

1 Organization of firm:

- | | |
|--|--|
| <input type="checkbox"/> Sole Proprietor (natural person/human being)
<input type="checkbox"/> Business Corporation
<input type="checkbox"/> General Partnership
<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Limited Liability Partnership
<input type="checkbox"/> Limited Liability Limited Partnership
<input type="checkbox"/> Professional Service Corporation
<input type="checkbox"/> Medical Corporation
<input type="checkbox"/> Professional Association
<input type="checkbox"/> Non-Profit (not eligible for MBE/WBE certification) |
|--|--|

2 Race/Ethnicity/National Origin of the qualifying owner(s):

- Black or African American
- Hispanic or Latino
- Asian American
- Other Socially Disadvantaged Group
- White
- Multiple Owners of Different Ethnicity (please explain):
- Multi-Race:

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

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

4. CERTIFICATION HISTORY

Describe the Applicant firm's five-year certification history with the City of Chicago and/or any other government entities (federal, state, local), including certification attempts made by other firms associated with owners, officers, directors, or senior management of the current Applicant firm.

Government Entity	Firm	Qualifying Individual	Certification Type	Application Date(s)	Ever Certified? (Y/N)	Current Status

- Attach copies of all correspondence documenting application outcome/final determination.

5. OWNERSHIP INFORMATION

Name of ALL Owners (shareholder partner, member, trust, etc.)	Sex	Race/Ethnicity National Origin	Date of Ownership	Ownership %	Voting %

6. FACILITY INFORMATION

List all offices and facilities used by the Applicant firm.

Street Address	City	State	Commercial or Residential	Purpose (i.e. storage, office)

- For all listed facilities, attach written lease agreements or proof of ownership (deed, mortgage agreement or property tax bill).

7. SIZE STANDARD

Identify the gross receipts and assets of the Applicant firm and all affiliates for the last three fiscal years. If construction firm, identify the last five years.

Applicant Firm

Year	Gross receipts
20__	
20__	
20__	
20__	
20__	

* In addition to submitting firm's gross receipts, please submit tax returns as described on the Outside Certification application checklist.

Affiliates

Affiliate Name	Year	Gross receipts
	20__	
	20__	
	20__	
	20__	
	20__	

8. SUPPLIER / DISTRIBUTOR STATUS

Is the Applicant firm is seeking certification as one 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 the Policy Regarding MBE/WBE Certification as a Supplier, Distributor and/or Broker.
- Please Note: If your firm is a broker as defined in Chapter 26, Article IV of the Chicago's Municipal Code, your firm will not be considered for certification as a MBE or WBE

If you check "Yes" to any of the following statement, please explain why on this sheet or with separate attachment. I hereby attest to the following as the qualifying owner of this legal entity that:

9. Has the Applicant firm or a firm associated with any of the Applicant firm's individual owners, officers, directors, or senior management been decertified, denied, or removed from participation in any program similar to the Chicago MBE/WBE certification program, by any government entity or WBDC or CMBDC?
 Yes No
If yes, please explain.
- Attach decertification and/or denial documentation.
10. Has the Applicant firm or a firm associated with any of the Applicant firm's individual owners, officers, directors, or senior management been debarred, suspended, proposed for debarment from contracting with any government entity? Yes No
If yes, please explain.
- Attach debarment, suspension, and/or proposed debarment documentation.
11. Has the Applicant firm or a firm associated with any of the Applicant firm's individual owners, officers, directors, or senior management been declared ineligible or voluntarily excluded from any transactions by any federal, state or local unit of government? Yes No
If yes, please explain.
12. Has the Applicant firm or a firm associated with any of the Applicant firm's individual owners, officers, directors, or senior management been convicted of a criminal offense, adjudged guilty, or had a civil judgment rendered against me in connection with: obtaining, attempting to obtain or performing a public (federal, state or local) transaction or contract under a public transaction; a violation of federal or state antitrust statutes; fraud; embezzlement; theft; forgery; bribery; falsification or destruction of records; making false statements; or receiving stolen property? Yes No
If yes, please explain.
13. Has the Applicant firm or a firm associated with any of the Applicant firm's individual owners, officers, directors, or senior management indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any of the offenses enumerated in the preceding question? [An indictment or charge is not reason for application denial, but the undersigned must inform the City of the situation's final disposition.] Yes No
If yes, please explain.
14. Has the Applicant firm or a firm associated with any of the Applicant firm's individual owners, officers, directors, or senior management been convicted, adjudged guilty, or found liable in a civil proceeding, in any criminal or civil action instituted by the City or by the federal government, any state, or any other unit of local government? Yes No
If yes, please explain.

SWORN AFFIDAVIT

[Please Note: Failure to return this Application 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 hereby authorize the City of Chicago to make inquires of CMBDC and WBDC to verify the accuracy of the statements contained herein to determine whether I/my firm meet(s) the eligibility standards of the certification recognition program. In addition, I authorize CMBDC and WBDC to provide copies of my certification file(s) to the City of Chicago's Department of Procurement Services upon written request from the City. Furthermore, I authorize the City of Department of Procurement Services 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) program(s).

Under penalty of perjury, I certify that I have personal knowledge of the statements being made in this affidavit and that they are complete and true. I understand FALSE statements may result in possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001) and/or the applicable local authority (740 ILCS 175/3, Chicago Municipal Code 1-22).

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 Affidavit, any document attached thereto, 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 M/WBE 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 M/WBE 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) 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(s), 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.

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

Outside Certification Application CONSTRUCTION FIRMS ONLY

Personal Financial Statement

Date: _____

Complete this form for each socially disadvantaged proprietor(s), or socially disadvantaged limited and general partner(s) whose combined interest totals 51 % or more, or socially disadvantaged stockholder(s) owning 51 % or more of voting stock in the disadvantaged business enterprise.

Name	Business Phone
Residence Address	Residence Phone
City, State & Zip Code	
Business Name of Applicant/Borrower	

ASSETS (Omit Cents)	LIABILITIES (Omit Cents)
Cash on hand and in banks \$	Accounts Payable \$
Savings Accounts \$	Notes to Banks and Others in Section 2) \$
IRA/Other Retirement Accts \$	(Describe Account (Auto) \$
Accounts & Notes Receivable \$	Installment \$)
Life Insurance-Cash Surrender Value Only \$	(Mortgage) Mortgage Account (Other) \$
(Complete Section 8)	Installment \$)
Stocks and Bonds \$	Unpaid Taxes \$
(Describe in Section 3)	(Mortgage) Other Liabilities \$
Real Estate \$	Total Liabilities \$
(Describe in Section 4)	Loan on Life Net Worth \$
Automobile(s) - Present Value \$	Mortgages Insurance \$
Other Personal Property \$	(Describe on Real Estate \$
(Describe in Section 5)	(Describe in Section 4)
Other Assets \$	(Describe in Section 6)
(Describe in Section 5)	(Describe in Section 7)
Total \$	Total \$

Section 1. Source of Income	Contingent Liabilities
Salary \$	As Endorser or Co-Maker \$
Net Investment Income \$	Claims & Judgments \$
Real Estate Income \$	Provision for Federal Income Tax ... \$
Other Income (Describe below)* ... \$	Other Special Debt \$

Description of Other Income in Section 1.

* Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted towards total income.

Section 2. Notes Payable to Banks and Others.

(Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds.

(Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned.

(List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets.

(Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency.)

Section 6. Unpaid Taxes.

(Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities. (Describe in detail.)

Section 8. Life Insurance Held.

(Give face amount and cash surrender value of policies - name of insurance company and beneficiaries.)

Section 9. Asset Transfers.

(Describe any transfer of assets between the disadvantaged individual and any individual or business within the past 2 years.)

I authorize the **CITY OF CHICAGO** to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. 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 MBE/WBE certification. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the City of Chicago.

Signature:	Date:	Social Security Number:
Signature:	Date:	Social Security Number:
Signature:	Date:	Social Security Number: