

Following this page is the City of Chicago's certification application ("Schedule A"), formerly known as the Minority and Women-Owned Business Enterprise (MBE/WBE) program and Business Enterprise owned by People with Disabilities (BEPD) program certification application (Schedule A). If additional applications are needed, they are available for download at www.cityofchicago.org/procurement, from the Department of Procurement Services homepage.

Note that this application is distinct from the Disadvantaged Business Enterprise (DBE) program. DBE and Airport Concessions Disadvantaged Business Enterprise (ACDBE) applicants must submit the DBE-specific application form.

The Department of Procurement Services (DPS) recognizes that it is requesting sensitive financial information. DPS staff has been trained and will continue to receive training regarding the proper treatment of confidential documents. Under the Illinois Freedom of Information Act (FOIA), certain information that you submit may be exempt from disclosure, including personal financial information, trade secrets and commercial or financial information in which disclosure would result in competitive harm. Moreover, FOIA requires that, after January 1, 2010, if you would like any documents that you submit to be treated as a trade secret or information that would cause competitive harm, you must mark any such document as "proprietary, privileged or confidential". If it is marked as such, DPS will evaluate whether the document may be withheld under FOIA.

If any conditions materially change regarding information provided in the Schedule A or supporting documents between the time of submission and a final determination (such as ownership and control, the size of your business, or the business status as a minority or women-owned firm), the Applicant firm must immediately notify DPS in writing.

Please make sure to complete the Schedule A in its entirety and attach all necessary documents. When in doubt, always provide full disclosure on all items requested. Definitions of key terms and frequently asked questions (FAQs) are listed on the web to assist you. **Should you have any questions, you may call the Department of Procurement Services at (312) 744- 4900 between 8:30 a.m. and 4:30 p.m. central standard time.**

Note: A non-refundable initial application fee of \$250 payable to the City of Chicago in the form of a certified check, cashier's check or money order must be submitted with the Schedule A if seeking MBE or WBE certification (BEPD exempted.)

The completed Schedule A or No Change Affidavit shall be reviewed by the Certification Unit. This review may include, among other things, site visits, personal interviews with the Applicant, and specific additional information as requested by the City.

Any request for additional information shall be in writing and specify that the Applicant must respond within 15 calendar days. The Applicant may request additional time to respond if it consents to a corresponding extension of the 90-day decision requirement.

If the Applicant fails to respond within 15 calendar days and does not request an extension of time, the staff will close the file and notify the Applicant that the application is no longer being considered.

Once completed, the application and all supporting documents should be sent to:

City of Chicago
Department of Procurement Services
Attn: Supplier Diversity
121 N. LaSalle Suite 806
Chicago, IL 60602

Thank you for your interest in the City of Chicago's M/WBE and BEPD programs.



For DPS Use Only

Date received _____
Fee received _____ Y/N
Certified as MBE Y/N WBE Y/N BEPD Y/N
Vendor Number _____

SCHEDULE A

Affidavit for Minority and Women-Owned Business Enterprise (M/WBE) Certification and/or Business Enterprise owned by People with Disabilities (BEPD) Certification

A non-refundable initial application fee of \$250 payable to the City of Chicago in the form of a certified check, cashier's check or money order must be submitted with the Schedule if seeking MBE or WBE certification (BEPD exempted). All application questions must be completed in their entirety, including submission of all required supporting documentation in its complete form. Supporting documentation may be needed wherever an asterisk (*) appears. If the question does not apply to the Applicant firm, please indicate "N/A." A question that is left blank could contribute to the denial of the Applicant firm. If additional space is needed, please attach additional pages and answer the question "see attached." Type or print legibly; all illegible forms will be returned.

Section I. GENERAL INFORMATION

Full Legal Name of Firm (name written exactly as stated on Articles of Incorporation, Articles of Organization or Assumed Name Certificate)

Tax Identification Number

Principal Office Street Address City County State Zip Code

Preferred Mailing Address City County State Zip Code

Telephone Number Fax Number

E-mail Address Website Address

Contact Person and Title Contact Person Telephone Number

Years in business Years in business under current ownership

- 1. Certification status applied for: [] MBE/Minority-owned Business Enterprise (may check more than one box)
[] WBE/Women-owned Business Enterprise
[] BEPD/Business Enterprise for People with Disabilities
* If the "BEPD" box is checked, complete Schedule G and its accompanying documents.

2. Name(s) of qualifying owner(s):

3. The sex of the qualifying owner(s) [] Male [] Female [] One or more of each sex

4. Race/Ethnicity/National Origin of the qualifying owner(s):
[] Black or African American [] Multiple Owners of Different Ethnicity (please explain):
[] Hispanic or Latino
[] Native American
[] Asian American [] Multi-Race:
[] White
[] Other Socially Disadvantaged Group

* If the "Other Socially Disadvantaged Group" box is checked, complete Attachment 4.

5. Describe in detail the commodities/services for which the Applicant firm is seeking certification. The Applicant firm must include the applicable NAIC codes that correspond to each commodity/service. The detailed description will directly impact the perceived ability of the Applicant firm to respond to contracting opportunities with the City of Chicago. Please be as specific as possible; stating generalities will delay the certification process. Additional pages may be attached. If used, please label the sheet(s) as "Section 1- Question 5."

6. List representative contracts dealing with each commodity/service for which the Applicant firm is seeking certification. The list should include three or more of the largest contracts completed by the Applicant firm in the last three years, summarizing the type of work performed on each of these contracts.

| Summary of Scope of Services | Contracting Party and Contact Person | Date of Contract | Contract Amount |
|------------------------------|--------------------------------------|------------------|-----------------|
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* Attach signed copies of documents such as agreements, letters of engagement, etc., which detail the scope of services, term and compensation for every contract listed and the first and last purchase orders/invoices associated with each contract.

7. Organization of firm:

- Sole Proprietor (natural person/human being)
- Business Corporation
 - General Partnership
 - Limited Partnership
 - Limited Liability Company
- Limited Liability Partnership
- Professional Service Corporation
 - Medical Corporation
 - Professional Association
- Other _____
- Limited Liability Partnership

8. Organizational Overview

* Attach current organizational chart for firm. (It may be hand drawn.)

8a. Please describe in detail the current organizational structure of the firm.

8b. In the past five years, have there been any changes in the name of the firm, or has there been the use of any assumed or "doing business as" d/b/a names? Yes No

If yes, describe all changes, providing a reason for any name changes or use of d/b/a's and dates of their existence.

- 8c. In the past five years, have there been any changes in the owners, board of directors, officers, principals, or senior management? Yes No
 If yes, describe all changes, providing names of individuals, their current contact information, what changed, and dates when the change occurred.

| Affected Individual and His/Her Title | Individual's Address and Phone Number | Note if Departed, Deceased, Promoted, etc. | Date of Change |
|---------------------------------------|---------------------------------------|--|----------------|
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9. If the firm is a corporation, complete the following regarding stock ownership.
 * *Attach copies of all issued and canceled stock certificates (both sides), stock ledgers for the prior three years, any documentation limiting ownership rights, and any profit-sharing agreements.*

9a. State the number of shares issued to date, by class and to whom. Attach additional sheets if necessary.
 Shareholder: _____ Number of shares: _____ Class: _____

- 9b. Is any stock of the corporation pledged, subject to any lien agreement or beneficially owned by anyone other than the person whose name it bears? Yes No
 If yes, explain the situation and list all involved parties.

10. Does the firm have any stock or partnership buy-out agreement or an agreement within the articles of incorporation, partnership agreement or organizational document that obligates any owner to sell his or her portion of the firm to a limited group or individual?

* *If yes, attach a copy of the agreement.*

11. Identify all trade associations, professional associations and other industry groups in which the Applicant firm and/or qualifying owner(s) have membership. Exclude political, social or fraternal groups.

