

**INSTRUCTIONS FOR COMPLETING THE COUNTY BUSINESS ENTERPRISE
(CBE) CERTIFICATION APPLICATION**

All questions must be answered and the requested documents submitted. The signatures of the owner(s) applying for certification must be notarized. Failure to follow these instructions may delay the processing of the application. Questions that do not apply to your firm should be marked "NA" in the space provided.

SECTION I - GENERAL APPLICANT INFORMATION

- A. Write in the legal name of the business and any other names used by the business. The telephone number and business address should be for your main office. Be sure to include area codes for all phone and fax numbers. Tell us the web site for your firm. If your company has a federal Employer Identification Number (EIN), please provide the number. If not, please provide the social security number listed on the firm's tax return.
- B. Check the type of business structure of your company. Provide the date that the business was started or was purchased by the applicant owner(s) listed in Part A above.
- C. If you operate your business out of your home, please check YES. Indicate the number of full-time and part-time employees and enter the total.
- D. Check the appropriate box that indicates whether your firm is "for profit". The CBE program requires all participating firms be for-profit enterprises.
- E. Provide the name(s) and address(es) of any branch offices, subsidiaries, and/or affiliates of the firm for which certification is being sought.
- F. Refer to the NAICS (North American Industry Standards) Code listing and provide the code(s) that best describes the service, product, or work of the firm. NAICS listings can be found on the internet at www.naics.com, click on "Code Search"; or at your local library.
- G. Write a one word description of your firm's primary product, service, or work area. Then add three supporting descriptions which clarify and identify your specific product, service, or work area. This is how your firm will be described in the Certification Directories should you be granted certification. For instance: Wholesaler: Constructions Supplies- Plumbing Supplies -Electrical Supplies.
- H. List all firms for whom you are an authorized distributor or manufacturer's representative. List all suppliers.

SECTION II – OWNERSHIP

- A. List the personal net worth of all applicant(s) and their ownership percentage in the business.
- B. Indicate if the ownership interest of any of the owners has changed since the business was started or was purchased. If a change has occurred, tell us when (date) the change occurred.
- C. Provide the total cost for starting or purchasing the business. Include any contributions/investments of cash, equipment, real estate, or other consideration that were transferred to the business as a part of the capitalization process by each owner.
- D. List any additional capital contributions of cash, equipment, etc. made by anyone since the business was started or was purchased.

- E. Provide information regarding any stock that has been authorized and/or issued by the company.
- F. Indicate if there have been changes to the stock ownership in the past two years.
- G. Are the voting rights of any shareholder limited in any way? If so, provide information regarding the nature of the restriction and where that restriction is noted in writing.
- H. List the name and title of each person who is a member of the Board of Directors for the company. If the firm is a sole proprietorship or partnership and has no Board, please indicate with a N/A in the space provided.

SECTION III - FINANCIAL INFORMATION

- A. Provide the name(s) of the banks, credit unions, etc. where you have business accounts and identify the type of account(s) in each institution.
- B. List the gross earnings of the company for the most recent three years. This amount should match the gross earnings listed on the business tax return for the firm.
- C. Provide the name and contact number of your bonding agent and the firm's current bonding capacity (If applicable).
- D. List the three largest contracts or sales completed by the firm during the last three years. List each Customer's name and company or organization, the dollar amount of each contract or sales, and the date completed. If any are subcontracts - indicate the contract as such and provide the name of the firm to which you subcontracted. Provide: Customer Name; Company or Organization; Contract Amount and the date of the contract.

SECTION IV - CONTROL

- A. Responsibilities - List the name(s) and title of individual(s) responsible for the decisions listed.
- B. List the salaries or other compensation received by the owners and/or officers of the firm. Include anyone listed in Part A above.
- C. If anyone in authority in the business holds stock in another firm engaged in the same, or similar, business, respond YES to this question.

If anyone in authority in the business is a former owner, current owner or works for another firm engaged in the same, or similar, type of business as this firm, respond YES to this question.

