



CITY OF DAYTON PROCUREMENT ENHANCEMENT PLAN (PEP) **CROSS** CERTIFICATION APPLICATION

CROSS CERTIFICATION APPLICATION

Company Name

Federal Tax ID Number

Owner-Applicant's Full Name

Certification(s) Requested*:

Home Address (not P.O. Box)

- ☐ SBE
- ☐ MBE
- ☐ WBE
- ☐ DLSB

City OH State ZIP Code

Home Phone Number

Email Address

PEP **CROSS** CERTIFICATION APPLICATION CHECKLIST

All Companies must provide the following supporting documents with their application:

- ☐ A copy of continues certification letter.
- ☐ A copy of State of Ohio ID.
- ☐ A copy of past year PEP applicant(s) personal taxes.
- ☐ A copy of past year business taxes.
- ☐ A Completed Personal Net Worth Form(s).

Please select which Certification Program you are currently certified in:

- ☐ ODOT Disadvantage Business Enterprise
- ☐ State of Ohio MBE
- ☐ State of Ohio EDGE
- ☐ City of Springfield, OH Certification

Commodity Codes (Major Products and/or Services Provided)

Please list all the Requested Certification Codes: Classification can be found at the address listed below:

<https://www.daytonohio.gov/DocumentCenter/View/587/Vendor-Application-Commodity-List-PDF?bidId=>

[illegible]

*If more codes are requested,
please attach an additional
sheet listing codes.

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 ☐ **Hispanic American** ☐ **African American or Black American** ☐
Female ☐ **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.

Print Name: _____

Signature: _____

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.**

Full Name		Business Phone	
Residence Address (as reported to the IRS)		Residence Phone	
Business Name of Applicant			
Partner/Spouse's Full Name		Marital Status	
ASSET (Omit Cents)		LIABILITIES (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)	\$		
Total Assets	\$	Total Liabilities	\$
Total Assets: \$	Minus (-)		Total Liabilities: \$

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

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

Section 4. Primary Residence Information	
Primary Residence Address	
Date Acquired and Method of Acquisition (purchase, inherit, divorce, gift, etc.)	
- Names on Deed - Purchase Price - Present Market Value	
Source of Market Valuation	
Name of all Mortgage Holders	
- Mortgage Acc. # and balance (as of date of form) - Equity line of credit balance - Amount of Payment Per Month/Year (Specify)	

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).

	Property A	Property B	Property C
Type of Property			
Address			
Date Acquired and Method of Acquisition (purchase, inherit, divorce, gift, etc.)			
- Names on Deed - Purchase Price - Present Market Value			
Source of Market Valuation			
Name of all Mortgage Holders			
- Mortgage Acc. # and balance (as of date of form) - Equity line of credit balance - Amount of Payment Per Month/Year (Specify)			

Section 5. Life Insurance Held (Give face amount and cash surrender value of policies, name of insurance company and beneficiaries).				
Insurance Company	Face Value	Cash Surrender Amount	Beneficiaries	Loan on Policy Information

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)



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

DATE: _____		BUSINESS PHONE NUMBER: _____	FEDERAL ID # OR SOCIAL SECURITY #: _____
E-MAIL ADDRESS (For Purchase Orders and Notifications): _____		FAX NUMBER: _____	
1. APPLICANT'S NAME AND MAILING ADDRESS (for Bid Forms and Purchase Orders)		2. MAILING ADDRESS FOR PAYMENTS ☐ Check here if same as Bid Address	
_____ Company Name		_____ Company Name	
_____ Street Address		_____ Street Address	
_____ City, ST, Zip		_____ City, ST, Zip	
VENDOR COMMODITIES HANDLED: See Commodity Code(s) from list located online at			
3. http://www.daytonohio.gov/DocumentCenter/View/587 and enter as many codes as needed separated by commas (i.e. 22222, 33333, 44444)			
4. PERSONS AUTHORIZED TO SIGN BIDS, QUOTATIONS, PROPOSALS (indicate if Agent) CONTRACTOR: Contractor acknowledges its employees are not public employees for purposes for Ohio Public Employees Retirement System ("OPERS") membership.			
NAME	OFFICIAL CAPACITY	TELEPHONE NO.	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Your equal opportunity "Affirmative Action Assurance" (AAA) application must be submitted online via			
5. www.citybots.com 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.			
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			
6. MBE, WBE, and/or SBE please begin at http://daytonhrc.org/business-technical-assistance/certification/procurement-enhancement-plan , and then click on the Certification Packet link.			
PROCUREMENT DIVISION USE			
☐ ONLY ADD ☐ REMOVE ☐ CHANGE		DATE: _____	
☐ PROCUREMENT: ADD COMMODITY CODE HEADER (###): _____		INITIALS: _____	

**Request for Taxpayer
Identification Number and Certification**

Go to 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.

Print or type. See Specific Instructions on page 3.	1 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.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: 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. ☐ Other (see instructions) _____	4 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) _____ (Applies to accounts maintained outside the United States.)
	3b 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 ☐	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 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.

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.

Social security number											
				-				-			
or											
Employer identification number											
					-						

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.

Sign Here	Signature of U.S. person	Date
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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.

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: