



Targeted Business Certification Program

For the City of Madison

Check all that apply:

- Minority Business Enterprise
- Small Business Enterprise
- Women Business Enterprise

Return to:

City of Madison
 Affirmative Action Division
 210 Martin Luther King, Jr. Blvd., Rm. 523
 Madison, WI 53703

Need Assistance? Call us at (608) 266-4910 VOICE or (866) 704-2314 TTY/Textnet.

Company	
Address	
City, State, Zip Code	
Contact Name/Title	
Telephone	
FAX	
E-MAIL	

Legal Structure *(check one)*

- Sole Proprietorship Partnership Limited Liability Corp. Corporation

Other; please specify: _____

Date Business Originally Established _____

Number of Years Under Current Ownership _____

Type of Business *(check all that apply)*

- Architect/Engineering Consultant Contractor Finance
- Retail Service Fabricator Manufacturer
- Transportation Wholesaler/Distributor

Other; please specify: _____

Briefly describe the firm's primary products and/or services

Ownership of Firm - Identify all owners; attach separate sheet if necessary.

Name	Race/Ethnicity*	Gender*	% of Ownership	Date of Ownership	Voting%

If your firm is incorporated please indicate names of all officers.

Board of Directors	Title	Race/Ethnicity*	Gender*
	President		
	Vice President		
	Secretary		
	Treasurer		

Contributions From Owners or Stockholders

Owner	Amount	Source (cash, real estate, etc.)

Control of Firm - Identify by name and title those individuals (owners and non-owners) who have the authority or responsibility for day-to-day management and policy decision-making:

Activity	Name/Title
<i>Signing Checks, Contracts, Bonds & Insurance</i>	
<i>Final Decisions</i>	
<i>Management Decisions</i>	
<i>Estimating</i>	
<i>Marketing/Sales</i>	
<i>Hiring/firing of Personnel</i>	
<i>Purchase of Major Items & Supplies</i>	
<i>Supervision of Field Personnel</i>	

*Please Note: Race/ethnicity and gender information is required for those firms applying DBE, MBE and/or WBE certification. It is not required for those firms applying for SBE status only.

Restrictions - Are there any restrictions which restrict ownership or control of any owners? Includes, but is not limited to outstanding stock option or other ownership options or any agreements between owners or between owners and third parties. Yes No

Other Ownership Interest - Is any owner or management official of the applicant firm a current or former employee of another firm that has or has had an ownership interest in or a present business relationship with the applicant firm? Present business relationships include, but are not limited to, shared space, equipment, insurance, financing, or employees as well as both firms having some of the same owners. Yes No

If you checked YES to either of these questions provide detailed description as a separate attachment.

Business Loan Source(s) - Identify all sources and amounts of money loaned to the firm.

Source	Amount	Purpose	Security

Gross Sales/Receipts (previous three years)
 200_____ \$ _____
 (Current Year-to-Date)
 200_____ \$ _____
 200_____ \$ _____

Bonding
 Is your firm bonded? Yes No
 Name of bonding company and bonding limit:

References - List three major business customers or projects (include dates):

Please submit the following supporting documentation along with your application. *Please note that we cannot review your application without this documentation.*

All businesses must submit copies of the following:

1. Resume for each owner or stockholder
2. Federal tax returns for past 3 years
3. Documentation of race/ethnicity and gender (*Applicable only if applying for DBE, MBE and/or WBE certification*)
4. Certificate of insurance
5. Documentation of start-up capital
6. Loan agreements
7. Bank signature card
8. Contracts
9. Title to vehicles
10. List of major capital assets (*owned and/or leased*)
11. Proof of ownership of equipment
12. Valid City of Madison license (*if performing work in areas of: electrical, heating, or commercial sign erecting*)
13. Valid State of Wisconsin Department of Commerce license (*if performing plumbing work*).

Corporations must submit the following additional documentation:

1. Articles of Incorporation
2. Bylaws
3. Stock certificates
4. Minutes from Board of Director meetings
5. Copies of Shareholder Agreements
6. Corporate Tax Returns

Partnerships must submit the following additional documentation:

1. Partnership agreement
2. Partnership Tax Returns

AFFIDAVIT

The undersigned swears that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations of the firm named in this application for certification as well as the ownership thereof. Further, the undersigned agrees to provide directly to the City of Madison Contract Compliance Officer current, complete, and accurate information regarding actual work performed on any City of Madison projects, the payment thereof and any proposed changes, if any, of the foregoing arrangements, and to permit the audit and examination of books, records, and files of the named firm. The undersigned understands that any material misrepresentation will be grounds for terminating any contract which may be awarded and for initiating action under federal or state laws concerning false statements.

If, after filing this document, there is any significant change in this information submitted, the undersigned will inform the City of Madison Contract Compliance Monitor directly of the change, within ten (10) days of when the change occurred.

Signature _____

Name _____

Title _____

Date _____

State of _____

County of _____

Signed before me on _____

by _____

NOTARY SEAL/STAMP

_____ Notary Public

My commission expires _____

FOR OFFICE USE ONLY

Date Received _____

Assigned to: _____

Application Complete

On-Site Review

Recommendation _____

Certified Eligible as:

MBE

WBE

DBE

SBE

Expiration Date _____

The City of Madison has joined with the following governmental agencies to share certification information. This is an effort to reduce the paperwork burden on your company as well as maximize the business opportunities available to you. Please check the applicable box(es) to indicate which, if any, other agencies you want us to forward your application for certification.

State of Wisconsin Department of Transportation
Madison Metropolitan Sewage District
Milwaukee County Joint Certification Program

MBE
 MBE
 MBE

WBE
 WBE
 WBE

DBE
 DBE
 DBE