Clear Form | Import Data | Submit Form

Miami-Dade County Public Schools
giving our students the world

For office use only:
Date received: _____
Reviewer: _____
M/WBE Code: _____
Date Approved: _____
Vendor #: _____

M/WBE CERTIFICATION APPLICATION

(Please Print/Type)

Certification Category Requested: ( ) African American ( ) Woman
( ) Hispanic

1. _____
Business Name — President's/Owner's Name

_____ _____ _____
Telephone number — Fax number — E-Mail Address

_____
Business street address

_____
Business mailing address

_____

2. LEGAL STRUCTURE: (Check one and indicate the date the business was established)

( ) Sole proprietor _____ Date
( ) Joint Venture _____ Date
( ) Partnership _____ Date
( ) Corporation Non-profit _____ Date
( ) For Profit Corporation _____ Date

3. CERTIFICATIONS: Indicate if this business shares common officers, owners, directors or management personnel with another business that has received, been denied or had its certification revoked as an MBE/DBE/WBE or SBA 8(a) Certified Contractor. Indicate the name of the certifying authority, as well as the date and type of determination (certification /denial/revocation).

Agency Name	Determination	Date

4. OWNERSHIP:

a. Identify the proprietor, each partner, or stockholder by name, as well as his/her citizenship (c) or (r) residency status, gender, ethnic group, and percentage of ownership.

Name	Owner/ shareholder	Resident or *U.S. Citizen	Gender	Ethnicity	% Owned	Years Owned

b. If the business is a corporation, please indicate the following:

1 The number of shares authorized: _____

2. The number shares issued: _____

3. Are there any stock option agreements? Yes ____ No ____
If yes, please provide a copy of each agreement.

5. OPERATIONAL CONTROL: Provide the name, title, race/ethnicity, and gender of each individual (including owners and non-owners) with the primary responsibility for the following:

	Name and title	Race/ethnicity	Gender
a. Check signing			

	Name and title	Race/ethnicity	Gender
b. Payroll signing			
c. Signing, or 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. Marketing/sales			
k. Hiring and firing managerial employees			
L Hiring and firing non-management employees			
m. Supervising field/ operations			
n. Supervising office personnel			

6. PERSONNEL: Identify the number of individuals, including owners, that are currently employed by the business in the following areas:

Please use the following to classify women/minority persons: AM-African American male, AF-African American female, HM-Hispanic male, HF-Hispanic female, WM-Non Hispanic White male, WF-Non Hispanic White female.

	Total Number of Employees	AM	AF	HM	HF	WM	WF
a. Management	_____						
b. Administrative/clerical	_____						
c. Professional/technical	_____						
d. Craftsperson/laborers	_____						

e. Provide a copy of the business affirmative action statement, if one is available.

7. BUSINESS RELATIONSHIPS: Provide the requested information for each of the following:

a. Bonding Company: _____

Address: _____

Agent name: _____ Phone number: _____

Single Contract Limit: _____ Aggregate Limit: _____

b. Bank(s) Name(s): _____

Branch: _____

Contact person: _____ Phone number: _____

Credit limit: _____

c. Identify the company's/creditors including banks and the amount of money owed to:

Creditor	Loan Guarantor(s)	Address & telephone	Loan Amount

d. Insurance company: _____

Type of insurance: _____ Insurance limits: _____

e. List the business' three largest contracts or jobs.

Contract/ job type	Contact person	Telephone number	Contract amount	Bonded (Yes/No)

8. EQUIPMENT: List the type and value of major equipment that is owned (0) or leased (L) by the business.

Equipment	O/L	Value ($ amount)

9. M/WBE JOINT VENTURE - Joint ventures must provide a copy of the joint venture agreement.

M/WBE CERTIFICATION APPLICATION

AFFIDAVIT

STATE OF _____:

COUNTY OF _____:SS

I hereby declare and affirm that I am the _____ (Title)

of: _____ (Firm)

That I am duly authorized to execute the foregoing M/WBE Certification Application, and that the contents of said documents are complete, true and correct to the best of my knowledge and belief. I hereby certify that the documents include all material information necessary to identify the true and lawful owners of the subject business enterprise. Further, the undersigned is notified of their responsibility to submit an updated Minority/Woman Business Enterprise Certification Application whenever a change occurs in ownership, management or control of the company. Any M/WBE applicant, certified M/WBE principal(s) and all related parties, who misrepresents the status of any concern as an M/WBE, or is a party to such misrepresentation to obtain business or contracts with the School Board under the Business Development and Assistance Program, **will be suspended from doing business with the School Board for fourteen (14) months.**

(Corporate Seal), if appropriate

_____
Minority/Woman Owner's Signature

On this _____ day of _____,20 ____, personally appeared before me, the undersigned officer authorized to administer oaths: _____ 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

M/WBE
Certification Check List

Please attach copies, not originals, of all applicable items. Incomplete applications cannot be processed, and failure to submit the documents will delay or result in termination of the application process.

Please check if documents are attached:

1. ☐ M/WBE certifications from other public agencies.

2. ☐ M/WBE Certification Application Affidavit (Page 6 of Application).

3. ☐ Miami-Dade County Public Schools Vendor Application.

4. ☐ Lease/purchase agreement for the business' facilities.

5. ☐ Current professional/business license(s).

6. ☐ Proof of citizenship or permanent resident status.

7. ☐ Resumes for owners and key personnel.

8. ☐ Lease/purchase agreements for major business equipment.

9. ☐ Most current application for bonding, if applicable.

10. ☐ Management agreement(s).

11. ☐ Loan agreement(s) or promissory note(s).

12. ☐ Birth certificate, drivers license, passport or any other document which substantiates the ethnicity/race/gender of owners, officers and directors.

***If any of the aforementioned documents are not available, please provide a written notarized statement that information is not available.**

13. Sole Proprietor - Submit all of the above items, as applicable and the following:

☐ U.S. IRS 1040-C Schedule.

☐ Fictitious name affidavit, if applicable.

14. Partnerships - Submit all of the above items, and the following:

- ☐ Partnership agreement(s).
- ☐ U.S. IRS 1065, with schedules.
- ☐ Profit sharing agreements.

15. Corporations - Submit all of the above items, and the following:

- ☐ Articles of Incorporation, with amendments.
- ☐ By-Laws, with amendments.
- ☐ The most current U.S. IRS Corporate Tax Return 11 20 or 1 120s, with all schedules.
- ☐ All issued and canceled stock certificates (front & back).
- ☐ Minutes of the first shareholders' meeting.
- ☐ Minutes of the first board of directors' meeting.
- ☐ Minutes of meetings at which the current board of directors and officers were elected or appointed.
- ☐ Stock transfer ledger.
- ☐ Most current annual report filed with the Secretary of State.
- ☐ Profit sharing agreement(s).
- ☐ Agreements affecting management, control or rights of any stockholder(s).

16. ☐ Joint venture agreement(s).

17. ☐ Certificate(s) of insurance.

18. ☐ Sub-contractual agreement(s).

NOTE: If after filing this application, there is any significant change in the information submitted herein, you must inform the Division of Business Development and Assistance of the change, or the company may be denied certification.

Certified companies must inform the Division of Business Development and Assistance of any changes in the information contained herein, which formed the basis of certification. Failure to do so may result in denial , revocation or suspension of certification.

COMPLETE APPLICATION, INCLUDING VENDOR APPLICATION AND CATEGORY OF GOODS AND SERVICES LIST, SHOULD BE RETURNED TO:

MIAMI-DADE COUNTY PUBLIC SCHOOLS
DIVISION OF BUSINESS DEVELOPMENT AND ASSISTANCE
1450 N.E. 2ND AVENUE, ROOM 456
MIAMI, FL 33132