

MINORITY AND WOMEN BUSINESS ENTERPRISE CERTIFICATION

APPLICATION AND INSTRUCTION BOOKLET



**Governor Steven L. Beshear
Commonwealth of Kentucky**

**Administered by
Finance and Administration Cabinet
Office of EEO and Contract Compliance
702 Capitol Avenue
Capitol Annex Room 395
Frankfort, Kentucky 40601
<http://mwbe.ky.gov>
502-564-8099**



**Commonwealth of Kentucky
Finance and Administration Cabinet
Office of EEO and Contract Compliance
702 Capitol Avenue
Capitol Annex, Room 395
Frankfort, KY 40601**

GENERAL INSTRUCTIONS

1. **FILLING OUT FORM.** Attached in **blue** you will find the instructions for the application. Each question on the application has a corresponding explanatory sentence in the 'Application Instructions.' Please fill out the application pursuant to the guidance contained in the 'Application Instructions.'
2. **DOCUMENTS:** Please note that the application includes documents that must be provided with the application. Some documents must be provided at the onsite review. The application will not be considered complete and will not be reviewed unless all of the documents that must be filed with the application are present. Upon receipt of a completed application, the Finance and Administration Cabinet (FAC) will confirm its receipt by email.
3. **ONSITE REVIEW/VISIT:** Upon filing of the application, staff from the FAC will evaluate the application and schedule an onsite visit (if necessary). The purpose of the onsite visit is to review additional documents and to confirm that the applicant satisfies all criteria, particularly ownership and control. The applicant should be prepared to provide the necessary documents and to answer any and all questions that FAC personnel may have.
4. **CERTIFICATION COMMITTEE:** After the onsite visit is completed and all documents have been deemed to be in order the application will then be submitted for review to the Certification Committee of the FAC. The Certification Committee shall review the application and the recommendation from the certification staff. The committee will certify, deny or defer the application. When the committee defers an application, certification staff shall respond to the questions posed by the Certification Committee.
5. **APPROVAL:** If the Certification Committee approves the application, then your Business or Non-Profit Organization will be certified as a Minority or Women Business Enterprise (MWBE) by the FAC for three (3) years from the date of approval. If the Certification Committee denies the application, you may appeal pursuant to number 6 (below) or reapply at a later date.
 - a. Annually on the anniversary date of the date of the certification, each certified Business or Non-Profit Organization shall send a document to the FAC representing there have been no material changes to the Business or Non-Profit Organization that would disqualify it from the certification program.

- b. For Businesses or Non-Profit Organizations relying on out-of-state certification as a basis for their eligibility to be certified by the FAC, please note that any certification by the FAC is dependent upon and contingent upon that Business or Non-Profit Organization maintaining the out-of-state certification.
6. **APPEAL RIGHTS:** If your Business or Non-Profit Organization is denied certification and you believe that the decision is erroneous, you can appeal to the agency head of the FAC pursuant to KRS Chapter 13B. You will need to file your appeal with the Office of Equal Employment Opportunity (EEO) and Contract Compliance of the FAC within 30 days of the denial of certification. The FAC will then schedule a hearing where you will be allowed to present evidence to a hearing officer demonstrating why you believe that your Business or Non-Profit Organization qualifies for certification. You may hire a lawyer to represent you if you desire, although it is not required. The hearing officer will draft a Recommended Order to the agency head either recommending that your appeal be upheld or denied. The agency head may accept, reject or modify the Recommended Order of the hearing officer in his Final Order. The Final Order is the final determination of the FAC. This final, administrative order may be appealed to the Franklin Circuit Court pursuant to KRS 13B.140.
7. **OPEN RECORDS:** Please be advised that the application of your Business or Non-Profit Organization and any other documentation that you file with the FAC MAY be subject to disclosure to anyone who makes a proper request to the FAC under the "Open Records Act", KRS 61.800, et seq. Generally speaking, portions of your application and other documents that are considered "personal" (KRS 61.878(1)(a)) or portions that may be "Confidential or Proprietary" MAY BE WITHHELD BY THE FAC. (See 10-ORD-001 & 99-ORD-220) The Office of General Counsel and the Office of EEO and Contract Compliance will attempt to rely on any DESIGNATION OF CONFIDENTIALITY OR PROPRIETARY INFORMATION made by you in responding to a valid Open Records request. Thus, you should clearly designate any information that you deem personal, confidential or proprietary as such, PRIOR to filing your application with the FAC. The FAC will also contact you to make you aware of any Open Records' requests that are made for your file.

Please be further advised that the statements contained in this paragraph are general restatements of the law and are for informational purposes only. Please understand that there is no substitute for good counsel from your attorney of choice on this issue PRIOR TO FILING YOUR APPLICATION. Only an Attorney hired by your Business or Non-Profit Organization and acting on its behalf can render your Business or Non-Profit Organization timely and appropriate legal advice that can be relied upon by your Business or Non-Profit Organization.

APPLICATION INSTRUCTIONS

Section I. Program Eligibility

1. Majority of ownership means at least 51% owned by a woman or racial/ethnic minority (note: racial/ethnic minorities are African American, Hispanic American, Asian Pacific American, Subcontinent Asian American or Native American).
2. Please verify that the minority and/or women owners are citizens of the United States or Permanent Residents of the United States.
3. Is your Business or Non-Profit Organization independently owned and operated? Is it located in the United States and not dominant in its field on a national basis? Does the Business or Non-Profit Organization operate primarily within the United States or make a contribution to the U.S. economy through the payment of taxes or use of American products, materials or labor? If the answer to all of these questions is 'yes,' then your Business or Non-Profit Organization qualifies as a Small Business. Check yes on question 3.
Is your Business or Non-Profit Organization within the size standard for its industry? The Business or Non-Profit Organization must not exceed the applicable size standards for its industry during the last completed reporting cycle (either fiscal or calendar year). For a complete list of size standards refer to:
http://www.sba.gov/idc/groups/public/documents/sba_homepage/serv_sstd_tablepdf.pdf
4. Has your Business or Non-Profit Organization been open and operating for at least a full year (365 days), either calendar or fiscal? If so, check 'yes' and enter the date operations started.
5. Has your business filed a tax return consisting of a full year (365 days), either calendar or fiscal? If so, check 'yes.'
6. Out of State Businesses or Out of State Non-Profit Organizations ONLY: Does your business or Non-Profit Organization possess current certification as a DBE (Disadvantaged Business Enterprise), MBE (Minority Business Enterprise) or WBE (Women Business Enterprise) from a governmental certifying entity in its home state, i.e. the state where the principal place of business is located? If it does, check 'yes.'

Section II. Certification Information

1. Self-explanatory.
2. Please check the certifications currently held by your Business or Non-Profit Organization.
3. List any and all denial(s) and/or decertification(s) that your Business or Non-Profit Organization has received while applying for or participating in a DBE, MBE or WBE program.

Section III. General Information

1. Please list the official, legal name of the Business or Non-Profit Organization. Also, indicate whether this is a Non-Profit Organization.
2. Self-explanatory.
3. Self-explanatory.
4. Self-explanatory.
5. Self-explanatory.
6. Self-explanatory.
7. Does your Business or Non-Profit Organization have a web page? If so, please list its web address.
8. Please indicate under which legal structure your Business or Non-Profit Organization operates.
9. Please list any and all names that have been used previously for the same or substantially same Business or Non-Profit Organization and include the form of Business or Non-Profit Organization.

10. Please indicate whether your Business or Non-Profit Organization address is also the address of your principal residence.
11. Self-explanatory.
12. Please indicate whether your Business or Non-Profit Organization is formally registered with the Kentucky Secretary of State.
13. Please indicate how your Business or Non-Profit Organization was acquired/initiated.
14. Please indicate the Business or Non-Profit Organization's primary type of business.
15. Briefly explain the type of work that your Business or Non-Profit Organization would be performing if certified.
16. Please indicate the number of employees that you consider full-time as of the date of this application.
17. Please indicate whether your Business or Non-Profit Organization or any other Business or Non-Profit Organization with which you have been affiliated has filed for bankruptcy within the last three (3) years.
18. Please list your Federal Employer Identification Number (FEIN).

Section IV. Relationships with Other Businesses

1. Self-explanatory.
2. Self-explanatory.
3. Self-explanatory.
4. Immediate family members include the following: parents (including step-parents), spouse, children (including step-children) and siblings.

Section V. Ownership

Please answer the questions related to detailing your ownership interest(s) in the Business or Non-Profit Organization applying for certification.

Section VI. Control

1. Please list the Business' or Non-Profit Organization's officers and board of directors as of the date of the application.
2. For each category list the individuals who possess and exercise decision-making authority over the categories requested.
3. Self-explanatory.
4. Self-explanatory.
5. Self-explanatory.
6. Self-explanatory.
7. Self-explanatory.
8. Self-explanatory.
9. Self-explanatory.
10. Self-explanatory.

Section VII. Affidavit of Certification.

Each owner claiming status as a woman or racial/ethnic minority must review and sign the affidavit.

Section VIII. Documents Checklist

A. Documents that must be provided with the Application

1. Please provide copies of any and all certifications from governmental entities, e.g. Kentucky DBE Program and/or SBA 8(A) Program or state certification program.

2. Please provide copies of any and all certifications from non-governmental entities, e.g. Women's Business Enterprise National Council or Tri-State Minority Supplier Development Council.
3. Please provide proof of racial/ethnic minority or female status, e.g. birth certificate, passport, tribal record/card, or driver's license.
4. Please provide current documentation reflecting U.S. citizenship or permanent residency.
5. Documents indicating the Business' or Non-Profit Organization's entity status including but not limited to Articles of Incorporation, Certificate of Organization, or Assumed Name. We are interested in any and all documents related to this Business or Non-Profit Organization filed with the office of the Secretary of State or its equivalent if outside of Kentucky.
6. Please provide the current resumes/curriculum vitae for all individuals claiming racial/ethnic minority or female status. At a minimum, the resume/curriculum vitae must cover the past 3 years and include places of ownership/employment with corresponding dates. A biographical sketch will not be accepted.
7. Please provide documentary proof/evidence of ownership for all individuals claiming female or racial/ethnic minority status.
8. Please provide documentation containing the annual salaries (including bonuses) for all individuals claiming racial/ethnic minority or female status.
9. Please provide a list of the equipment (including office equipment) owned or made accessible to the Business or Non-Profit Organization.
10. Out of State Businesses or Out of State Non-Profit Organizations ONLY: Please provide a copy of the Onsite Review conducted by the governmental certifying entity in your home state.

B. Documents that must be available for review during the Onsite Review - Self-explanatory.

* * * * *

The application and supporting documents should be returned to:

**Finance and Administration Cabinet
Office of EEO and Contract Compliance
702 Capitol Avenue
Capitol Annex Room 395
Frankfort, KY 40601**

**If you have any questions please call us at 502-564-8099; for the hearing impaired, please call the Kentucky Relay Service at 800-648-6056 or 711.
Email inquiries can be sent to: Finance.MWBE@ky.gov**

MWBE APPLICATION FOR CERTIFICATION

Intake Date: _____
 Date Assigned: _____
 Assigned To: _____
 Approval / Denial Date: _____
OFFICE USE ONLY

