



Targeted Business Recertification Application

for the City of Madison

In order to maintain your eligibility to participate in the City of Madison Targeted Business Program complete and return this application to Affirmative Action Division, 210 Martin Luther King, Jr. Blvd., Rm. 523, Madison, WI 53703.

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

Gross Sales \$_____ (20_____ Current Year-to-Date)\$_____ (20_____ Last Year)

Please include a copy of your firm's most recent corporate tax returns for further evaluation.

As of the date of this firm's last certification or recertification has there been any change in this firm's . . .

- | | | |
|---|------------------------------|-----------------------------|
| Legal Structure? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Licensing Status? | | |
| City of Madison (Electrical, Heating, or Commercial Signage contractor) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| State of Wisconsin Department of Commerce license (Plumbing) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Ownership/Stockholders | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Board of Directors/Officers? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Contributions from Owners or Stockholders? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Signing Checks? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Signing Contracts, Security Bonds & Insurance? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Final Decisions? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Management Decisions? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Estimating? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Marketing/Sales? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Hiring/Firing of Personnel? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Purchase of Major Items & Supplies? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Supervision of Personnel? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Business Loans? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Agreements which restrict ownership or control of any owners? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Ownership by or employment of a current/former owner/employee of another business operating in a similar field? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Has this business or any owner or officer of this business ever been denied certification or recertification? YES NO

Description of firm's primary products and/or service:

- Index in Directory under:
- | | | | | |
|---|-------------------------------------|---------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Architect/Engineering | <input type="checkbox"/> Consultant | <input type="checkbox"/> Contractor | <input type="checkbox"/> Finance | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Wholesaler/Distributor | <input type="checkbox"/> Fabricator | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Service | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Other; please specify: _____ | | | | |

All businesses must submit supporting documentation for all YES responses to above questions.

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:

_____ as well as the ownership thereof.
(name of firm)

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 Officer directly of the change, within ten (10) days of when the change occurred.

Signature _____

Name _____

Title _____

Date _____

Date _____

State of _____

County of _____

On this _____ day of _____, 20____, before me, appeared

_____, to me personally known, who, being duly sworn,
(name)
did execute the foregoing affidavit, and did state that he or she was properly authorized by

_____ to execute the affidavit and did so of his or her free act and deed.
(name of firm)

Notary Public _____ Commission Expires _____

(Seal)

For Office Use Only

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

Expiration Date: _____