Section II. CERTIFICATION HISTORY

1. Describe the Applicant firm's five-year certification history with the City of Chicago, including certification attempts made by other firms associated with current or former owners, officers, directors, or senior management of the Applicant firm.

| Firm | Qualifying Individual | Certification Type | Application Date(s) | Ever Certified? (Y/N) | Current Status |
|------|-----------------------|--------------------|---------------------|-----------------------|----------------|
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* *Attach copies of all correspondence from the City of Chicago documenting application outcome/final determination. Also attach any letter explaining the basis for denial of certification attempt(s).*

2. Describe the Applicant firm’s five-year certification history with other government entities (federal, state, local), including certification attempts made by other firms associated with owners, officers, directors, or senior management of the

| Government Entity | Firm | Qualifying Individual | Certification Type | Application Date(s) | Ever Certified? (Y/N) | Current Status |
|-------------------|------|-----------------------|--------------------|---------------------|-----------------------|----------------|
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* Attach copies of all correspondence from the government entity(ies) documenting application outcome/final determination. Also attach any letter explaining the basis for denial of the certification attempt(s).

3. Has the Applicant firm or a firm associated with any of the Applicant firm’s individual owners, officers, directors, or senior management been decertified, or removed from participation in any program similar to the City of Chicago’s Supplier Diversity Program, by any government entity? Yes No

If yes, please explain on a separate sheet of paper. Label the sheet “Section 2-Question 3”

* Attach decertification documentation issued by the governmental entity.

4. Has the Applicant firm or a firm associated with any of the Applicant firm’s individual owners, officers, directors, or senior management been debarred from contracting with any government entity? Yes No

If yes, please explain on a separate sheet of paper. Label the sheet “Section 2 –Question 4”.

* Attach debarment documentation issued by the governmental entity.

Section III. OWNERSHIP INFORMATION

1. What date was the firm established? _____(month) _____(year)

* Attach copies of applicable documents: Assumed Name Certificate, stamped Articles of Incorporation, original and any amended Corporate By-Laws, Corporate/Board of Directors Meeting Minutes (first and two most recent), Articles of Organization, Articles of Association, Operating Agreement, Partnership Agreement, Certificates of Membership, etc.

2. Summary of Ownership—If any person listed is an individual with a disability, type/print “BEPD” next to his/her name.

| Name of each Owner (shareholder, partner, member, trust, etc.) | SSN or Tax ID | % of time devoted to business | Sex | Race/Ethnicity/ National Origin | Date of Ownership | Owner-ship % | Voting % |
|--|---------------|-------------------------------|-----|---------------------------------|-------------------|--------------|----------|
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* An Individual Ownership Statement (Attachment 1) must be submitted by each individual owner as noted above. Failure to submit the individual statement of ownership and the required attachments will result in the denial of the Applicant firm unless sufficient reasons are provided for the lack of documentation. See Attachment 1 for a list of required documents.

* A Personal Net Worth Statement (Attachment 2) must be submitted by each individual owner.

* Attach any additional optional documentation to demonstrate ownership and control such as corporate correspondence, employee hiring and termination letters, a signed letter detailing the owner’s role in the firm, or other records that demonstrate: (1) that the firm qualifying owner(s) possess the power to direct the management, policies and objectives of the firm and to make all substantive day-to-day decisions of the firm and manage its essential operations, and (2) that the owner(s) maintain(s) full time participation in the management of the company’s day-to-day decisions and operations.

3. List the salaries, distributions, or any other payment to each **owner** of the firm in the preceding three calendar years and year-to-date. Note the name of the individual at the top of each schedule.

| Name: | | | |
|-------|----------|---------------------|-------------|
| Year | Salaries | Distributions/Draws | Bonus/Other |
| | | | |
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- * If more than one owner exists, please attach a separate schedule (duplicate the table above) for each individual.
 * If an agreement exists for a different compensation arrangement in the future, please attach a full explanation or a copy of any existing agreements.

4. Is the firm a franchise? Yes No

If yes, identify the franchisor. Firm Name: _____ Address: _____
 Contact Name: _____ Phone: _____

- * Attach a copy of each signed franchise agreement.

5. Does the firm have any franchisees? Yes No

If yes, identify the franchisees. Firm Name: _____ Address: _____
 Contact Name: _____ Phone: _____

- * Attach a copy of each signed franchise agreement.

Section IV. EMPLOYEE INFORMATION

1. List the number of employees employed by Applicant firm during the preceding calendar year. Include all owners, officers, management and employees. Full time _____ Part time _____
 Seasonal _____ Contract _____

2. What is the monthly payroll amount? _____
 * Attach a copy of the most recent four weeks of payroll, including all employees and management personnel.

3. List by location where all **current** full time, part time, and contract employees report to work.

| Location | # of Employees |
|----------|----------------|
| | |
| | |
| | |

4. List all senior management (officers and primary employees including directors, supervisors, etc.)

| Name | Title | Full or Part time | Job Description | Sex | Race/Ethnicity /National Origin | Hire date |
|------|-------|-------------------|-----------------|-----|---------------------------------|-----------|
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5. List the salaries, distributions, or any other payment to each **officer or director** of the firm in the preceding three calendar years and year-to-date. Note the name of the individual at the top of each schedule.

| Name: | | | |
|--------------|-----------------|----------------------------|--------------------|
| Year | Salaries | Distributions/Draws | Bonus/Other |
| | | | |
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- * If more than one officer or director exists, please attach a separate schedule (duplicate the table above) for each individual.
- * If an agreement exists for a different compensation arrangement in the future, please attach a full explanation or a copy of any existing agreements.

6. List the salaries, distributions, or any other payment to each person in **senior management** of the firm in the preceding three calendar years and year-to-date. Note the name of the individual at the top of each schedule.

| Name: | | | |
|--------------|-----------------|----------------------------|--------------------|
| Year | Salaries | Distributions/Draws | Bonus/Other |
| | | | |
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- * Please attach a separate schedule (duplicate the table above) for each person in senior management.
- * If an agreement exists for a different compensation arrangement in the future, please attach a full explanation of a copy of any existing agreements.

7. Please summarize the management activities of the Applicant firm. If any person listed is an individual with a disability, type/print "BEPD" next to his/her name.

| Management Responsibilities | Name (If more than one person has the responsibility, list all names and the percentage of responsibility assigned to each.) | Sex | Race/Ethnicity/ National Origin | For how many years in that role w/ Applicant firm? |
|---|---|------------|--|---|
| Estimating | | | | |
| Marketing and sales operations | | | | |
| Hiring and firing of management personnel | | | | |
| Hiring and firing of non-management personnel | | | | |
| Supervision of field / production | | | | |
| Supervision of office personnel | | | | |
| Contract signing | | | | |
| Signing and co-signing for loans | | | | |
| Acquisition of lines of credit | | | | |
| Surety bonding | | | | |
| Major purchases or acquisitions | | | | |
| Check signing | | | | |
| Other (please describe): | | | | |

- * Please attach a copy of all bank signature card(s) and/or corporate resolution regarding access to accounts and signatory(ies).

8. In the last three years, did any employee (full time, part time, seasonal, or contract) not listed previously earn as much or more than the lowest-paid member of senior management (see question 5)?
If yes, explain why.

* For each such employee, attach copies of W-2 or 1099 forms for the past three years. _____

9. If any full time or part time employees worked in the trades, identify which trades and the number of employees in each trade for the last year. If any seasonal or contract employees worked in the trades, identify which trades and the number of employees in each trade for the time period of greatest activity during the last year (minimum four months of data).

*Attach a table or list with the requested information.

Section V. FACILITY INFORMATION

1. List all offices and facilities used by the Applicant firm.

| Street Address | City | County | State | Zip | Commercial or Residential | Purpose (i.e. storage, office) | Square Footage (approx.) |
|----------------|------|--------|-------|-----|---------------------------|--------------------------------|--------------------------|
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* For all listed facilities, attach written lease agreements (with contact information for landlord) or proof of ownership (deed, mortgage agreement or property tax bill). For lease agreements, submit a copy of the most recent lease payment.

2. Does the Applicant firm share any facilities listed above?

Yes

If yes, indicate the street address of the shared facility

3. List the name and contact information of the firm(s) and individual(s) that share space with the Applicant firm.

3a. What are the principal activities of the firm(s) and individual(s) that share space with the Applicant firm?

