



# CITY OF DAYTON **NEW** PROCUREMENT ENHANCEMENT PROGRAM (PEP) CERTIFICATION APPLICATION

## NEW PEP CERTIFICATION APPLICATION

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Federal Tax ID Number

\_\_\_\_\_  
Owner-Applicant's Full Name

\_\_\_\_\_  
Home Address (not P.O. Box)

\_\_\_\_\_  
City

OH  
State

\_\_\_\_\_  
ZIP Code

**Certification(s)  
Requested\*:**

- SBE
- MBE
- WBE
- DLSB

*\* Please see Page 20 for eligibility requirements.*

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Email Address

### NEW PEP APPLICATION CHECKLIST- Please see Page 19 for additional documents required

**All Companies must provide copies of:**

- Three recent contracts
- Two business credit references (suppliers): Include company name, contact person and title, address, and telephone number.
- Copy of licenses required by city or state.
- Submit evidence of all outstanding loans.
- Resume of principal(s).
- Office rental or lease agreements.
- Bank resolution/signature card.
- Copies of Bid or Performance Bonds
- Birth Certificates of PEP applicant (s).  
State Issued License, ID card, or Federal Passport of all owners.
- Equipment rental or lease agreements.
- Listing of all equipment, owned or leased.
- Vehicles owned and copies of memorandum of title.
- Dun & Bradstreet number, if any.
- Proof of capital invested.
- Proof of Liability Insurance.
- Roster of Employees.
- Personal Net Worth Form(s).

\*Please see page 14 for more detailed information

Submit application and supporting documents at <http://daytonhrc.org/business-technical-assistance/certification/>

We **DO NOT** accept paper applications. For more information contact our office at 937-333-1403 or [bta@daytonohio.gov](mailto:bta@daytonohio.gov)

When answers require additional space, use plain white paper. Properly identify the item referred to by the topic. At the top of each additional answer and exhibit, state the name of the applicant, date of application and topic. Please answer all questions in English as completely as possible. If a particular question does not apply to your business operation, write not applicable (NA) in the space provided. You must include all attachments requested.

**Section 1 | Certifications Requested (Check all for which the owner is eligible)**

<input type="checkbox"/> <b>SMALL BUSINESS ENTERPRISE (SBE)</b> <input type="checkbox"/> <b>MINORITY-OWNED BUSINESS ENTERPRISE (MBE)</b> <input type="checkbox"/> <b>WOMAN-OWNED BUSINESS ENTERPRISE (WBE)</b>  <input type="checkbox"/> <b>Construction:</b> Average Annual Receipts of not more than \$33.5 Million  <input type="checkbox"/> <b>Services:</b> Average Annual Receipts not more than \$15.0 Million  <input type="checkbox"/> <b>Supplies:</b> 100 or fewer employees  <b>Owner's Personal Net Worth:</b> \$2,040,000 Limit (Excludes ownership equity in the business and individual's primary residence)  <b>Is your firm "for profits"?</b> <input type="checkbox"/> Yes or <input type="checkbox"/> No If NOT for-profit, you do not qualify for this program.	<input type="checkbox"/> <b>DAYTON LOCAL SMALL BUSINESS</b>  <input type="checkbox"/> <b>Construction:</b> Average Annual Receipts not more than \$15.0 Million  <input type="checkbox"/> <b>Services:</b> Average Annual Receipts not more than \$5.0 Million  <input type="checkbox"/> <b>Supplies:</b> Average Annual Receipts not more than \$5.0 Million  <b>Owner's Personal Net Worth:</b> \$2,040,000 Limit (Excludes ownership equity in the business and individual's primary residence)
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**Section 2 | Company Information**

COMPANY NAME \_\_\_\_\_

ADDRESS (Number & Street) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ TITLE \_\_\_\_\_

WEBSITE \_\_\_\_\_ Business Start Date: \_\_\_\_\_ Transfer of Ownership Date \_\_\_\_\_

ATTACH A LIST OF ALL ADDITIONAL FACILITIES

Construction Contractor     
  Distribution     
  Transportation     
  Manufacturer     
  Service

Broker     
  Professional Service     
  Other (Specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Section 3 | Company Personal Structure

	GENDER	RACE	CITIZEN	%OWNED	SALARY
OWNER_____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	_____	_____
CEO _____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	_____	_____
CFO _____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	_____	_____
PRESIDENT _____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	_____	_____
VICE PRESIDENT _____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	_____	_____
TREASURER_____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	_____	_____
SECRETARY_____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	_____	_____
OFFICE MANAGER _____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	_____	_____
SUPERINTENDENT_____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	_____	_____
FORMER_____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	_____	_____
OTHER TITLE_____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	_____	_____

### Section 4 | Owner Information

Additional Owner information: If yes, explain- if needed, add an additional explanation on separate sheets.

1. Describe familial relationship or other owners and employees?

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2. Does the owner listed above perform a management or supervisory function for any other business?.

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3. Does the owner(s) listed above owner work for any other firm (s) that has a relationship with your firm? (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)

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4. Does the owner listed above, work for any other firm, non-profit organization, or engaged in any other activity more than 10 hours Per week?

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5. What is the personal net worth of the PEP applicant applying for certification?

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6. Has any trust been created for the benefit of the PEP applicant? If yes, provide a copy of the trust instrument

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7. Do any of your immediate family members, managers, or employees own, manage, or are associated with another company? Provide names, relationship, company, type of business and indicate whether they own or manage the company.

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**Section 4a | PEP Applicant(s) Owner Contribution to Company**

1. Number of years as owner: \_\_\_\_\_
2. Percentage owned: \_\_\_\_\_ Class of stock owned: \_\_\_\_\_ Date acquired \_\_\_\_\_
3. Capital contribution by Minority and/or Woman Owner(s) Cash Amount \_\_\_\_\_ Loan Amount \_\_\_\_\_
4. Major Equipment supplied by Minority and/or Woman Owner(s) \_\_\_\_\_  
\_\_\_\_\_
5. Real estate supplied by Minority and/or Woman Owner(s) \_\_\_\_\_  
\_\_\_\_\_
6. Area(s) of expertise of Minority and/or Woman Owner(s) \_\_\_\_\_  
\_\_\_\_\_
7. How was the Company Started or Acquired? Please attach proof to application  
 Cash/Capital \_\_\_\_\_  
 Documented Loan (Provider information) \_\_\_\_\_  
 Gift (Please Explain) \_\_\_\_\_  
 Payment Services (Please Explain) \_\_\_\_\_  
 Inherited (Please Explain) \_\_\_\_\_  
 Other (Please Explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Attach all supporting documents to the last page of the application.

Gender: Male  or Female

Ethnic group :

African American or Black American  Hispanic Americans  Asian-Americans  Native American

**Section 4b | Non-PEP Applicant(s) Owner Contribution to Company**

1. Capital contribution by Non-PEP Applicant(s) and/or Non Woman Owner(s) Cash Amount \_\_\_\_\_ Loan Amount \_\_\_\_\_
2. Major Equipment supplied by Non-Minority and/or Non-Woman Owner(s) \_\_\_\_\_  
\_\_\_\_\_
3. Real estate supplied by Non-PEP Applicant(s) and/or Non-Woman Owner(s) \_\_\_\_\_  
\_\_\_\_\_
4. Area(s) of expertise of Non-PEP Applicant(s) and/or Non-Woman Owner(s) \_\_\_\_\_  
\_\_\_\_\_



**Section 6 | Company Legal Entity- Check the box that reflects your Business Legal Structure & Attach required supporting documents.**

**Sole Proprietors must also provide copies of:**

- Individual Federal Income taxes for the past three (3) years
- Company's Federal taxes for the past three (3) years (all available if less than three years)
- Company's last financial statement
- Operating Agreement

**Joint Ventures must also provide copies of:**

- Individual Federal Income Taxes of partners for the past three (3) years (all available if less than three years)
- Company's Federal taxes for the past three (3) years (all available if less than three years)
- Company's last financial statement
- Copy of Contract creating Joint Venture

**Limited Partnership Association must also provide copies of:**

- Individual Federal Income Taxes of partners for the past three (3) years (all available if less than three years)
- Company's Federal taxes for the past three (3) years (all available if less than three years)
- Company's last financial statement
- Partnership Agreement

**General Partnerships must also provide copies of:**

- Individual Federal Income Taxes of partners for the past three (3) years (all available if less than three years)
- Company's Federal taxes for the past three (3) years (all available if less than three years)
- Company's last financial statement
- Partnership Agreement

**Limited Liability Partnerships must also provide copies of:**

- Individual Federal Income Taxes of partners for the past three (3) years (all available if less than three years)
- Company's Federal taxes for the past three (3) years (all available if less than three years)
- Company's last financial statement
- Partnership Agreement
- Copy of Registration Filing with the Secretary of State

**Limited Partnerships must also provide copies of:**

- Individual Federal Income Taxes of partners for the past three (3) years (all available if less than three years)
- Company's Federal taxes for the past three (3) years (all available if less than three years)
- Company's last financial statement
- Partnership Agreement
- Copy of Certificate filed with the Secretary of State

**Limited Liability Company also provide copies of:**

- Individual Federal Income Taxes of partners for the past three (3) years (all available if less than three years)
- Company's Federal taxes for the past three (3) years (all available if less than three years)
- Company's last financial statement
- Copy of filing of Articles of Organizations
- If owned by more than one person- documentation explaining ownership percentage & proof of purchase of majority interest

