

MISSISSIPPI DEVELOPMENT AUTHORITY
MISSISSIPPI

Minority & Small Business Development Division

CERTIFICATION APPLICATION



Mississippi Minority Business Enterprise Act 57-69
Small Business ACT 15 USCS, Section 637 (a)
Federal SBA 13 CFR Part 121; 124

MAIL TO:

Mississippi Development Authority
Minority & Small Business Development Division
Post Office Box 849
Jackson, Mississippi 39205
Phone: (601) 359-3448 Fax: (601) 359-5290
www.mississippi.org

ROADMAP FOR APPLICANTS

1. Should I apply?

Your firm must meet the following requirements to qualify as a Minority Business Enterprise (MBE) and/or Woman Business Enterprise (WBE) under Mississippi's Minority Business Enterprise Act Section 57 Chapter 69. The Mississippi Development Authority (MDA) uses the following and supplemental regulations to the Mississippi Minority Business Enterprise Act.

- ⇒ **Small Business Act 15 USCS, Section 637(a).**
- ⇒ **Federal SBA Regulations 13 CFR Parts 121 and 124.**

- a) For the purpose of certification, MBE/WBE owners must have 75% residency in the State of Mississippi.
- b) For the purpose of certification, a firm must be at least 51% owned and controlled by socially and economically disadvantaged individuals; and, for the purpose of financing through the Minority Business Enterprise Loan Program, a firm must be at least 60% owned and controlled by socially and economically disadvantaged individuals.
- c) Firms and owners must meet the requirements of Small Business Act 15 USCS, Section 637 (a) and Federal SBA Regulations 13 CFR Parts 121 and 124.
- d) Firms must be for profit businesses.

Note: All firms shall be subject to an on-site review.

2. What documents must I submit with this application?

Please review the following lists and submit the documents listed under the 'All Applicants' section and the documents listed under your firm's classification or status.

ALL APPLICANTS

- ___ Work experience resumes that include places of ownership/employment and corresponding dates
- ___ Personal Net Worth Statement (enclosed)
- ___ Social & Economic Disadvantage Statement (enclosed)
- ___ Entire copy of personal tax returns w/W-2's for the last 3 years
- ___ Documented proof of contributions used to acquire ownership for each owner (e.g., both sides of cancelled checks)
- ___ Signed loan agreement and security agreements
- ___ Description of business real estate and proof of ownership listed
- ___ List of equipment owned, leased or to be purchased
- ___ List of construction equipment and/or vehicles owned and titles/proof of ownership
- ___ Signed leases for office/storage space
- ___ End of Year Balance Sheets and Income Statements for the past 3 years (or life of firm if less than 3 years) (A new business must provide a current Balance Sheet.)
- ___ Copies of relevant licenses (privilege tax, trade, etc.)
- ___ DBE/MBE/WBE, SBA 8(a) or SDB Certifications or denials and decertification
- ___ Bank Authorization and Signatory cards for Business account
- ___ Schedule of salaries paid or to be paid to all officers, managers, owners or directors of the firm
- ___ Business Plan/Executive Summary and Business Projections

SOLE PROPRIETORSHIP

- ___ Assumed name, fictitious name or other registration certificate from appropriate governmental agency

PARTNERSHIP OR JOINT VENTURE

- ___ Original and any amended Partnership, Joint Venture or Operating Agreements
- ___ Assumed name, fictitious name or other registration.
- ___ Certificate from appropriate governmental agency, if applicable
- ___ Partnership tax returns for last 3 years

CORPORATION or LLC

- ___ Official Articles of Incorporation (signed by the Secretary of State's office)
- ___ Both side of all Corporate Stock Certificates and Stock.
- ___ Transfer Ledger
- ___ Entire copy of corporate tax returns for the last 3 years.
- ___ Shareholder or Operating Agreement (LLC)
- ___ Minutes of all stockholders meetings
- ___ Minutes of all Board of Directors meetings
- ___ Corporate By-laws
- ___ Corporate Amendments to the By-laws.

⇒ **NOTE: MDA's Minority & Small Business Development Division reserves the right to request additional documentation.**

⇒ **Where can I find more information?**

Visit www.mississippi.org or contact MDA Minority & Small Business Development Division at: (601) 359-3448.

Section 1: CERTIFICATION INFORMATION

1. Prior/Other Certifications.

(a) Is your firm currently certified for any of the following programs? (If Yes, attach a copy of your certification(s))	<input type="checkbox"/> DBE <input type="checkbox"/> WBE <input type="checkbox"/> MBE	Name of certifying agency: _____ Indicate if your firm is seeking certification for: <input type="checkbox"/> Procurement Opportunities
	<input type="checkbox"/> 8(a) <input type="checkbox"/> SDB	<input type="checkbox"/> Financing/Minority Business Enterprise Loan
(b) Has your firm applied for certification for any program listed in 1(a) in the past? <input type="checkbox"/> Yes, on ___/___/___ <input type="checkbox"/> No If Yes, identify: Other names your company has used: _____ Identification and certification numbers: _____		
(c) Has this firm or any of its owners, Board of Directors, officers or management personnel been denied certification or been decertified before by any agency in any state, local or Federal entity? <input type="checkbox"/> Yes, on ___/___/___ <input type="checkbox"/> No If Yes, identify State and name of agency: _____		

Section 2: GENERAL INFORMATION

2. Contact Information.

Contact person: _____		Legal name of firm: _____		
Phone #.: _____	Cell #: _____	Fax #: _____		
E-mail: _____		Web site: _____		
Street address of firm: (No P.O. Box #) _____				
Mailing address of firm: _____	City: _____	County: _____	State: _____	Zip: _____

3. Business Profile.

Primary nature of business/NAICS code: _____		Federal Tax ID: _____	
Applicant's Social Security number: _____			
This firm was established on ___/___/___		I (we) have owned this firm since: ___/___/___	
Did the business exist under a different type of ownership prior to the date indicated above? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain. _____			
Method of acquisition (Check all that apply.): <input type="checkbox"/> Started new business <input type="checkbox"/> Bought existing business <input type="checkbox"/> Inherited business <input type="checkbox"/> Secured concession <input type="checkbox"/> Merger or consolidation <input type="checkbox"/> Other (Explain.) _____			
Has this firm operated under a different name during the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain. _____			
Has this firm applied for reorganization under Chapter 11 and/or liquidation under Chapter 7, within the last 3 years? (If Yes, provide court papers.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of firm (Check all applicable.): <input type="checkbox"/> Sole proprietorship (Provide a copy of the assumed name certificate or see Road Map for Certification.) <input type="checkbox"/> Partnership (Provide copies of all partnership agreements and the assumed name certificate.) <input type="checkbox"/> Corporation (Provide Articles of Incorporation, copies of the stock certificates (both sides), Stock Transfer Ledger, Shareholders' Agreement, all minutes of the shareholders' meetings and Board of Directors' meetings, the Corporate Bylaws and Bylaw Amendments (if applicable), the Corporate Bank Resolution and Bank Signature Cards.) <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other			
Number of employees: Permanent Full-time _____		Temporary Full-time _____	
Permanent Part-time _____		Temporary Part-time _____	
Seasonal Full-time _____		Seasonal Part-time _____	
Where do you obtain seasonal employees? _____			
Does your firm directly pay, in its own name, all its employees? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If No, explain. _____			
Specify the gross receipts of the firm for the last 3 years: (Attach copies of full tax returns for each year.)			
Year ending _____		Total receipts \$ _____	
Year ending _____		Total receipts \$ _____	
Year ending _____		Total receipts \$ _____	

Section 3: OWNERSHIP

4. Identify all individuals or holding companies with any ownership interest. List their cash, equipment and/or real estate and/or other investment in the firm and attach the documentation of the source of these investments. (Attach work experience resumes of each person. If more than three owners, attach a separate sheet.)

First Person

Name:		Title:		Home Phone #:	
Home Address (street and number):			City:		State: Zip:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnic group (Attach proof of status.):			
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American		<input type="checkbox"/> Caucasian <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Asian Indian	
Legal permanent resident: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Other Ethnic Group (Explain.) _____			
Number of years owned:		Initial investment to acquire ownership interest in firm:		Type	Dollar Value
Percentage owned:				Cash	\$
Familial relationship to other owners:				Real Estate	\$
				Equipment	\$
				Other	
Shares of Stock:	<u>Number</u>	<u>Percentage</u>	<u>Class</u>	<u>Date acquired</u>	<u>Method acquired</u>
Additional contributions made by anyone since the business was started/acquired:					

Second Person

Name:		Title:		Home Phone #:	
Home Address (street and number):			City:		State: Zip:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnic group (Attach proof of status.):			
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American		<input type="checkbox"/> Caucasian <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Asian Indian	
Legal permanent resident: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Other Ethnic Group (Explain.) _____			
Number of years owned:		Initial investment to acquire ownership interest in firm:		Type	Dollar Value
Percentage owned:				Cash	\$
Familial relationship to other owners:				Real Estate	\$
				Equipment	\$
				Other	
Shares of Stock:	<u>Number</u>	<u>Percentage</u>	<u>Class</u>	<u>Date acquired</u>	<u>Method acquired</u>
Additional contributions made by anyone since the business was started/acquired:					

Third Person

Name:		Title:		Home Phone #:	
Home Address (street and number):			City:		State: Zip:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnic group (Attach proof of status.):			
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American		<input type="checkbox"/> Caucasian <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Asian Indian	
Legal permanent resident: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Other Ethnic Group (Explain.) _____			
Number of years owned:		Initial investment to acquire ownership interest in firm:		Type	Dollar Value
Percentage owned:				Cash	\$
Familial relationship to other owners:				Real Estate	\$
				Equipment	\$
				Other	
Shares of Stock:	<u>Number</u>	<u>Percentage</u>	<u>Class</u>	<u>Date acquired</u>	<u>Method acquired</u>
Additional contributions made by anyone since the business was started/acquired:					

Section 4: CONTROL

5. Identify Officers & Board of Directors. (Attach work experience resumes of each person. If additional space is required, attach a separate sheet.)

	Name	Title/Date Appointed	Ethnicity	Gender
Company Officers	1.			
	2.			
	3.			
	4.			
	5.			
Board of Directors	1.			
	2.			
	3.			
	4.			
	5.			

6. Identify management personnel who control the firm in the following areas. (Attach work experience resumes, including dates of employment at each company, for each person. If more than two persons, attach a separate sheet.)

	Name	Title	Ethnicity	Gender
Financial Decisions (responsible for check signing, acquisition of lines of credit, surety bonding, supplies, etc.)	1.			
	2.			
Estimating, bidding, and negotiating (cost estimates, bid preparation and submission, negotiations or contract execution)	1.			
	2.			
Hiring/firing of management personnel	1.			
	2.			
Field/Production Operations Supervisor (site supervision/scheduling, project management services)	1.			
	2.			
List all field supervisors	1.			
	2.			
Office Management	1.			
	2.			
Marketing/Sales	1.			
	2.			
Purchasing of major equipment	1.			
	2.			

7. Identify persons or firms who provide the following services:

	Name of firm	Name of person	Address	Phone #
External management or technical/computer service				
Accountant				
Attorney				
Principal suppliers	1. Materials or equipment supplied _____			
	2. Materials or equipment supplied _____			

8. Identify those union(s), business(es) or professional association(s) in which the owner(s) or management personnel have membership.

Name of union, business or professional association	Address	Phone #
1.		
2.		
3.		

9. Attach a list of equipment and/or vehicles within your firm's possession or under your control (indicate separately), office space (owned or leased) and storage space (owned or leased), including signed leasing agreements.

10. Financial Information.

(a) Banking Information	
Name of Bank: _____	Phone #: (____) _____
Name of Officer: _____	
Address of Bank: _____	City: _____ State: _____ Zip: _____
(b) Bonding Information. If you have bonding capacity, identify:	
Name of Agent/Broker: _____	Phone #: (____) _____
Address of Agent/Broker: _____	City: _____ State: _____ Zip: _____
Bonding limit: Aggregate limit \$ _____	Project limit \$ _____
(c) Attach copies of year end balance sheet and profit and loss (income) statements for the last 3 years, or if business has been in operation for less than one year, provide a current balance sheet, a projected profit and loss statement for the next 12 month period and a projected balance sheet for the end of that period.	

11. Identify all sources, amount and purposes of money loaned to the firm, including name of person or firm securing the loan, if other than owner. (Attach copies of all loan agreements.)

Name of Source	Address of Source	Amount
1.		
2.		
3.		

12. List current licenses (e.g., contractor, engineer, architect, ICC, etc.). (Attach copies of licenses.)

Name of Individual or Firm	Name of License	Expiration Date	License Number
1.			
2.			
3.			

13. Does your firm have key personnel insurance? Yes No
(If Yes, attach a list of the persons named and the value.)

14. List the 3 largest contracts completed by this firm in the past 3 years.

Name of owner/contractor	Name/location of project	Type of work performed
1.		
2.		

AFFIDAVIT OF CERTIFICATION

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

I _____ (full name), swear or affirm under penalty of law that I am _____ (title) of applicant firm _____ (firm name) and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control and affiliations thereof.

I recognize that the information submitted in this application is for the purpose of inducing certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any entity named in the application, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to a government audit, examination and review of books, records, documents and files; in whatever form they exist, of the named firm and its affiliates; inspection of its place(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

I agree to provide written notice to the recipient agency or Unified Certification Program (UCP) of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership, address, telephone number, etc.).

I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

I declare under penalty of perjury that the foregoing is true and correct.

Signature of owner, officer or partner _____ Date (mm/dd/yy) _____

I declare under penalty of perjury that the information provided in this application and supporting documents relating to my disadvantaged status and me is true and correct.

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

NOTARY CERTIFICATE

STATE OF _____

} SS:

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

Printed/typed name of Notary Public _____

Signature of Notary Public _____

County of residence _____ Date commission expires _____

AFFIDAVIT OF SOCIAL AND ECONOMIC DISADVANTAGE

This form must be signed and notarized for each owner upon which disadvantaged status is relied.

SOCIAL DISADVANTAGE

I hereby certify under penalty of perjury that I am a member of one of the following groups:

- African American Hispanic Native American
- Asian Pacific Asian Indian Female
- Other Ethnic Group (*explain*) _____

And that I have held myself out as a member of that group and have acted as a member of that group.

I further certify that I am an owner of the company seeking MBE WBE certification and that I have experienced social disadvantage due to the effects of discrimination based upon my (check all that apply).

- Race Ethnicity Gender Other (*explain*)

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

NOTARY CERTIFICATE

STATE OF _____

} SS:

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Printed/typed name of Notary Public _____

Signature of Notary Public _____

County of residence _____ Date commission expires _____

PERSONAL FINANCIAL STATEMENT

I hereby certify under penalty of perjury that my personal net worth is less than \$250,000 for initial eligibility to the certification program, and for continued eligibility after admission to the program my net worth is less than \$750,000, consistent with the provisions of 13 CFR Part 124.104(c) (2) and generally accepted accounting standards.

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

This statement is supported by (check one)

A signed, notarized statement of personal net worth, with appropriate supporting documentation.

A signed, notarized statement from a certified public accountant (CPA) attesting that he/she has examined my personal net worth and determined that my personal net worth is less than \$250,000 for initial eligibility to the certification program, and for continued eligibility after admission to the program my net worth is less than \$750,000, consistent with the provisions of 13 CFR Part 124.104(c) (2) and generally accepted accounting standards.

NOTARY CERTIFICATE

STATE OF _____

} SS:

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

Printed/typed name of Notary Public _____

Signature of Notary Public _____

County of residence _____ Date commission expires _____

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, due date, amount and 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.)

I authorize MDA/Lender 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). I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the Attorney General of the State of Mississippi.

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