4. Is the principal office of the Applicant firm open during normal business hours (9a.m.- 5p.m. CST)?

Yes No If no please describe why it is not.

Section VI. FINANCIAL INFORMATION

1. List all financial institutions utilized by the Applicant firm.

| Financial Institution | Address | Contact Person and Telephone Number |
|-----------------------|---------|-------------------------------------|
| | | |
| | | |

* *Attach a copy of the Applicant firm's most recent bank statement for all account(s) used by the firm. Account numbers may be redacted.*

2. Identify the gross receipts and assets of the Applicant firm and all affiliates for the last five fiscal years.
Applicant Firm

| Year | Gross receipts | Assets |
|------|----------------|--------|
| | | |
| | | |
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| | | |
| | | |

Affiliates

| Affiliate Name | Year | Gross receipts | Assets |
|----------------|------|----------------|--------|
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* *Attach three years of federal and state corporate tax returns for Applicant firm and all affiliates. If not a corporation, submit individual tax returns for partners/principals.*

* *Please complete IRS form 4506-T (Attachment 5). Please note that failure to complete IRS form 4506-T may result in the denial of the Applicant firm's certification request.*

* *Attach three years of the highest level of financial statements available: audited, reviewed, or compiled. These should include a balance sheet (with assets and liabilities) and a statement of income prepared by an independent certified public accountant (CPA). If these CPA-prepared documents do not exist, the Applicant firm must certify that fact and provide an explanation in writing along with whatever financial documents are available.*

3. Identify any loans (\$10,000 or greater) loaned **to** Applicant firm or **by** Applicant firm in the last three years, indicating the loan source, purpose, date, amount, distributions and/or payments.

Loans To Applicant Firm

| Loan Source | Purpose | Date of Loan | Loan Amount | Distributions | Payments |
|-------------|---------|--------------|-------------|---------------|----------|
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* *Attach copies of signed loan agreements.*

Loans Made By Applicant Firm

| Loan Recipient | Purpose | Date of Loan | Loan Amount | Payments |
|----------------|---------|--------------|-------------|----------|
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* *Attach copies of signed loan agreements.*

4. Identify the source of any Lines of Credit and/or Letters of Credit.

Attach copies of Line of Credit and/or Letters of Credit.

5. Identify any source of bonding.

| | | | | |
|---------------|-----------------|---------------|-------|-----|
| Company Name | Address | City | State | Zip |
| Agent's Name: | | Telephone No. | | |
| Bonding Limit | Single Contract | Aggregate | | |

* *Attach copies of the documents that outline bonding limits.*

* *Attach Certificate of Insurance.*

Section VII. LICENSES AND REGISTRATIONS

1. List all the federal, state, county and/or City of Chicago licenses and permits held by the Applicant firm to legally conduct business in Illinois and any municipalities where it is located.

| Licensing Entity | License Name | Expiration Date | License Number | Any Limitations |
|------------------|--------------|-----------------|----------------|-----------------|
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* *Submit copies of all current licenses, permits, and/or pending applications.*

2. List any local, county and/or state active business license(s), permit(s), and certificate(s) held by individuals of the Applicant firm (e.g., Architect, General Contractor, etc.) legally required for the operation of the firm.

| Name of Individual Holding License, Permit, etc. | License Name | Expiration Date | License Number | Any Limitations |
|--|--------------|-----------------|----------------|-----------------|
| | | | | |
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* *Submit copies of all listed current licenses, permits, certificates, and/or pending applications.*

Section VIII. EQUIPMENT INFORMATION

If the Applicant firm is involved in construction/demolition, trucking, fleet management, or other business in which significant capital is tied up in vehicles or heavy equipment, answer the following question. Other firms should proceed to the next section.