**Corporations must also provide copies of:**

- Individual Federal Income taxes for the past three (3) years (all available if less than three years)
- Company's Federal taxes for the past three (3) years (all available if less than three years)
- Company's last financial statement
- Articles of Incorporation (attach copy of certificate from Secretary of State) and Bylaws
- Copy of Stock Certificate(s) issued
- Agreements containing options to purchase or acquire stock
- Shareholder guarantees for any debt
- Schedule of advances made to corporations by shareholders for the proceeding three (3) years
- Minutes of first board or shareholders meeting

## Section 7 | Company Day to Day Management

Identify by name, race, gender, title, and job classification, those individuals in the company who Are responsible for day-to-day management and policy decision making, including, but not Limited to, those with prime responsibility for: (include owners and non-owners)

	GENDER	RACE	TITLE
FINANCIAL DECISION _____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	_____
SIGNING OF CHECKS _____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	_____
PAYROLL _____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	_____
PURCHASING _____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	_____
ESTIMATING _____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	_____
SALE & MARKETING _____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	_____
HIRING/FIRING OF MANAGMENT _____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	_____
MAJOR PURCHASES _____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	_____
SUPERVERSION OF FIELD OPERTIONS _____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	_____
NEGOTIATING/SIGNING CONTRACTS _____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	_____
CREDIT ACQUISITION _____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	_____
BONDING AND INSURANCE CREDIT ACQUISITION _____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	_____
OTHER TITLE _____	M <input type="checkbox"/> F <input type="checkbox"/>	_____	_____

## Section 8 | MANAGEMENT WORKING FOR DUAL COMPANIES

Is any person listed in Section 8, including spouse and immediate family members, currently or has been previously affiliated or associated in any capacity with any other concern(s) operating in the same or similar type of business as applicants concern?

NAME	BUSINESS NAME	AFFILIATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Section 9 | BUSINESS RELATIONSHIP**

List the firm's gross receipts for the last 3 years (Submit complete copies of the firm's Federal tax returns for each. If there are affiliates or subsidiaries of the applicant form or owners, you must submit complete copies of these firms' Federal tax returns):

(check the items that apply)

YEAR	GROSS RECEIPTS OF APPLICANT FIRM	GROSS RECEIPTS OF AFFILIATE FIRMS
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Section 9a | BUSINESS RELATIONSHIP**

If there is a business relationship existing between the applicant and a majority business, does the relationship include shared:

(check the items that apply)       Yes   or    No

Employees (If Checked See Below)     
  Space     
  Financing     
  Owners

NAME	GENDER	RACE	TITLE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Section 9b | BUSINESS RELATIONSHIP**

Is your firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office or storage space, yard, Warehouse, facilities, equipment, inventory, financing, website, or social media with any other business organization, or entity?

Yes   or    No

If yes, explain the nature of your relationship with these other businesses by identifying the business or person with whom you have any formal, informal, written, or oral agreement. Also detail the items shared.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section 9c | BUSINESS RELATIONSHIP**

Has any other firm had an ownership interest in your firm at present or at any time in the past?

Yes or  No

If yes, explain

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**Section 9d | BUSINESS RELATIONSHIP**

At present, or at any time in the past, has your firm:

8. Ever existed under different ownership, a different type of ownership, or a different name?

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9. Existed as a subsidiary of any other firm?

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10. Existed as a partnership in which one or more of the partners are/were another firm?

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11. Owned any percentage of any other firm?

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12. Had any subsidiaries?

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13. Served as a subcontractor with another firm constituting more than 25% of your firm's gross receipts?

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**Section 9e | BUSINESS RELATIONSHIP**

List current licenses/permits held by any owner and/or employee of your firm (e.g. contractor, engineer, architect, etc.)

(Attach additional sheets if needed):

N/A

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**Section 9f | BUSINESS RELATIONSHIP**

List all contributions or transfers of assets to/from your firm and to/from any of its owners or another individual over the past two years

(Attach additional sheets if needed):

N/A

Contribution/Asset	Dollar Value	Transferor	Transferee	Relations to PEP Owner	Date of Transfer

**Section 9g | BUSINESS RELATIONSHIP**

- Does your firm rely on any other firm for management functions or employee payroll? Yes  or No
- Financial/Banking Information (Provide bank authorization and signature cards)

Name of Bank: \_\_\_\_\_ City and State: \_\_\_\_\_

The following individuals are able to sign checks on this account:

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Name of Bank: \_\_\_\_\_ City and State: \_\_\_\_\_

The following individuals are able to sign checks on this account:

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- Bonding Information: If you have bonding capacity, identify the firm's bonding aggregate and project limits:

N/A

Aggregate limit \$ \_\_\_\_\_ Project limit \$ \_\_\_\_\_

- Identify all sources, amounts and purpose of money loaned to your firm including from financial institution.

Name of Source	Address of Source	Name of Person Guaranteeing the Loan	Original Amount	Current Balance	Purpose of Loan

**Section 10 | CERTIFICATION HISTORY**

Has your company or any other company with any of the same officers been denied certification?

