



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

CERTIFICATION APPLICATION **RENEWAL**

Company Name

Federal Tax ID Number

Owner-Applicant's Full Name

Home Address (not P.O. Box)

City

OH
State

ZIP Code

Home Phone Number

Email Address

Certification(s)
Requested*:

- ☐ SBE
☐ MBE
☐ WBE
☐ DLSB

** Please see Page 12 for eligibility requirements.*

PEP **RENEWAL** APPLICATION CHECKLIST

All Companies must provide copies of:

- ☐ Three recent contracts
- ☐ Copy of licenses required by city or state.
- ☐ Submit evidence of all outstanding loans.
- ☐ Office rental or lease agreements.
- ☐ Bank resolution/signature card.
- ☐ Equipment rental or lease agreements.
- ☐ Listing of all equipment, owned or leased.
- ☐ Vehicles owned and copies of memorandum of title.
- ☐ Proof of Liability Insurance.
- ☐ Past three years of applicant's personal taxes.
- ☐ Past three years of business taxes.
- ☐ Capability statement
- ☐ Personal Net Worth Form(s).

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

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)

- ☐ **SMALL BUSINESS ENTERPRISE (SBE)**
☐ **MINORITY-OWNED BUSINESS ENTERPRISE (MBE)**
☐ **WOMAN-OWNED BUSINESS ENTERPRISE (WBE)**

☐ **DAYTON LOCAL SMALL BUSINESS**

☐ **Construction:** Average Annual Receipts of not more than \$33.5 Million

☐ **Construction:** Average Annual Receipts not more than \$15.0 Million

☐ **Services:** Average Annual Receipts not more than \$15.0 Million

☐ **Services:** Average Annual Receipts not more than \$5.0 Million

☐ **Supplies:** 100 or fewer employees

☐ **Supplies:** Average Annual Receipts not more than \$5.0 Million

Owner's Personal Net Worth: \$2,040,000 Limit (Excludes ownership equity in the business and individual's primary residence)

Owner's Personal Net Worth: \$2,040,000 Limit (Excludes ownership equity in the business and individual's primary residence)

Is your firm "for profits"? ☐ Yes or ☐ No
 If NOT for-profit, you do not qualify for this program.

Section 2 | Company Information

COMPANY NAME _____

ADDRESS (Number & Street) _____ CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____ E-MAIL _____

CONTACT PERSON _____ TITLE _____

WEBSITE _____ FACEBOOK BUSINESS PAGE _____ LINKEDIN _____

ATTACH A LIST OF ALL ADDITIONAL FACILITIES

- ☐ Construction Contractor ☐ Distribution ☐ Transportation ☐ Manufacturer ☐ Service
☐ Broker ☐ Professional Service ☐ Other (Specify) _____

Section 3 | Ownership

Please list all the firm's owners, ethnicity, ownership percentage, and state the year the ownership was started.

NAME	ETHNICITY	OWNERSHIP %	YEAR OWNERSHIP STARTED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section 4 | Certification & License holders

Please list all the individuals that hold the necessary licenses and certification to operate the firms

(check the items that apply) ☐ Yes or ☐ No

☐ Employees (If Checked See Below)

☐ Space

☐ Financing

☐ Owners

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

Section 5 | Annual Gross Receipts

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 6 | 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 6a | 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

Section 7 | Property Ownership

[illegible]

Address

[illegible]

Section 8 | Business Loan

[illegible]☐[illegible]

Section 9 | Book Keeping and Banking information

1. Does your firm rely on any other firm for management functions or employee payroll? Yes ☐ or No ☐
2. Please list your Accountant/Bookkeeper:

Name	Business Contact

3. 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:

--

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

N/A ☐

Aggregate limit \$ _____ Project limit \$ _____

Section 6 | CERTIFICATION HISTORY

1. Has your company or any other company with any of the same officers been denied government certification?
NO ☐ YES ☐ (if yes, complete the following):
2. Has your company applied for certification in the City of Dayton's HUD Section 3 business concern certification program?
NO ☐ YES ☐ if yes, when was a certification granted? _____
3. Has your company applied for certification in State of Ohio MBE or EDGE program?
NO ☐ YES ☐ if yes, when was a certification granted? _____
4. Has your company received certification in the Ohio Department of Transportation DBE program?
NO ☐ YES ☐ if yes, when was a certification granted? _____

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 5)	\$	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)

**CITY OF DAYTON
PROCUREMENT ENHANCEMENT PLAN (PEP) PROGRAM
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
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”). 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"). 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"). 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"). 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.