORATION INFORMATION** (Identify all shareholders, owners, and/or partners individually and list the requested information for each)

Name of Owner(s)	Years of Ownership	# Shares Held	Type of Shares	Voting %

Identify and list the requested information of all owners that have ownership and/or financial interest in another firm (to include non-profit organizations) and list the requested information for each.

Name	Company Name	Type of Business	Years of Ownership	% Ownership

Identify company officers and key personnel. Indicate responsibilities and provide separate resume for each individual.

Title	Name	Date Elected/Employed	Sex (M/F)	Race/Ethnicity	Current Salary
President					
Vice President					
Secretary					
Treasurer					
Chief Operating Officer					
Qualifier					

Is the principal owner a citizen of the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

If NO, is the principal owner a permanent lawful resident of the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

#### 7. MINORITY STATUS

Is the business a Minority/Women Owned Business Enterprise? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, specify the ethnic group and percentage of ownership of the minority/women person(s) who owns and controls 51% or more of the company.

(\* Please note that this information is used for reporting purposes only. It does not affect eligibility for the SBE/MBE Programs. Companies seeking M/WBE certification are required to provide the information requested)

\_\_\_\_\_% (African American)      \_\_\_\_\_% (Hispanic American)      \_\_\_\_\_% (Asian American)  
 \_\_\_\_\_% (Native American)      \_\_\_\_\_% White (Non-Hispanic)      \_\_\_\_\_% (Service-Disable Veteran)  
 \_\_\_\_\_% (Female)      \_\_\_\_\_% (Males)

#### 8. OPERATIONAL CONTROL (Identify those individuals who are responsible for day-to-day management and policy decisions. Check where applicable and provide resumes of each individual)

Responsibility	Name 1	Name 2
a. Check Signing		
b. Payroll Signing		
c. Signing and guaranteeing loans		
d. Acquiring lines of credit		
e. Acquiring surety bonding and insurance		
f. Purchasing major equipment/services		
g. Signing contracts/change orders/payment requisitions		
h. Estimating		
i. Qualifying the Company for Professional/Trade License(s)		
j. Hiring and firing managerial employees		
k. Hiring and firing non-managerial employees		
l. Supervising field operations		
m. Supervising office personnel		

**9. SIZE STANDARDS** (Specify the gross revenue of the firm for the last three years. These figures are available on your business Income Tax Returns. If in business less than three years, complete for years that apply. Use additional sheets for subsidiaries and/or affiliates, if applicable.)

**GROSS RECEIPTS** (Please submit Owner/Officer signed copies of corporate federal tax returns)

YEAR	GROSS REVENUE
201____:	\$ _____
201____:	\$ _____
201____:	\$ _____

**10. BONDING CAPACITY** (Identify your current bonding capacity and bank. Identify a letter of credit, if applicable.)

**Bonding Company Name**

**Bank Name**

**Letter of Credit**


**11. CERTIFICATION HISTORY**

Describe your firm's certification history with all other governmental agencies (Federal, State, County, City, etc.):

Agency	Certification Type	Expiration Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

Has your firm been denied certification, decertified, suspended, or challenged as a small, micro, minority, or Disadvantaged Business Enterprise (DBE) by any agency or institution. If "Yes", Identify:

Agency	Type of Action	Date of Denial
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

## **CERTIFICATION APPLICATION AFFIDAVIT**

**School Board Vendor ID #:** \_\_\_\_\_

\_\_\_\_\_ (referred to as "Applicant") hereby declares that the statements contained in this application (referred to as "Application") and all pertinent documentation in support of this application is true and correct.

Applicant agrees to provide the Certifying Agency, The School Board of Miami-Dade County, Florida (hereafter referred to as the AGENCY) with current, complete, and accurate information regarding THIS APPLICATION, its attachments, or any project or contracts issued by the organizations or corporations utilizing the AGENCY for their own small business enterprise, micro business enterprise, or minority/women business enterprise.

Applicant acknowledges on behalf of the applicant business, that the applicant business is ready, willing and able to perform work for The School Board of Miami-Dade County, Florida and intends to actively compete for such opportunities with the AGENCY as are within the applicant's scope of business.

Applicant understands that this Application and all pertinent documentation are subject to Florida's Public Records Laws, Chapter 119, Florida Statutes.

Applicant recognizes and acknowledges that the statements contained in THIS APPLICATION are true and that any material misrepresentations will be grounds for denial of certification or for decertification and may result in not awarding or terminating contracts which may be awarded as the result of information contained in THIS APPLICATION.

Applicant acknowledges that he/she may not fraudulently obtain, retain, attempt to obtain nor aid another in fraudulently obtaining or retaining or attempting to obtain certification; willfully make a false statement, to any official of a certifying jurisdiction or employee for the purpose of influencing the certification of an entity as an SBE, MBE, or M/WBE; or willfully obstruct, impede or attempt to obstruct or impede any official or employee who is investigating the qualifications of a business entity which has requested certification. The Agency's Office of Economic Opportunity (hereinafter referred to as OEO) has exclusive right to determine the authenticity of all documents submitted for verification purposes, and to conduct inquiries regarding any company certifying as an SBE, MBE, or M/WBE with the Agency. Any applicant, certified principal(s) and all related parties, who misrepresent the status of any concern as a SBE, MBE, or M/WBE or is a party to such misrepresentation to obtain business or contracts with the School Board under the OEO, **may be suspended from doing business with the School Board for fourteen (14) months.**

Applicant acknowledges that certification is normally reviewed every two years however; the Agency retains the right to reevaluate the certification of any firm at any time. The undersigned further acknowledges that should the Agency change the eligibility requirements for certification during the two year certification period, the applicant must meet all new eligibility requirements in order for the certification to remain valid. Further, the undersigned is notified of their responsibility to notify the OEO whenever a change occurs in ownership, management or control of the company within fifteen (15) business days.

(Corporate Seal, if appropriate)

\_\_\_\_\_  
Business Enterprise Owner's Signature

\_\_\_\_\_  
Name (type of print)

\_\_\_\_\_  
Title

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me, the

undersigned officer authorized to administer oaths \_\_\_\_\_  
(Please print name)

known to be the person described in the foregoing affidavit, who acknowledged that he/she executed the same in the capacity stated and for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

(SEAL)

# ELIGIBILITY & CHECKLIST FOR SBE/MBE & M/WBE CERTIFICATION

(PLEASE REVIEW AND ATTACH SUPPORTING DOCUMENTS)

In order to be considered eligible for certification in SBE (Small Business Enterprise)/MBE (Micro Business Enterprise) and M/WBE (Minority/Women Business Enterprise) your business must be:

## SBE/MBE

- ☐ Independently owned and operated business that is not dominant in its field of operation and is performing a commercially useful function.
- ☐ The business has its principal place of business in Miami-Dade County for at least a year preceding the application.
- ☐ The business has been established for at least one year and the principals of the business have at least three years of relevant experience prior to forming or joining the business.
- ☐ The **business** has an occupational license and all required professional licenses and/or contractor qualifier licenses.
- ☐ The **owner** of the business must have the required professional license(s) and contractor qualification license.

## ADDITIONAL ELIGIBILITY REQUIREMENTS

Industry	Micro Business Enterprise	Small Business Enterprise
Professional Services	Less than \$300,000*	Less than \$600,000*
Goods and Services	Less than \$500,000*	Less than \$1,000,000*
Construction	Less than \$750,000*	Less than \$3,000,000*
Specialty Trade	Less than \$300,000*	Less than \$750,000*

\*Revenue averaged over a three year period

## M/WBE (MINORITY/WOMEN BUSINESS ENTERPRISE) ELIGIBILITY

- ☐ Employs 200 or fewer permanent full time employees and in conjunction with its affiliates, has a net worth of \$5 million or less. For sole proprietorships, the \$5 million net worth requirement shall include both personal and business investments.
- ☐ It is owned and controlled by at least 51% minority person(s) who is a member of an insular group (African American, Hispanic American, Asian American, Native American, Woman and/or Service-Disable Veteran).
- ☐ It has its principal place of business in Miami-Dade County for at least one year prior to the submission of the application.
- ☐ The **business** has an occupational license and all required professional licenses and/or contractor qualifier licenses.
- ☐ The **owner** of the business must have the required professional license(s) and contractor qualification license.

## REQUIRED SUPPORTING DOCUMENTS

### SBE/MBE

- ☐ Copy of Florida driver license for all owners
- ☐ Copy of all owner's resumes
- ☐ Statement of all owner's duties within the business
- ☐ Copy of business occupational license/business tax receipt
- ☐ Copy of professional license (if applicable to business industry)
- ☐ Copy of corporate federal tax returns (recent three (3) years)
- ☐ Copy of bank signature card for business account or letter from bank stating all persons authorized to sign on the account.
- ☐ Proof of business structure (Articles of Incorporation, Stock Certificate, Corporation meeting minutes)
- ☐ Current lease Agreement, Purchase Agreement, or Copy of Warranty Deed to show ownership of property

### M/WBE

- ☐ Copy of full form birth certificate (must state parent's ethnicity) for each minority owner
- ☐ Copy of State of Florida Voter Registration card or Homestead Exemption for each owner
- ☐ Copy of United States Passport (for foreign born naturalized U.S. citizens)
- ☐ Copy of Naturalization Certificate (for foreign born naturalized U.S. citizens)
- ☐ Copy of Florida driver License for all owners
- ☐ Copy of all owner's resumes
- ☐ State of all owner's duties within the business
- ☐ Copy of business occupational license and business tax receipt
- ☐ Copy of Professional License (if applicable to business industry)
- ☐ Copy of corporate federal tax returns (recent three (3) years)
- ☐ Copy of Bank Signature Card for business account or letter from bank stating all persons authorized to sign on the account.
- ☐ Current lease Agreement, Purchase Agreement, or Copy of Warranty Deed to show ownership of property

## ADDITIONAL REQUIRED SOLE PROPRIETORSHIPS DOCUMENTS

- ☐ Copy of completed (signed and dated) Stock Certificates (cancelled and current)
- ☐ Copy of organizational meeting minutes (recent two (2) years)
- ☐ Copy of individual tax returns (recent three (3) years)

## ADDITIONAL REQUIRED CORPORATION DOCUMENTS

- ☐ Copy of Articles of Incorporation
- ☐ Copy of Corporate Bylaws
- ☐ Copy of completed (signed and dated) Stock Certificates (cancelled and current)
- ☐ Copy of organizational meeting minutes for more recent two (2) years

## ADDITIONAL REQUIRED PARTNERSHIPS

- ☐ Copy of signed Partnership Agreement

### OEO Use Only

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**ADDITIONAL REQUIRED LIMITED LIABILITY COMPANY/CORPORATION**

- ☐ Copy of Articles of Incorporation
- ☐ Copy of signed and dated Operating Agreement

<input type="checkbox"/> Submitted
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**RETURN COMPLETED APPLICATION AND SUPPORTING DOCUMENTS TO:**  
**MIAMI-DADE COUNTY PUBLIC SCHOOLS**  
**OFFICE OF ECONOMIC OPPORTUNITY**  
**1450 N.E. 2<sup>ND</sup> AVENUE, ROOM 428**  
**MIAMI, FLORIDA 33132**