NO  YES  (if yes, complete the following):

NAME OF CERTIFYING AGENCY	DATE	CERTIFICATION	REASON FOR DENIAL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has your company received certification as a minority business enterprise or female business enterprise from any other agency?

NO  YES  (if yes, complete the following):

NAME OF CERTIFYING AGENCY	DATE	CERTIFICATION	RENEWAL DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**AFFIDAVIT OF CERTIFICATION**

Read the following paragraphs carefully! Your signature on this application indicates acceptance and understanding of the conditions.

- ✓ **OMISSION** of information may be cause for this application not receiving timely and complete consideration.
- ✓ **APPLICANT AGREES** to immediately notify the certifying agency if there is any significant change in the information submitted, including, but not limited to an impact on ownership and/or control.
- ✓ **ALL INFORMATION** in this application is true and accurate and is submitted for consideration of certification.
- ✓ **IF** the certifying agency determines that substantial evidence is available which indicates the applicant has committed fraud, the matter shall be referred to the City Attorney for criminal prosecution per the City of Dayton R.C.G.O.
- ✓ **IF THE APPLICANT** is awarded certification, the applicant agrees to abide by all rules governing their status as may be determined by the certifying agency from time to time.

The undersigned certifies that he/she is a socially and economically disadvantaged individual who is an owner of the firm seeking certification in the Procurement Enhancement Program. In support of the application, the undersigned certifies that he/she is member of one or more of the following groups, and that he/she have held themselves out as a member of the group (s): Check all that apply:

SBE                       Female                       African American or Black American   
 Hispanic American                       Asian American                       Native American

The undersigned certifies that their personal net worth does not exceed \$2,040,000, and he/she is economically disadvantage because their ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged.

The undersigned hereby swears, under penalty of law, that all statements made in this application are true.

The undersigned agrees to hold the certifying agency harmless from any claim arising out of this application and agrees to indemnify said agency from any liability in connection with the certification of the applicant.

The undersigned understands that this application will be reviewed for completeness within 30 business days.

The undersigned understands that once this application is deemed complete, the certification process may take up to 90 business days.

The undersigned agrees to provide upon request the applicable documents above and any additional documents requested verifying the information provided above.

The undersigned authorize the information above to be added to a database of PEP certified Companies. I understand that this list may be accessed by Human Relations Councils staff, City of Dayton staff, contractors, developers, and subcontractor working on PEP covered projects.

Under penalty of perjury, I certify that I have personal knowledge of the certifications made in this affidavit and that the same are true.

Company Name \_\_\_\_\_

Signature \_\_\_\_\_

Name (Print) \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Notary \_\_\_\_\_ Date \_\_\_\_\_ SEAL:



## PERSONAL NET WORTH STATEMENT

Complete this form for: (1) each proprietor, or (2) each limited partner and each general partner, or (3) each stockholder and (4) any person or entity with ownership in this MBE/SBE/WBE/DLSB.

Attach account statements for verification of values.

**\*Every owner of the firm must complete the PNW Statement.**

<b>Full Name</b>		<b>Business Phone</b>	
<b>Residence Address (as reported to the IRS)</b>		<b>Residence Phone</b>	
<b>Business Name of Applicant</b>			
<b>Partner/Spouse's Full Name</b>		<b>Marital Status</b>	
<b>ASSET</b> ( Omit Cents)		<b>LIABILITIES</b> ( Omit Cents)	
Cash and Cash Equivalents	\$		\$
\$ Retirement Accounts (IRAs, 401Ks, 403Bs, Pensions, etc.) (Report full value minus tax and interest penalties that would apply if assets were distributed today) (Complete Section	\$	Loan on Life Insurance (Complete Section 5)	\$
Brokerage, Investment Accounts	\$	Mortgages on Real Estate Excluding Primary Residence Debt (Complete Section 4)	\$
Assets Held in Trust	\$	Notes, Obligations on Personal Property (Complete Section 6)	\$
Loans from You to the Firm, Other Entities, Individuals, & Other Receivables (Complete Section 6)	\$	Notes & Accounts Payable to Banks and Others (Complete Section 2)	\$
Real Estate Excluding Primary Residence (Complete Section 4)	\$	Other Liabilities (Complete Section 8)	\$
Life Insurance (Cash Surrender Value Only) (Complete Section 5)	\$	Unpaid Taxes (Complete Section 8)	\$
Other Personal Property and Assets (Complete Section 6)	\$		
Business Interests Other Than the Applicant Firm (Complete Section 7)	\$		
<b><u>Total Assets</u></b>	<b>\$</b>	<b><u>Total Liabilities</u></b>	<b>\$</b>
Total Assets: \$	Minus (-)	Total Liabilities: \$	

Equal (=)	<b>Owner's Net Worth :</b>
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<b>Section 2. Notes Payable to Banks and Others</b>					
Name of the Noteholder (s)	Original Balance	Current Balance	Payment Amount	Frequency of Payments	How Secured or Endorsed Type of Collateral

<b>Section 3. Brokerage and custodial accounts, stocks, bonds, retirement accounts. (Full Value) (Use Attachments if necessary).</b>				
Name of Security/ Brokerage Account/ Retirement Account	Cost	Market Value Quotation/Exchange	Date of Quotation Exchange	Total Value

<b>Section 4. Primary Residence Information</b>	
Primary Residence Address	
Date Acquired and Method of Acquisition (purchase, inherit, divorce, gift, etc.)	
<ul style="list-style-type: none"> <li>Names on Deed</li> <li>Purchase Price</li> <li>Present Market Value</li> </ul>	
Source of Market Valuation	
Name of all Mortgage Holders	
<ul style="list-style-type: none"> <li>Mortgage Acc. # and balance (as of date of form)</li> <li>Equity line of credit balance</li> <li>Amount of Payment Per Month/Year (Specify)</li> </ul>	

**Section 4(a). Real Estate Owned (Including Investment Properties, Personal Property Leased or Rented for Business Purposes, Farm Properties, or any Other Income Producing property). (List each parcel separately. Add additional sheets if necessary).**

	<b>Property A</b>	<b>Property B</b>	<b>Property C</b>
Type of Property			
Address			
Date Acquired and Method of Acquisition (purchase, inherit, divorce, gift, etc.)			
<ul style="list-style-type: none"> <li>• Names on Deed</li> <li>• Purchase Price</li> <li>• Present Market Value</li> </ul>			
Source of Market Valuation			
Name of all Mortgage Holders			
<ul style="list-style-type: none"> <li>• Mortgage Acc. # and balance (as of date of form)</li> <li>• Equity line of credit balance</li> <li>• Amount of Payment Per Month/Year (Specify)</li> </ul>			

**Section 5. Life Insurance Held** (Give face amount and cash surrender value of policies, name of insurance company and beneficiaries).

<b>Insurance Company</b>	<b>Face Value</b>	<b>Cash Surrender Amount</b>	<b>Beneficiaries</b>	<b>Loan on Policy Information</b>

**Section 6. Other Personal Property and Assets** (Use attachments as necessary)

- Automobiles and Vehicles (including recreation vehicles, motorcycles, boats, etc.) Include personally owned vehicles that are leased or rented to businesses or other individuals.
- Household Goods / Jewelry
- Loans from Owner to Firm, Other Entities, Individuals
- Other
- Accounts and Notes Receivables

Type of Property or Asset	Total Present Value	Amount of Liability (Balance)	Is this asset insured?	Lien or Note amount and Terms of Payment

**Section 7. Value of Other Business Investments, Other Businesses Owned** (excluding applicant firm)  
Sole Proprietorships, General Partners, Joint Ventures, Limited Liability Companies, Closely-held and Public Traded Corporation

**Section 8. Other Liabilities and Unpaid Taxes** (Describe)

**Section 9. Transfer of Assets:** Have you within 2 years of this personal net worth statement, transferred assets to a spouse, domestic partner, relative, or entity in which you have an ownership or beneficial interest including a trust? Yes No If yes, describe

I authorize the HRC to make inquiries as necessary to verify the accuracy of the statements made and to determine my eligibility for the PEP. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining certification with the City of Dayton PEP. I understand FALSE statements may result in denial/removal of eligibility for certification and possible prosecution for fraud.

The undersigned hereby certifies and affirms, upon personal knowledge, they have read and understand the truth and completeness of the statements herein and understands and acknowledges these statements are for the express purpose of applying for MBE, FBE, SBE, DLSB or Section 3 certification with the City of Dayton, Ohio, and understands that anyone who furnishes false or misleading information or who omits material information hereon may be subject to criminal prosecution and/or civil liability.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**NOTARY CERTIFICATE:**  
(Insert state acknowledgment, affirmation, or oath)

**\*REQUIRED DOCUMENTS DETAILED INFORMATION:**

- Three recent contracts

These documents should be in writing and, show the parties to the agreement, when and how much was done pursuant to the agreement. They should show that the agreement was completed successfully if possible. One way to show this would be to prove that your company got paid according to the contract

- Two business credit references (suppliers), include names of companies, contact person and title, address, and telephone number.

The reference should show what you have been granted credit for and how you are paying for it. If at all possible it should show what you are buying how much of it and when or how often you buy it.

- Copy of licenses required by city or state.

Some state licenses are required of every business in order to be a business, or to be in a particular business. Some licenses are required to be in a trade. A license may also be requirement to be able to operate necessary equipment to be in a particular business i.e. CDL

- Submit evidence of all outstanding loans.

If you or your company has any outstanding loans, the proof of those loans and their status is essential to this application. This applies to loans for capital, equipment and vehicles among other things.

- Resume of principal (s).

The resumes should show the capacity of the key personnel to the business. In order to fully demonstrate this, all of the key members' resumes should be included.

- Office rental or lease agreements.

No matter your arrangement, a document should be submitted showing, at minimum, the business as a tenant to the space they are using for their specific business purpose. If it is also your home, you may consider a lease from you or your spouse to the business described in the first part of this application.

- Bank resolution/signature card.

Submit a document that shows who has control of the companies banking matters(likely, this person should be included in the resumes as well)

- Copies of Bid or Performance Bonds

May or may not apply based on project experience. Will be considered an asset if documents are produced.

- Birth Certificates of minority principal (s).

The birth certificates of any ethnic minority owners of the company

- Listing of all equipment, owned or leased & the rental or lease agreement.

Provide a complete list of all the tools and, equipment in the business's inventory. Any equipment listed that is rented or leased and increases the company's capacity to contract with the City should be included.

- Vehicles owned and copies of memorandum of title.

The business should include copies of titles to all vehicles that it owns.

- Dun & Bradstreet number, if any.

This number should be included for all business that have a D&B rating.

Proof of capital invested.

Since the business is in fact, in business, where did the money come from to start the business? Produce the document(s) that demonstrate this transaction. Including, but not limited to loans, cash on hand or, money earned for completed projects.

Proof of Liability Insurance.

Separate from vehicle or property insurance, showing the company is covered for the work in which it engages.

Please complete the enclosed Vendor Application.

Included in this application, this provides other City departments with essential information used to make and monitor payments to the business.

Please complete the enclosed Affirmative Action Assurance Form.

Any business that makes an application to, or, does business with the City must have an Affirmative Action Policy in place.

Roster of Employees.

List all employees of the business, including full and part-time.

Personal Net Worth Form.

A completed form shows the difference between the owners' assets and liabilities

**CITY OF DAYTON  
PROCUREMENT ENHANCEMENT PROGRAM (PEP)  
CERTIFICATION APPLICATION**

**INSTRUCTIONS**

This application is used by the City of Dayton Human Relations Council (HRC) to assist in certifying companies as minority-owned, woman-owned, small business enterprises or local small business enterprise, as defined by Section 35.35 of the City of Dayton Revised Code of General Ordinances (R.C.G.O.).

**GENERAL INFORMATION**

This program is designed for companies who meet the eligibility requirements. If the Council determines that substantial evidence exists indicating fraud or other unlawful activity has occurred pursuant to City of Dayton R.C.G.O. Section 35.48(A), the matter shall be referred to the appropriate legal authorities for criminal prosecution; and, in the event a conviction or guilty plea is obtained stemming from such criminal prosecution, the business entity and its principals shall be barred from participation in city contracts from a minimum of one year and may be barred permanently from participation in city contracts.

The application form must be complete and include all required documentation. If an incomplete application is received, the form and all supporting documents will be returned to the applicant.

HRC shall make a prompt determination of the certification of all companies.

Applicants shall be so notified within sixty (60) days after receipt by of a complete application and all required documentation.

An on-site visit is required to complete the certification process and shall be scheduled during the sixty day period. If the applicant is unavailable to participate in an on-site review during this period, the processing period will be extended.

The applicant will be required to substantiate all information contained in this application through submittal of supporting documentation as required by HRC. **All information divulged or submitted with this application shall be considered confidential.**

Please forward all requested information to:

City of Dayton Human Relations Council  
Procurement Enhancement Program  
371 W. Second St. Ste. 100  
Dayton, OH 45402

Email: [bta@daytonohio.gov](mailto:bta@daytonohio.gov)  
Phone: (937) 333-1403  
Fax: (937) 222-2489

**DEFINITIONS**

**Dayton Local Business.** A business located within the corporate limits of the city that has filed or paid a payroll or earnings tax in the most recent calendar quarter and is a taxpayer in good standing with the City of Dayton.

**Dayton Local Small Business (“DLSB”).** Located in the City of Dayton and a business that:

- (a) Is certified by the Executive Director of the Council, or his/her designee, as an MBE, WBE, and/or SBE; and
- (b) Is a Dayton Local Business; and
- (c) Is a general construction contractor, which has annual average gross receipts for each of the preceding three years of not more than \$15,000,000.00; or,
- (d) Is a business engaged in specialty trade and services which has annual average gross revenue for each of the immediately preceding three years of not more than \$5,000,000.00.

**Joint venture.** An association of two or more persons, partnerships, corporations, and any combination of them, whereby they combine their expertise, property, capital, efforts, skills and knowledge, which is also:

- (a) Comprised of at least one certified MBE, WBE, or SBE;

- (b) Evidenced by a notarized, written agreement executed by all joint venture partners;
- (c) Approved by the Executive Director of the Council, or his/her designee;
- (d) Compliant with any additional criteria established by the council in its policies and procedures; and
- (e) Comprised of member businesses that have either different race ownership, different gender ownership, or both.

**Minority group.** Any of the following racial or ethnic groups which are referenced in the Second-Generation Disparity Study for the City of Dayton, including:

- (a) African-Americans or Black Americans;
- (b) Hispanic Americans;
- (c) Asian-Americans; and
- (d) Native Americans.

**Minority-owned business enterprise ("MBE").** Located in the State of Ohio and is a business:

- (a) Which is at least 51 percent owned by one or more members of one or more minority groups, or, in the case of a publicly held corporation, at least 51 percent of the stock of which is owned by one or more members of one or more minority groups, whose management and daily business operations are controlled by one or more members of one or more minority groups;
- (b) Which, in the case of a general construction contractor, has annual average gross receipts for each of the preceding three years of not more than \$33,500,000.00; or, in the case of a business engaged in a specialty trade and services has annual average gross revenue over each of the immediately preceding three years of not more than \$15,000,000.00; or, in the case of a business engaged in goods and services has an annual average employee count of 100 or less;
- (c) Which can demonstrate that the personal net worth of each owner whose ownership and control are relied upon for certification does not exceed \$2,040,000.00 exclusive of the value of the owner's interest in the MBE and the individual's equity in his or her primary place of residence; and
- (d) Which has been certified as an MBE by the Executive Director of the Council or his/her designee.

**Woman-owned business enterprise ("WBE").** Located in the State of Ohio and is a business enterprise:

- (a) Which is at least 51 percent owned by one or more women, or, in the case of a publicly held corporation, 51 percent of the stock of which is owned by one or more women, whose management and daily business operations are controlled by one or more women;
- (b) Which, in the case of a general construction contractor, has annual average gross receipts for each of the preceding three years of not more than \$33,500,000.00; or, in the case of a business engaged in a specialty trade and services has annual average gross revenue over each of the immediately preceding three years of not more than \$15,000,000.00; or, in the case of a business engaged in goods has an annual average employee count of 100 or less;
- (c) Which can demonstrate that the personal net worth of each owner whose ownership and control are relied upon for WBE certification does not exceed \$2,040,000.00 exclusive of the value of the owner's interest in the WBE and the individual's equity in his or her primary place of residence; and
- (d) Which has been certified as a WBE by the Executive Director of the Council or his/her designee.

**Small business enterprise ("SBE").** Located in the State of Ohio and is a business that:

- (a) Is an independent and continuing enterprise for profit, performing a commercially useful function;
- (b) Has been in existence for not less than one year;
- (c) In the case of a general construction contractor, has annual average gross receipts for each of the preceding three years of not more than \$33,500,000.00; or, in the case of a business engaged in a specialty trade and services has annual average gross revenue over each of the immediately preceding three years of not more than \$15,000,000.00; or, in the case of a business engaged in goods and services has an annual average employee count of 100 or less; in determining the average annual gross revenues of a small business enterprise, the Council shall include gross receipts of each of its affiliates. The gross revenue standard shall be adjusted from time to time consistent with the United States Small Business Administration ("SBA") standards for small businesses.
- (d) Certifies that its individual owner(s) whose ownership and control are relied upon for SBE certification has a personal net worth that does not exceed \$2,040,000.00; and,
- (e) Which has been certified as an SBE by the Executive Director of the Council or his/her designee.

**On-site visit.** Owner interview at business location consisting or a review of the worksite and verification of application information. There are two types of on-site visits:

- (1) Scheduled-Prior notification shall be given.
- (2) Random-may occur anytime without notice, during and subsequent to certification process.



## INSTRUCTIONS FOR COMPLETION

Parties interested in doing business with the City of Dayton are encouraged to complete the following registration forms to register that interest with the City.

This process allows potential bidders and suppliers to be registered and entered into our system along with the Commodities and/or Services they can provide. This information is used to develop and maintain current and accurate lists of potential Suppliers to the City. To accomplish this task, we request that you complete the Vendor Application Form and the Commodity/Service List and return to the address or fax number provided below.

Send to:

City of Dayton  
Division of Procurement  
PO Box 22  
Dayton OH 45401

-or-

Purchasing@daytonohio.gov

### Reminders:

- Remittances should include both the Vendor Application and the Commodity/Service List forms.
- It is the Vendor's responsibility to maintain approved status in the City of Dayton's Affirmative Action Assurance (AAA) program. The form required is attached and must be signed. Once this is received, it will be sent to the HRC Office for verification. AAA certification is good for 3 years.
- It is the Vendor's responsibility to notify the City of Dayton at the address shown above of any changes to the Vendor's application.

If you have any questions concerning this form, you may contact the Division of Procurement at (937) 333-4030.

Copies of the Vendor Application and W-9 forms may be found on the City's web site at <http://www.daytonohio.gov/bid>. Please take the time to search for your commodity code(s).