If you answered YES to questions 1 and/or 2 above, please provide the name of the person(s), name of the other company, the ownership percentage owned by the individual(s), and/or the position held in the other company.

- D. Businesses are affiliates of each other when they share common ownership, common management, or any contractual relations. If the firm is an affiliate under that definition, provide information regarding the common ownership, management, and contractual relationships between the firms.
- E. Describe and explain any changes in the duties and/or powers attributable to any owner, principal, officer, or director of the firm during the past two years.

- F. Are management functions and/or payroll outsourced? If you answer yes, please provide an explanation.

SECTION V - OTHER INFORMATION

- A. List any relevant licenses, certificates of training, and degrees held by the corporation or its owners/employees.

SECTION VI - OTHER CERTIFICATIONS

- A. If the business is currently certified as a Small Business Enterprise (SBE), Disadvantaged Business Enterprise (DBE) or held other certifications with another agency anywhere in the United States, please provide the name of the agency, the type of certification, and the date the certification will expire.
- B. If the certifying agency in Part A above conducted an on-site visit with you prior to granting your current certification, respond to this question.
- C. If the firm or any owner, Director, officer, or management personnel associated with the firm has ever applied for and been denied SBE, and/or DBE certification, please respond to this question.

SECTION VII - BUSINESS ACTIVITY

- A. Check off the type of business activity your firm performs: choices are: Construction, Architecture & Engineering, Business Contract Services, Commodities Supplier, Professional (including licensed) Services.

SECTION VIII - SMALL BUSINESS ENTERPRISE CERTIFICATION

- A. If you would like the opportunity to participate in the sheltered market program for projects under \$250,000, Please respond "YES" to this question.

CERTIFICATION AFFIDAVIT (MUST BE COMPLETED BY ALL APPLICANTS)

The affidavit must be notarized. False statements shall make your firm subject to decertification and/or being denied future certification. This form is required for all applicants.

SUPPORTING DOCUMENT CHECKLIST

All applicants MUST follow the checklist for documentation that is required with the application.

Return the completed CBE application and supporting documents to:

**Broward County Board of County Commissioners
Small Business Development Division
115 S. Andrews Avenue, A-640
Fort Lauderdale, FL 33301
Phone: (954) 357-6400
TTY: (954) 357-6181**

BROWARD COUNTY
County Business Enterprise (CBE)
CERTIFICATION APPLICATION

Please read instructions carefully - Completed application must be signed, notarized, and mailed.

SECTION I GENERAL APPLICANT INFORMATION

A. Legal Name of Business _____

Other Names Used by Business (DBA) _____

Contact Person _____

Street Address of Business _____

City _____ State _____ Zip Code _____

Mailing Address if Different from Street Address _____

Telephone Number _____ Fax Number _____

E-mail _____

Website _____

Applicant's Social Security Number or Firm's Federal EIN _____

B. Type of Business Corporation Limited Liability Corp Limited Liability Partnership
 Partnership Sole proprietorship Tribal Enterprise
 Joint Venture

Date business was started or acquired _____

C. Is this a home-based business? Yes No

Number of Employees: Full-Time _____ Part-Time _____ Total _____

D. Is your firm "for profit" Yes No

If your firm is NOT for profit, then you do NOT qualify for this program and do NOT need to complete this application.

E. List all branch offices/subsidiaries/affiliates by name and address

F. List all NAICS codes that apply to your firm (www.naics.com - and click on "Code Search")

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G. Please provide a brief description of the primary area(s) of work performed in the business. This is how your business will be listed and described in the certification directory.

H. Please provide a list of firms/manufacturers that you represent or with which you have operating agreements.

SECTION II OWNERSHIP

A. Personal net worth and percentage of business owned by each applicant(s).

Note: Personal net worth does not include the value of the business or the equity in the owner's primary residence.

Name	Personal Net Worth	% Ownership	Years as Owner
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Has the ownership changed since the business was started or acquired? Yes No

If a change occurred, when did the change occur? _____

C. List all contributions/investments of cash, equipment, real estate, expertise, or other consideration used by each owner to acquire ownership interest in firm.

Name	Cash	Equipment	Real Estate	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

D. List any additional contributions made by anyone since the business started/was acquired.

Name of Contributor	Type of Contribution	Value of Contribution
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION III FINANCIAL INFORMATION

A. List the names of the financial institution(s) where you have business accounts. Identify type of account: i.e. checking, line of credit, loan, savings, etc.

Name	Type of Account
_____	_____
_____	_____
_____	_____
_____	_____

B. Please list the firm's gross receipts for each of the last three years (or life of firm if less than 3 years).

Year	Gross Receipts
_____	_____
_____	_____
_____	_____

C. Please provide the name and contact number of your bonding agent and the firm's current bonding capacity (if applicable).

Name	Contact Number	Capacity
_____	_____	_____

D. List the three largest contracts or sales completed by the firm during the last three years. List each Customer's name and company or organization, the dollar amount of each contract or sales, and the date completed. If any are subcontracts - indicate the contract as such and provide the name of the firm to which you subcontracted.

(1) Contact Name _____

Name of Prime Contractor _____

Contract Amount _____

Date _____

Subcontract Yes No Type of work performed _____

(2) Contact Name _____

Name of Prime Contractor _____

Contract Amount _____

Date _____

Subcontract Yes No Type of work performed _____

(3) Contact Name _____

Name of Prime Contractor _____

Contract Amount _____

Date _____

Subcontract Yes No Type of work performed _____

SECTION IV CONTROL

A. Responsibilities - List the name(s) of individual(s) responsible for the following decisions

Decision	Name of Person	Title
Financial		
Office Management		
Estimating/Bidding		
Marketing/Sales		
Hiring/Firing Mgmt. Personnel		
Purchasing – Major		
Negotiating Bonds/Loans		
Supervisor of Field Operations		
Signing of Payroll/Insurance		
Negotiating Contracts		
Signing for Payroll/Insurance		
Negotiating Contracts		
Signing Contracts		
Signing Checks		

B. Indicate the annual salaries of all officers, owners, and those individuals responsible for the day-to-day operations of the firm. Where no salary is drawn, please list the method of compensation.

Name	Title	Salary/Compensation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- C. (1) Does any owner/principal/board member/officer own stock in another firm engaged in a similar type of business? Yes No
- (2) Is any owner/principal/board member/officer a current employee, owner, or former owner of any firm engaged in the same type of business? Yes No
- (3) If you answered yes to either of the above questions please list the individual's name, name of the other company, ownership percentage, and/or position held with the other firm.

- D. Is this business an affiliate of any other business? Yes No
Businesses are affiliates of each other when they share common ownership, common management, or any contractual relations.

If yes, please provide detail information in the following three areas:

Common Ownership _____

Common Management _____

Common Relationships _____

- E. Describe and explain any changes in the duties and/or powers attributable to any owner, principal, officer, or director of the firm during the past two years.

- F. Does your firm rely on any other firm for management functions or employee payroll? Yes No

If yes, please provide an explanation _____

SECTION V OTHER INFORMATION

- A. List any relevant licenses, certificates of training, and degrees held by the corporation or its owners/employees.

County Business Enterprise (CBE)
SUPPORTING DOCUMENTS CHECKLIST

To be sure you have submitted all requested information, place an "X" on the items you have submitted and completed. Any missing information will delay the processing of your application.

1. Completed application
2. Original Affidavit signed and notarized (Keep a copy for your records)
3. Complete Corporate Federal Tax Return for previous three (3) years, including all schedules
4. Copy of all Broward County Business Tax Receipts (Previously called occupational licenses). Note: DO NOT include copy of the Business Tax Receipts from your City (For any question about Broward County Business Tax Receipts, contact 954-831-4000, www.broward.org/revenue and click on "Local Business Tax").
5. Copies of all State and/or County competency professional licenses (For any questions about required licensing, contacting Broward County Permitting, Licensing and Consumer Protection Division at 954-765-4400, www.broward.org/permittingandlicensing
6. Up-to-date, detailed resumes of all owners. Resumes should reflect their experience and/or training in the type(s) of business being conducted by the corporation.
7. Sole Proprietorship Sole Proprietor Certificate which is your Registration of Business with the State (Fictitious Name)