For the firm's current inventory of equipment, list the type, quantity and serial numbers for all equipment owned and/or leased by the Applicant for the essential business operations and principal activities of the firm (e.g. trucks, automobiles, heavy equipment, etc.).

| Equipment | Serial Number | Quantity | Leased or Owned |
|-----------|---------------|----------|-----------------|
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* *Submit copies of titles and purchase documentation if owned and/or lease agreements with proof of most recent payment if leased.*

Section IX. INVENTORY

1. Does the Applicant firm maintain inventory to sell to customers? Yes No
- * *If yes, attach a list of all inventory (description, quantity, value) held by Applicant firm during the last six months that was intended for sale, not internal use.*
2. Is the Applicant firm is seeking certification as either of the following?
 Seeking certification as Supplier Yes No
 Seeking certification as Distributor Yes No
- * *If yes, attach documentation in support of supplier and/or distributor status as stated in Attachment 3 (Policy Regarding M/WBE Certification as a Supplier, Distributor and/or Broker).*

Section X. SERVICE AGREEMENTS

1. In the last three calendar years, detail any and all expenditures related to the hiring of outside consultants, temporary employees, etc.

| Type of Service | Name of Service Provider | Date(s) of Hire | End Date(s) of Service | Cost for Each Engagement | Address | Contact Person and Phone |
|---|---------------------------------|------------------------|-------------------------------|---------------------------------|----------------|---------------------------------|
| Accounting/Financial | | | | | | |
| Advertising | | | | | | |
| External Estimating (an outside firm that prepares costs estimates) | | | | | | |
| Legal/Attorney | | | | | | |
| Lobbying | | | | | | |
| Management or Professional Services and other consulting agreements with firms or individuals | | | | | | |
| Temporary Services | | | | | | |
| Other (identify purpose of service): | | | | | | |

* *Attach signed copies of all service agreements and letters of engagement.*

Section XI. SWORN AFFIDAVIT

[Please Note: Failure to return this Schedule with signed and notarized affidavit(s) will result in the application being deemed incomplete and may lead to denial of certification. As in all parts of this application, please type or print legibly. All illegible forms will be returned. All qualifying owners must sign this affidavit.]

I authorize the City of Chicago's Department of Procurement Services or appointed designee to verify the accuracy of the statements contained herein to determine whether the Applicant firm meets the eligibility standards of the minority and women-owned business enterprise (MBE/WBE) and/or business enterprise owned by people with disabilities (BEPD) certification program(s).

Under penalty of perjury, I certify that (1) I am authorized to execute this application on behalf of the Applicant firm; (2) I have conducted reasonable due diligence in collecting the information to be submitted with this Affidavit; (3) based on my knowledge, neither the foregoing completed Schedule A, any document attached thereto, my Individual Statement of Ownership, nor any other Schedule A completed within the last 12 months contains any untrue information nor do any of the foregoing omit any material fact necessary to make the information contained herein true and complete; (4) I have read and I understand the City of Chicago policy, rules, regulations, and ordinances regarding the City of Chicago's Supplier Diversity program if applying for (MBE/WBE) certification program and the (BEPD) program if applying for BEPD certification; (5) I, and the organization I represent, are in compliance with the policies, rules, regulations, and ordinances of the City of Chicago's Supplier Diversity program if applying for (MBE/WBE) certification program and the (BEPD) program if applying for BEPD certification;; (6) all submitted copies of tax returns are copies of those that have been filed with the Internal Revenue Service and state revenue agency(ies); (7) the payrolls submitted are true and correct; and (8) I understand that if the City determines that any information provided in the accompanying application, or any other document submitted to the City, is intentionally false or misleading, the City may pursue any and all remedies at law or in equity, including without limitation termination of any and all contracts with affiant's company, decertification of affiant's company from the City's Supplier Diversity program, debarment of affiant's company from doing business with the City of Chicago, as well as make a referral to the appropriate law enforcement agency or agencies.

Applicant Firm Name

Qualifying Individual's Name (Type/Print) Title

Signature Date Signed

Qualifying Individual's Name (Type/Print) Title

Signature Date Signed

State of _____ County of _____

Signed and sworn (or affirmed) before me on this _____ day of _____ 20_____.

Notary Signature

My commission expires on: _____

Notary Seal