

ARKANSAS ECONOMIC DEVELOPMENT COMMISSION

DIVISION OF MINORITY AND WOMEN-
OWNED BUSINESS ENTERPRISE

CERTIFICATION APPLICATION



MAIL TO:

**Arkansas Economic Development Commission
Division of Minority and Women-Owned Business Enterprise
1 Commerce Way
Suite 601
Little Rock, AR 72202
501-682-1121
www.Arkansasedc.com**



Greetings!

Thank you for your interest in certifying your business with the State of Arkansas! We believe that being a State of Arkansas Certified Minority and/or Women-Owned Business Enterprise will have benefits for your business and the State of Arkansas.

We also believe that State Certification will help open doors for your business to sell products and services to the State of Arkansas. Your business will be added to the list frequently used by minority business officers and purchasing agents.

We have developed this packet to make it easier for your firm to complete the certification process. If at any time during the process you become unsure of what to do next or have any questions, please contact our office at 501-682-1121.

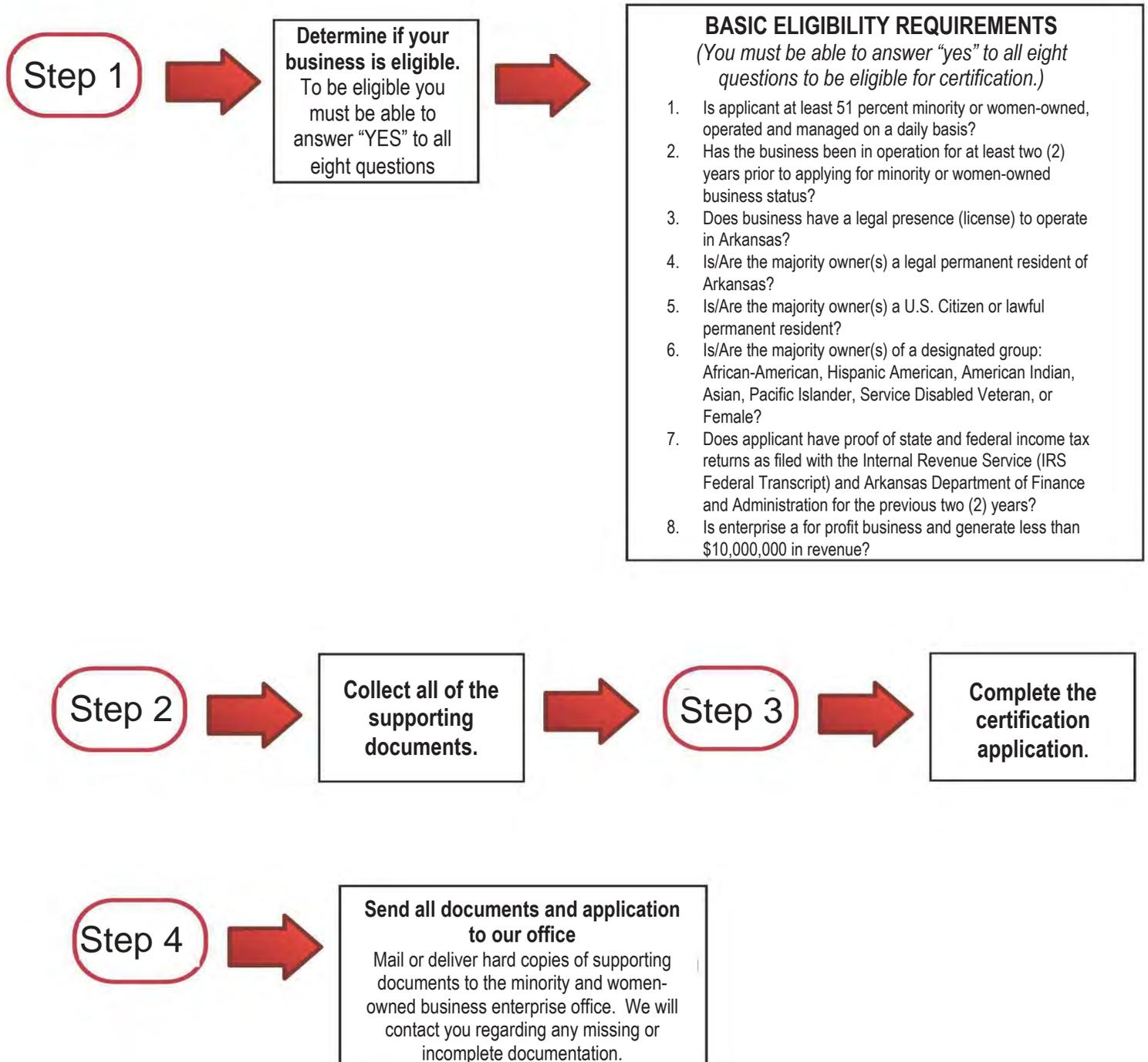
Sincerely,

A handwritten signature in black ink that reads "Patricia Nunn Brown".

Patricia Nunn Brown

Director, Division of Minority and Women-Owned Business Enterprise

How the Certification Process Works



Supporting Documents Checklist

The Division of Minority and Women-Owned Business Enterprise of the Arkansas Economic Development Commission (AEDC) is the State's Official Certifying Agency.

There is no cost to apply for certification as an MWBE. It generally takes 30-45 business days to complete the entire process once a complete application package has been received. Submitting an incomplete application package will delay the overall certification process. Please follow the Documents Checklist and don't hesitate to contact our office with questions at any time.

DOCUMENTS TO ATTACH TO YOUR COMPLETED APPLICATION <i>Please check (✓) each item as completed and submit along with completed application and checklist</i>	
1. Completed MWBE application	
2. Copy of certification from qualifying organization*	
3. Copy of the Organization Information: a. Sole proprietorship (assumed name documents) b. Partnerships (limited partnership documents; partnership, buy-out, and/or profit sharing agreements; partnership or operating agreement required for businesses with two (2) or more owners, evidencing division of shares and profit distribution c. Corporations (provide filings in good standing; bylaws; board of directors and/or shareholdings documentation)	
4. Copy of bank signature authorization card, form or letter signed by a bank official at your financial institution identifying the person(s) authorized to sign checks on the business's account (signatory authority)	
5. Copy of Federal Tax Identification Number and Dun & Bradstreet Number (DUNS)	
6. Copy of proof of Arkansas residency (State-issued driver's license or identification card)	
7. Copy of Evidence of United States citizenship or permanent legal resident alien status (United States passport, United States birth certificate, naturalization papers, permanent legal residence alien "green" card, or tribal card)	
8. Copy of resume'(s) of owner(s)	
9. Company overview	
10. Proof of state and federal business tax returns as filed with the internal Revenue Service (IRS federal transcript) and Arkansas Department of Finance and Administration for the previous two (2) years	
11. Copy of Insurance**	
12. Bonding Information**	
13. Copy of each professional license**	
14. Veterans Administration adjudication letter, (if applicant is a service-disabled veteran)	
15. Financial Statements** (i.e. Income Statement, Balance sheet, Cash Flow Statement)	
16. Service Agreements**	
17. Proof of Capital and/or equity**	
18. Business customer references (See page 10 of application)	
19. How did you hear about the Minority Business Enterprise Certification Program? (Check all that apply) <input type="checkbox"/> Division of Minority and Women-Owned Business website, material or event <input type="checkbox"/> Minority and Women-Owned Business Officer <input type="checkbox"/> Referred by another organization <input type="checkbox"/> Arkansas State Employee <input type="checkbox"/> Social Media/ Newspaper/Magazine <input type="checkbox"/> Other _____	

*Eligible minority and/or women-owned businesses certified by a qualifying organization need only to submit MWBE application along with proof of certification from the qualifying organization: (SBA) 8(a), Southern Region Minority Supplier Development Council (SRMSDC), Arkansas Department of Transportation or Department of Veterans Affairs)

**If required or accepted as a normal function of business

NOTE: AEDC's Division of Minority and Women-Owned Business Enterprise reserves the right to request additional information

Section 1: CERTIFICATION INFORMATION

1. Prior/Other Certifications.

(a) Is your firm currently certified with any of the following organizations? (If Yes, attach a copy of your certification(s)) _____ Yes _____ No	<p style="text-align: center;"><u>Indicate if your firm is seeking certification for:</u></p> <input type="checkbox"/> <i>Procurement Opportunities</i>
	<input type="checkbox"/> <i>Financing/Minority and Women-Owned Business Enterprise Loan Program</i>
<input type="checkbox"/> Southern Region Minority Supplier Development Council	
<input type="checkbox"/> Small Business Administration	
<input type="checkbox"/> Arkansas Department of Transportation	
<input type="checkbox"/> Women's Business Council-Southwest	
<input type="checkbox"/> Department of Veterans Affairs	

Section 2: GENERAL INFORMATION

2. Owner Information.

Owner Name:		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.

Federal Tax ID:	DUNS:
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of firm:	
<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, Limited Liability Corporation (Provide copies of Operating Agreement) <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other	

Number of employees: Full-time _____ Part-time _____		
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 revenue of the firm for the last 2 years: (Attach copies of full tax returns for each year.)	Year ending _____ Year ending _____	Total receipts \$ _____ 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		Group (Attach proof of status.):			
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> African American		<input type="checkbox"/> Asian American <input type="checkbox"/> Woman-Owned	
Legal permanent resident: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Hispanic American		<input type="checkbox"/> Pacific Islander	
		<input type="checkbox"/> American Indian		<input type="checkbox"/> Service-Disabled Veteran	
Number of years owned:		Initial investment to acquire ownership interest in firm:	Type	Dollar Value	
Percentage owned:			Cash	\$	
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		Group (Attach proof of status.):			
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> African American		<input type="checkbox"/> Asian American <input type="checkbox"/> Woman-Owned	
Legal permanent resident: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Hispanic American		<input type="checkbox"/> Pacific Islander	
		<input type="checkbox"/> American Indian		<input type="checkbox"/> Service-Disabled Veteran	
Number of years owned:		Initial investment to acquire ownership interest in firm:	Type	Dollar Value	
Percentage owned:			Cash	\$	
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	Group (<i>Attach proof of status</i>):		
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> African American	<input type="checkbox"/> Asian American	<input type="checkbox"/> Woman-Owned
Legal permanent resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Pacific Islander	
	<input type="checkbox"/> American Indian	<input type="checkbox"/> Service-Disabled Veteran	
Number of years owned:	Initial investment to acquire ownership interest in firm:	<u>Type</u>	<u>Dollar Value</u>
Percentage owned:		Cash	\$
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: NAICS Code(s) and Description of Work/Service

The State of Arkansas utilizes the North American Industry Classification System (NAICS) to identify a firm's area of specialty or expertise. A firm may only be certified in the business activity in which the firm is regularly engaged, competent to engage, and is controlled by the minority, women-owned or service disabled veteran qualifier(s). In order to assist us, please indicate below the NAICS codes for the area(s) of specialty or expertise that you perform in order of importance.
For a full list of NAICS codes and assistance in locating appropriate codes please visit www.NAICS.com.

NAICS Code(s):	Description of Work/Service:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Section 5: CONTROL

5. Identify Officers & Board of Directors. *(Write N/A, if non-applicable)*

	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. *(Write N/A, If non-applicable)*

	Name	Title	E-Mail	Phone
Financial Decisions <i>(responsible for check signing, acquisition of lines of credit, surety bonding, supplies, etc.)</i>	1. 2.			
Estimating, bidding, and negotiating <i>(cost estimates, bid preparation and submission, negotiations or contract execution)</i>	1. 2.			
Hiring/firing of management personnel	1. 2.			
Field/Production Operations Supervisor <i>(site supervision/scheduling, project management services)</i>	1. 2.			
Office Manager	1. 2.			
Marketing/Sales	1. 2.			
Purchasing of major equipment	1. 2.			

Section 6: AFFILIATION

7. Affiliation with other businesses.

(a) Affiliate companies:											
(b) Do any of the people listed in questions 4, 5 or 6 perform a management or supervisory function for any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify: Person: _____ Title: _____ Business: _____ Function: _____											
(c) Do any of the people listed in questions 4, 5 or 6 own or work for other firms that have a business relationship with yours? <i>(e.g., ownership interest, shared office space, financial investments, equipment leases or personnel sharing)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify: Firm: _____ Person: _____ Business relationship: _____											
(d) Whether affiliated or not, is the applicant firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office space, yard, warehouse, facilities, equipment or office staff, with any other business, organization or entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify: Firm's: _____ Tax ID number: _____ Explain nature of shared facilities: _____											
(e) At present or in the past 5 years: <i>If you answer Yes to any of these questions, identify on a separate piece of paper any relevant names, addresses, dates and explanations.</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Has this firm been a subsidiary of any other firm?</td> <td style="padding: 2px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px;">Has this firm consisted of a partnership in which one or more of the partners are other firms?</td> <td style="padding: 2px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px;">Has any other firm owned 5% or more of this firm?</td> <td style="padding: 2px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px;">Has this firm had any subsidiaries?</td> <td style="padding: 2px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px;">Has this firm owned 5% or more of any other firm?</td> <td style="padding: 2px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	Has this firm been a subsidiary of any other firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has this firm consisted of a partnership in which one or more of the partners are other firms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has any other firm owned 5% or more of this firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has this firm had any subsidiaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has this firm owned 5% or more of any other firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this firm been a subsidiary of any other firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No										
Has this firm consisted of a partnership in which one or more of the partners are other firms?	<input type="checkbox"/> Yes <input type="checkbox"/> No										
Has any other firm owned 5% or more of this firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No										
Has this firm had any subsidiaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No										
Has this firm owned 5% or more of any other firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No										

Section 7: BUSINESS CUSTOMER REFERENCES

Business Name:	
Contact Name:	
Address:	
City:	State:
Telephone:	Email:

Business Name:	
Contact Name:	
Address:	
City:	State:
Telephone:	Email:

Business Name:	
Contact Name:	
Address:	
City:	State:
Telephone:	Email:

Business Name:	
Contact Name:	
Address:	
City:	State:
Telephone:	Email:

Business Name:	
Contact Name:	
Address:	
City:	State:
Telephone:	Email:

Minority and Women-Owned Business Enterprise CERTIFICATION FORM

(Must be signed, dated and notarized)

I, _____ (full name printed), swear or affirm under penalty of law that I am _____ (title) of applicant firm _____ (firm name) and that the information submitted with this verification is for the purpose of inducing and/or continuing minority or women-owned business enterprise certification by the Arkansas Economic Development Commission.

I agree to submit to examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its places(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 or discontinuation of certification.

I agree to provide written notice to the Division of Minority and Women-Owned Business Enterprise of Arkansas Economic Development Commission 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 agree that the firm referenced above is at least 51% owned by a minority or group of minorities or females legally entitled to conduct business in the United States, and can demonstrate the capacity to conduct business with the State of Arkansas.

I further agree that the above mentioned firm is owned by a permanent resident or residents of the State of Arkansas, its annual revenue does not exceed \$10,000,000.00, and that I am a member of one of the following groups:

- African American American Indian Hispanic American Women-Owned
 Pacific Islander Asian American Service Disabled Veteran

The amount of revenue that this business reported on its most recent federal income tax return is \$ _____.
I declare, under penalty of perjury, that all information provided is true and correct, to the best of my knowledge.

Signature _____ Printed name _____
Title _____ Date _____

NOTARY CERTIFICATE

STATE OF ARKANSAS } 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 _____

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