SECTION I. PROGRAM ELIGIBILITY

1. Is your Business or Non-Profit Organization at least majority owned by women or racial/ethnic minorities who also control the Business or Non-Profit Organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are the minority or women owners United States Citizens or Permanent Residents of the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is your Business or Non-Profit Organization a small business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Is your Business or Non-Profit Organization within the size standard for its industry? (Use the size standards listed in Section 1, Number 4 of the Application Instructions page). If 'Yes', identify the size standard:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 500 employees for most manufacturing and mining industries <input type="checkbox"/> 500 employees for all wholesale trade industries <input type="checkbox"/> \$7 Million in average annual receipts for most retail and service industries <input type="checkbox"/> \$14 Million in average annual receipts for construction specialty trade contractors <input type="checkbox"/> \$.75 Million average annual receipts for most agriculture industries <input type="checkbox"/> Other (identify): _____		
5. Has your Business or Non-Profit Organization been operating for at least one year? Date operations started: _____ (month) _____ (year)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Has your Business or Non-Profit Organization filed at least one year of tax returns?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Out-of-State Businesses or Non Profit Organizations ONLY: Is the Business or Non Profit Organization currently certified as a DBE, MBE or WBE with its own state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(X) STOP! If your answer to ANY question in this section was NO, then you Do NOT qualify for this program and do not need to fill out this application.

SECTION II. CERTIFICATION INFORMATION

1. If certified by the Commonwealth of Kentucky, do you intend to use the certification to qualify for MBE or WBE program opportunities in other states?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is your Business or Non-Profit Organization currently certified by any of the following programs? If 'Yes,' identify the program (check all that apply):		
<input type="checkbox"/> KY Transportation Cabinet DBE Program <input type="checkbox"/> Tri-State Minority Supplier Development Council		
<input type="checkbox"/> Women's Business Enterprise National Council (WBENC) <input type="checkbox"/> National Women Business Owners Corporation (NWBOC)		
<input type="checkbox"/> Other State Certification Entity (identify): _____		
3. Has your Business or Non-Profit Organization or any of its owners, Board of Directors, officers or management personnel ever been denied or decertified DBE, MBE or WBE certification before by any agency in any state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Yes,' please provide the following:		
State that Denied or Decertified	Name of Agency	Date
Reason for Denial or Decertification		

SECTION III. GENERAL INFORMATION

1. Legal Name of Business or Non-Profit Organization: _____				
Is this a Non-Profit Organization? <input type="checkbox"/> Yes <input type="checkbox"/> No				
2. Street Address of Business or Non-Profit Organization (P.O. Box number alone is not acceptable):				
Mailing Address of Business or Non-Profit Organization (if different from Street Address):	City:	County:	State:	Zip Code:
3. Full Name of Primary Contact Person:			4. Telephone Number: ()	
5. Facsimile Number: ()	6. E-mail:		7. Web Page:	
8. Form of Business or Non-Profit Organization: (Please Choose One)				
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Services Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> S-Corporation <input type="checkbox"/> Other (identify): _____				
9. Has your Business or Non-Profit Organization ever existed in a different form or under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If 'Yes', identify:				
10. Is the Address in Section III, Question 3 your Principal Residence? <input type="checkbox"/> Yes <input type="checkbox"/> No				
11. Does your Business or Non-Profit Organization operate at more than one (1) location? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If so, please list other location:				
Mailing Address of Business or Non-Profit Organization:	City:	County:	State:	Zip Code:
12. Is your Business or Non-Profit Organization registered with the Kentucky Secretary of State's Office? <input type="checkbox"/> Yes <input type="checkbox"/> No				
13. Method of Acquisition (check all that apply):				
<input type="checkbox"/> Merger or Consolidation <input type="checkbox"/> Started New Business <input type="checkbox"/> Bought Existing Business <input type="checkbox"/> Other (identify): _____				
14. Type of Business or Non-Profit Organization (select one primary business category from the choices listed):				
<input type="checkbox"/> Consultant <input type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier/Distributor <input type="checkbox"/> Manufacturer <input type="checkbox"/> Professional Services <input type="checkbox"/> Retail <input type="checkbox"/> Nonprofessional Services <input type="checkbox"/> Public Charity <input type="checkbox"/> Private Foundation <input type="checkbox"/> Other (identify): _____				
15. List the activities or services of the Business or Non-Profit Organization:				

16. What is the total number of the annual full-time workforce employed by the Business or Non Profit Organization?	_____
17. Has your Business or Non-Profit Organization applied for reorganization under Chapter 11, and/or liquidation under Chapter 7, within the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. List your business' FEIN, if applicable:	

SECTION IV. RELATIONSHIPS WITH OTHER BUSINESSES

1. Does your Business or Non-Profit Organization share a telephone number, P.O. Box, office space, yard, warehouse, facility, or office staff with any other business(es), organization(s), or entity(ies)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Yes':			
a. Name of other business(es), organization(s), or entity(ies):			
b. Explain nature of shared facilities, office staff, etc.:			
2. Do any other businesses, organizations, or entities presently hold an ownership interest in your Business or Non-Profit Organization?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Yes', identify:			
3. Have any other businesses, organizations, or entities previously held an ownership in your Business or Non-Profit Organization?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Yes', identify:			
4. Do any of your immediate family members own or manage another business?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Yes', please list:			
Name of Family Member	Relationship	Type of Business	Own or Manage

SECTION V. OWNERSHIP

Identify all individuals or entities holding an ownership interest in the Business or Non-Profit Organization and list their capital investment (cash, property or equipment) in the Business or Non-Profit Organization.

Owner 1

Name:		Home Telephone Number: ()		Home Address (Street and House Number):	
City:		State:		Zip Code:	Number of Years Owned:
Percentage Owned:		U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race/Ethnicity (check all that apply): <input type="checkbox"/> African American <input type="checkbox"/> Asian Pacific American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Subcontinent Asian American <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian					Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Initial investment to acquire ownership interest in Business or Non-Profit Organization:					
Type		Dollar Value		Date	
Cash		\$			
Real Estate		\$			
Equipment		\$			
Other		\$			
If 'Other,' explain in detail:					

Owner 2 (if applicable)

Name:		Home Telephone Number: ()		Home Address (Street and House Number):	
City:		State:		Zip Code:	Number of Years Owned:
Percentage Owned:		U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race/Ethnicity (check all that apply): <input type="checkbox"/> African American <input type="checkbox"/> Asian Pacific American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Subcontinent Asian American <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian					Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Initial investment to acquire ownership interest in Business or Non-Profit Organization:					
Type		Dollar Value		Date	
Cash		\$			
Real Estate		\$			
Equipment		\$			
Other		\$			
If 'Other,' explain in detail:					

Owner 3 (if applicable)

Name:	Home Telephone Number: ()	Home Address (Street and House Number):	
City:	State:	Zip Code:	Number of Years Owned:
Percentage Owned:	U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race/Ethnicity (check all that apply): <input type="checkbox"/> African American <input type="checkbox"/> Asian Pacific American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Subcontinent Asian American <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Initial investment to acquire ownership interest in Business or Non-Profit Organization:			
Type	Dollar Value	Date	
Cash	\$		
Real Estate	\$		
Equipment	\$		
Other	\$		
If 'Other,' explain in detail:			

Owner 4 (if applicable)

Name:	Home Telephone Number: ()	Home Address (Street and House Number):	
City:	State:	Zip Code:	Number of Years Owned:
Percentage Owned:	U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race/Ethnicity (check all that apply): <input type="checkbox"/> African American <input type="checkbox"/> Asian Pacific American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Subcontinent Asian American <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Initial investment to acquire ownership interest in Business or Non-Profit Organization:			
Type	Dollar Value	Date	
Cash	\$		
Real Estate	\$		
Equipment	\$		
Other	\$		
If 'Other,' explain in detail:			

SECTION VI. CONTROL

1. Identify the Business or Non-Profit Organization's officers and board of directors.

a. Officers

Name	Title	Ethnicity	Gender	Date Appointed

b. Current Board of Directors

Name	Title	Ethnicity	Gender	Date Appointed

2. Indicate management personnel who control the operations and/or activities of the Business or Non-Profit Organization in the following areas.

a. Financial Decisions (responsibility for check signing, acquisition of lines of credit, surety bonding, supplies, etc)

Name	Title	Ethnicity	Gender

b. Estimating (cost estimates, bid preparation or negotiations)

Name	Title	Ethnicity	Gender

c. Hiring/Firing of Personnel

Name	Title	Ethnicity	Gender

d. Site Supervision, Scheduling and/or Project Management Services

Name	Title	Ethnicity	Gender

e. Contract Signature Authority (contract execution, bid submission)

Name	Title	Ethnicity	Gender

f. Office Administration of Home Office

Name	Title	Ethnicity	Gender

g. Marketing/Sales

Name	Title	Ethnicity	Gender

h. Purchasing

Name	Title	Ethnicity	Gender

3. Do any of the people listed in Section VI, questions 1 and 2 perform a management or supervisory function for any other Business or Non-Profit Organization?

Yes No

If 'Yes,' identify:

Name	Title	Business	Job Function

4. Do any of the people listed in Section VI, questions 1 and 2 own or work for other Businesses or Non-Profit Organizations which have a business relationship presently or had a business relationship with your Business or Non-Profit Organization in the past? (Relationships include direct or indirect ownership interests, shared office space, financial investments, equipment leases or personnel sharing).

Yes No

If 'Yes,' identify:

Name	Business Name	Business Relationship

5. Does any principal in your business, or the spouse of any principal, owe any money to the business?

Yes No

If 'Yes,' explain:

6. Identify persons or businesses who provide the following services:

a. Information Technology or Computer-Based Services

Name of business	Contact Name	Address	Telephone Number

b. Accountancy/Bookkeeping

Name of business	Contact Name	Address	Telephone Number

c. Legal

Name of business	Contact Name	Address	Telephone Number

d. Principal Suppliers

Name of business	Contact Name	Address	Telephone Number

e. Unions, business or professional associations in which the owner(s) or management personnel have membership

Name of business	Contact Name	Address	Telephone Number

7. Financial Information:

a. Banking Information

Name of bank	Name of Officer	Address of Bank	Telephone Number

b. Bonding Capacity

Name of Broker/Agent	Bonding Limit \$	Address of Agent or Broker	Telephone Number

c. Source, Amount and Purpose of Money Loaned to the Business or Non-Profit Organization

Name of Source	Address of Source	Amount \$	Name of Person Securing the Loan (if other than the owner)

8. List current licenses/permits held by any owner and/or employee of your Business or Non-Profit Organization (e.g. contractor, engineer, architect, etc.).

Name of License/Permit Holder	Type of License/Permit	Expiration Date	License Number and State

9. List the three (3) largest contracts (by amount) completed by your Business or Non-Profit Organization in the past three (3) years.

Name of Owner/Contractor	Name/Location of Project

10. List three (3) active jobs this Business or Non-Profit Organization is currently working on:

Name of Owner/Client/Prime Contractor and Project Number	Location of Project	Date Project Began	Anticipated Completion Date

SECTION VII. AFFIDAVIT OF CERTIFICATION

This form must be signed and notarized for each woman and/or minority owner.

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION OR REVOCATION OF A PRIOR APPROVAL.

I, _____, swear or affirm under penalty of law that I am _____
Full Printed Name Title
of applicant Business or Non-Profit Organization _____.
Business or Non-Profit Organization Name I have read and understood

all of the questions in this application and that all of the foregoing information and statements submitted in the application, attachments and supporting documents are true and correct to the best of my knowledge. 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 business as well as the ownership, control, and affiliations thereof.

I recognize that the information submitted in this application is for the purpose of obtaining 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 Business' or Non-Profit Organization'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 Business' or Non-Profit's Organization's eligibility.

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named Business or Non-Profit Organization 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 Finance and Administration Cabinet 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 will be grounds for denial or revocation of certification.

I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

Signature Printed Name

Title Date

Business or Non-Profit Organization _____

Physical Address _____

Subscribed and sworn to before me by _____
Affiant Title

of _____ This _____ day of _____, 20_____.
Name of Business or Non-Profit

Notary Public My Commission Expires

(Notary Seal)

SECTION VIII. DOCUMENTS CHECKLIST

To complete your application for MWBE certification, you must attach copies of all of the following documents that apply to you and your Business or Non-Profit Organization. Please mark N/A for any documents that do not apply to your Business or Non-Profit Organization. A brief explanation for any omissions will prevent delays in processing and assist the program in reaching a final determination regarding your eligibility. This list is not all-inclusive and additional documents may be required after the submission of your application.

A. Documents that must be provided with the application:

ALL APPLICANTS

- Proof of certification by governmental entities
- Proof of certification by non-governmental entities
- Proof of racial/ethnic minority or female status
- Proof of U.S. citizenship or Permanent Resident status
- Documents indicating business entity status
- Resumes or Curriculum Vitae for each owner claiming female or racial/ethnic minority status
- Proof of contributions used to acquire ownership for each owner claiming female or racial/ethnic minority status
- Annual salaries (including bonuses) of all owners, officers, managers and directors for the previous year
- List of all equipment owned, leased or otherwise made accessible to the business

OUT OF STATE APPLICANTS ONLY:

- Copy of the Onsite Review conducted by the governmental certifying entity for your home state

B. Documents that must be available during the Onsite Review (Unless specifically advised by the FAC staff, all documents referenced in this section shall be available for review and potential reproduction to representatives of the FAC):

1. ALL APPLICANTS

All applicants must provide the following documents for review. In some cases, applicants may also be required to provide copies of the documents.

- Company income statements and balance sheets for the past three (3) years
- Proof of company owned and/or leased real estate (title, warranty deed, tax or mortgage statement and/or signed leases)
- Proof of company owned and/or leased equipment (title, proof of ownership and/or signed leases)
- Titles or registrations to any company owned vehicle leases
- Signed loan agreements or promissory notes
- Relevant licenses
- List of active contracts

2. SOLE PROPRIETORS

All Sole Proprietors must provide the following documents for review. In some cases, Sole Proprietors may also be required to provide copies of the documents.

- Personal Tax returns and all related schedules for the past three (3) years
- Assumed Name documents

3. PARTNERSHIPS

All Partnerships must provide the following documents for review. In some cases, partnerships may also be required to provide copies of the documents.

- Personal tax returns for the past three (3) years for each owner claiming female status
- Personal tax returns for the past three (3) years for each owner claiming minority status
- Partnership tax returns and all related schedules for the past three (3) years
- Partnership agreement (original and any amended versions)

4. CORPORATIONS

All Corporations must provide the following documents for review. In some cases, Corporations may also be required to provide copies of the documents.

- Articles of incorporation (original and any amendments – include filing copy with state seal/stamp)
- By-laws (original and any amendments)
- Minutes of stockholders and board meetings (past 3 years)
- Stock certificates (both sides)
- Stock ledger (include names, certificate numbers, dates, transfers, cancellations)
- Corporate bank resolutions and/or bank signature card(s)
- Personal tax returns for the past three (3) years for each owner claiming minority status
- Personal tax returns for the past three (3) years for each owner claiming female status
- Corporate tax returns and all related schedules for the past three (3) years

5. LIMITED LIABILITY COMPANIES AND/OR LIMITED LIABILITY ENTERPRISES

All Limited Liability Companies and/or Limited Liability Enterprises must provide the following documents for review. In some cases, Limited Liability Companies and/or Limited Liability Enterprises may also be required to provide copies of the documents.

- Articles of organization (original and any amendments – include filing copy with state seal/stamp)
- Operating agreement (original and any amendments)
- Corporate bank resolutions and bank signature card(s)
- Personal tax returns for the past three (3) years for each owner claiming female status
- Personal tax returns for the past three (3) years for each owner claiming minority status
- Corporate tax returns and all related schedules for the past three (3) years

6. NON-PROFIT ORGANIZATION

- Annual information and returns for the past three (3) years
- Determination letter recognizing Non-Profit Organization, Federal Tax Exemption, etc.

RETURN TO:

**Finance and Administration Cabinet
Office of EEO/Contract Compliance
702 Capitol Avenue
Capitol Annex Room 395
Frankfort, KY 40601**

If you have any questions please call us at 502-564-8099; for the hearing impaired, please call the Kentucky Relay Service at 800-648-6056 or 711. Email inquiries can be sent to: Finance.MWBE@ky.gov