OR

- 7a. Sole Proprietorship, Copies of your Individual Tax Return for the past three (3) filing years
8. Partnership or Joint Venture - Original and any amended Partnership or Joint Venture Agreements
9. Corporation or LLC Official Articles of Incorporation (stamped by the State)
- 9a. Corporation or LLC
Official Articles of Incorporation (stamped by the State)
Both sides of all corporate stock certificates and your firm's stock transfer ledger Official Certificate of Formation and Operating/Management Agreement with any amendments for LLCs
10. Copy of proof of Broward County Vendor Registration or current Vendor Number (example VC000000123). To register, visit www.broward.org/purchasing and click on "Vendor Registration".

Note: As part of the Certification review process of your application, the Small Business Development Division may request additional supporting documents and perform site visits, as deemed necessary.

Mail (DO NOT FAX) this application and supporting document for certification to:

**Broward County Board of County Commissioners
Small Business Development Division
115 S. Andrews Avenue, Suite A-640
Fort Lauderdale, FL 33301
Phone: (954) 357-6400
TTY: (954) 357-6181**

**BROWARD COUNTY
COUNTY BUSINESS ENTERPRISE PROGRAM (CBE)
CERTIFICATION AFFIDAVIT**

I hereby swear that I have the authority to sign this affidavit as the County Business Enterprise owner of the Applicant Firm noted below. I further swear that the statements on the accompanying Certification Application form and all accompanying documents are true, complete, and correct and include all materials necessary to explain the ownership and operation of the Applicant Firm. I affirm that any changes that have occurred during the past twelve months in the ownership, control, structure, or operation of the Applicant Firm have been fully disclosed herein by attachment or notation.

(Name of Applicant)

The above named Firm agrees:

1. To abide by the requirements of the County Business Enterprise (CBE) Program.
2. To notify Broward County within ten (10) working days of any change in the ownership, control, management, or status of the Firm.
3. That, in order to monitor the status of the Firm, Broward County has the right to review the Firm's books, contracts, facilities, and records. Broward County may request and review any additional information deemed necessary to complete such process.
4. That failure to answer any question or to supply any documentation requested during the application process may be cause to deny the certification request.
5. That Broward County, for cause, may decertify a firm's certification after applying its own approved procedures.
6. That Broward County may deny certification or rescind certification and initiate action under Federal or State laws concerning false statements. This may occur, if during or after the certification process, it is found that the undersigned have submitted false, inaccurate, or misleading information.
7. That Broward County has the right to refuse certification of any Firm, based on its implementation of the CBE eligibility standards, despite the fact that the Firm may be certified by another entity.
8. Any information contained in this application, or obtained during on-site reviews, may be released to other certifying agencies with which the Applicant Firm has applied for certification.
9. That Broward County has the right to contact any person(s) or business(es) named in the application, and the named Firm's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named Firm's eligibility.
11. That the undersigned will provide to Broward County, current, complete, and accurate information regarding actual work performed as a CBE on a contract. The applicant further agrees to supply documentation regarding payments for work performed, any proposed change to the arrangements on the contract, 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 that may be awarded and for initiating action under local, Federal, or State laws concerning false statements.

In order to validate your application, please sign and notarize the statement on this page.

By my signature, I recognize and accept the ten (10) preceding statements governing the consideration of this CBE application, and assert that the information provided in the foregoing regarding ownership and size of this firm is accurate.

Printed Name of Owner: _____

Owner's Signature: _____

NOTARY:

On this _____ day of _____, _____, the above named person did appear before me and being duly sworn, did execute the foregoing Affidavit and did state that he or she was properly authorized by: (Name of Firm) _____ to execute the Affidavit and did so of his/her own free act and deed.

Personally Known Yes No

Produced I.D. Form of I.D. _____

State of: _____

Notary Signature: _____

County of: _____

My Commission Expires: _____