It is the policy of the City of Dayton to promote full and equal business opportunity for all persons doing business with the City, and to promote commerce by assisting Minority Business Enterprises, Women's Business Enterprises (MBEs, WBEs), and Small Business Enterprises (SBEs) to actively participate in the City's procurement process for goods, services and construction. If you are a currently certified MBE, WBE, and/or SBE with the City of Dayton Human Relations Council, please include a copy of your certification letter with this application. If you are not certified and would like to apply for certification as MBE, WBE, and/or SBE please begin at <http://daytonhrc.org/business-technical-assistance/affirmative-action-assurance/affirmative-action-assurance-application/> and click on the Certification Packet link.



**Nicole Fox**  
**Purchasing Agent**

**VENDOR APPLICATION**

<b>DATE:</b> _____	<b>BUSINESS PHONE NUMBER:</b> _____	<b>FEDERAL ID # OR SOCIAL SECURITY #:</b> _____
<b>E-MAIL ADDRESS (For Purchase Orders and Notifications):</b> _____		<b>FAX NUMBER:</b> _____
<b>1. APPLICANT'S NAME AND MAILING ADDRESS (for Bid Forms and Purchase Orders)</b> _____ <b>Company Name</b> _____ <b>Street Address</b> _____ <b>City, ST, Zip</b> _____		<b>2. MAILING ADDRESS FOR PAYMENTS</b> <input type="checkbox"/> Check here if same as Bid Address _____ <b>Company Name</b> _____ <b>Street Address</b> _____ <b>City, ST, Zip</b> _____
<b>3. VENDOR COMMODITIES HANDLED:</b> See Commodity Code(s) from list located online at <a href="http://www.daytonohio.gov/DocumentCenter/View/587">http://www.daytonohio.gov/DocumentCenter/View/587</a> and enter as many codes as needed separated by commas (i.e. 22222, 33333, 44444) <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 5px;"></div>		
<b>4. PERSONS AUTHORIZED TO SIGN BIDS, QUOTATIONS, PROPOSALS (indicate if Agent)</b> CONTRACTOR: Contractor acknowledges its employees are not public employees for purposes for Ohio Public Employees Retirement System ("OPERS") membership.		
<b>NAME</b>	<b>OFFICIAL CAPACITY</b>	<b>TELEPHONE NO.</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>5. Your equal opportunity "Affirmative Action Assurance" (AAA) application must be submitted online via <a href="http://www.citybots.com">www.citybots.com</a> and approved status must be maintained with the City of Dayton's Human Relations Council (HRC). For information about your AAA status, please contact the HRC at (937) 333-1403.</b>  If you are a currently certified MBE, WBE, and/or SBE with the City of Dayton Human Relations Council, please include a copy of your certification letter with this application. If you are not certified and would like to apply for certification as		
<b>6. MBE, WBE, and/or SBE please begin at <a href="http://daytonhrc.org/business-technical-assistance/certification/procurement-enhancement-plan">http://daytonhrc.org/business-technical-assistance/certification/procurement-enhancement-plan</a>, and then click on the Certification Packet link.</b>		
<b>PROCUREMENT DIVISION USE</b>		
<input type="checkbox"/> ONLY ADD	<input type="checkbox"/> REMOVE	<input type="checkbox"/> CHANGE
DATE: _____		
<input type="checkbox"/> PROCUREMENT: ADD COMMODITY CODE HEADER (###): _____		INITIALS: _____

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

<b>Print or type. See Specific Instructions on page 3.</b>	<b>1</b>	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	<b>2</b>	Business name/disregarded entity name, if different from above.		
	<b>3a</b>	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  <i>(Applies to accounts maintained outside the United States.)</i>	
	<b>3b</b>	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>		
	<b>5</b>	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
	<b>6</b>	City, state, and ZIP code		
	<b>7</b>	List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

<b>Social security number</b>									
				-					
<b>or</b>									
<b>Employer identification number</b>									

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date
------------------	--------------------------	------

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

**EQUAL EMPLOYMENT OPPORTUNITY (EEO) POLICY  
CONFIRMATION**

The Vendor confirms they have an existing equal employment opportunity (EEO) policy that is in compliance with local, state, and federal laws.

The Vendor confirms their EEO policy complies with the City of Dayton's equal employment opportunity policy below:

The vendor shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, sexual orientation, gender identity, ancestry, national origin, place of birth, age, marital status, or handicap. The vendor shall take affirmative action in accordance with the terms outlined in its proposal and the provisions of this contract to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex, sexual orientation, gender identity, ancestry, national origin, place of birth, age, marital status, or handicap. Such action shall include, but not be limited to, the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The vendor agrees to post in conspicuous places, available to employees and applicants, notices to be provided by the city setting forth the provisions of the nondiscrimination clauses.

**Authorized Signature**

The undersigned authorized representative of the company hereby agrees that a program of affirmative action will be maintained to implement its nondiscrimination policy in doing business with the City of Dayton as described in the City of Dayton Revised Code of General Ordinances (RCGO) Sections 35.14, 35.15 and 35.16 and that the information contained herein is true and correct.

Printed Name: \_\_\_\_\_

Vendor EIN or SSN # from Application

Title: \_\_\_\_\_

Signature: