



DAYTON BLACK PRIDE BUSINESS TO GOVERNMENT DISADVANTAGE BUSINESS CERTIFICATION APPLICATION

OWNERS INFORMATION

Company Name

Owner-Applicant's Full Name

Home Address (not P.O. Box)

City OH State ZIP Code

Home Phone Number Email Address

Certification(s) Requested*: <input type="checkbox"/> LOCAL <input type="checkbox"/> ODOT <input type="checkbox"/> STATE OF OHIO
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APPLICATION CHECKLIST- Please see Page 19 for additional documents required

All Companies must provide copies of:

- Three recent contracts
- Two business credit references (suppliers): Include company name, contact person and title, address, and telephone number.
- Copy of licenses required by city or state.
- Current loans information (personal & business).
- Owners resume.
- Office lease agreements.
- Bank account authorization document.
- Copies of Bid or Performance Bonds
- Birth Certificates of owner.
- Equipment rental or lease agreements.
- Listing of all equipment, owned or leased.
- Personal & Business vehicle memorandum of title.
- Dun & Bradstreet number, if any.
- Proof of capital invested (check, bank statement, etc.).
- Proof of Liability Insurance.
- Business Insurance.
- Roster of Employees.
- Personal Net Worth Form(s).
- Operating or Partnership Agreement
- Most Recent Three Years of Personal Taxes
- Most Recent Three Years of Business Taxes
- Most Recent Profit/Loss Statement
- Company stock certificates.

Certifications Requested (Check all for which the owner is eligible)

Please select the industries your business operates in:

Construction:

Services:

Supplies:

Is your firm “for profits”? Yes _____ or No _____ If no, you will not qualify for government certification program.

Company Personal Structure

Please list the management personnel on your company. Please include their gender, race, and salary information.

Name	Position	Race & Gender	Salary	Related to the Owner?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*If you need more space, write on a separate sheet and include with application.

Other Owners Information

Are there any other owners in the firm? If yes, please list name(s), gender, race, and ownership percentage.

Name	Gender & Race	Ownership Percentage
_____	_____	_____
_____	_____	_____
_____	_____	_____

Tell us about the business

1. What day and year did the business official start: _____
2. How long have you been the owner? _____
3. What is your ownership percentage of the business? _____
4. Do you own any stock in the business? _____ If yes, when do you get it? _____
5. How much money did you use to start the business? _____
6. Where did your start of fund come from? _____
7. What is your professional Area(s) of expertise? _____

8. Do you own your equipment?

9. If so, how did you get the equipment?

Information about your co-owners

1. How much finances did your co-owner put in the business?

2. How much Equipment did your co-owner supplied to the business?

3. Does your co-owner own any real estate that the business uses?

4. What are your co-owners area(s) of expertise?

Nuts & Bots of the Business- What do you do?

Please describe your business services, products, or construction services.

Owner's Responsibilities

Please state all the owners daily, monthly, and yearly operations responsibilities.

Do you work for any other companies? If yes, please state the company and operational hours.

What operational task do you outsource?

Please state all business functions that are handled by someone other than the owner.

Employees and Equipment

Do you share employees, buildings, or equipment with any other companies? If so, list the name of the company.

Business Sales

List the firm's gross receipts for the last 3 years (Submit complete copies of the firm's Federal tax returns for each. If there are affiliates or subsidiaries of the applicant firm or owners, you must submit complete copies of these firms' Federal tax returns):

(check the items that apply)

YEAR	GROSS RECEIPTS OF APPLICANT FIRM	GROSS RECEIPTS OF AFFILIATE FIRMS
_____	_____	_____
_____	_____	_____
_____	_____	_____

Contracting History

Please list firms that you perform subcontracting work with.

NAME

Business License or Certifications

List current licenses/permits held by any owner and/or employee of your firm (e.g. contractor, engineer, architect, etc.)

(Attach additional sheets if needed):

N/A

Government Certifications

Has your company or any other company with any of the same officers been denied certification?

NO YES (if yes, complete the following):

NAME OF CERTIFYING AGENCY	DATE	CERTIFICATION	REASON FOR DENIAL
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

CERTIFICATION

Your signature on this application indicates acceptance and understanding of the conditions.

- ✓ **OMISSION** of information may be cause for this application not receiving timely and complete consideration.
- ✓ **APPLICANT AGREES** to immediately notify the certifying organization if there is any significant change in the information submitted, including, but not limited to an impact on ownership and/or control.
- ✓ **ALL INFORMATION** in this application is true and accurate and is submitted for consideration of certification.
- ✓ **IF THE APPLICANT** is awarded certification, the applicant agrees to abide by all rules governing their status as may be determined by the certifying organization from time to time.

The undersigned certifies that he/she/they/ is a socially disadvantaged individual who is an owner of the firm seeking certification in the Dayton Black Pride Business Certification program. In support of the application, the undersigned certifies that he/she/they is member of one or more of the following groups, and that he/she/they have held themselves out as a member of the group (s):
Check all that apply:

- | | | |
|--|---|--|
| LGBTQ+ <input type="checkbox"/> | Hispanic American <input type="checkbox"/> | African American or Black American <input type="checkbox"/> |
| Female <input type="checkbox"/> | Asian American <input type="checkbox"/> | Native American <input type="checkbox"/> |

The undersigned hereby swears that all statements made in this application are true.

The undersigned agrees to hold the certifying organization harmless from any claim arising out of this application and agrees to indemnify said organization from any liability in connection with the certification of the applicant.

The undersigned understands that this application will be reviewed for completeness within 15 business days.

Print Name: _____

Title: _____

Date: _____

PERSONAL NET WORTH STATEMENT

Complete this form for: (1) each business owner
Attach account statements for verification of values.

***Every owner of the firm must complete the PNW Statement.**

Full Name		Business Phone	
Residence Address (as reported to the IRS)		Residence Phone	
Business Name of Applicant			
Partner/Spouse's Full Name		Marital Status	
ASSET (Omit Cents)		LIABILITIES (Omit Cents)	
Cash and Cash Equivalents	\$		\$
\$ Retirement Accounts (IRAs, 401Ks, 403Bs, Pensions, etc.) (Report full value minus tax and interest penalties that would apply if assets were distributed today) (Complete Section 5)	\$	Loan on Life Insurance (Complete Section 5)	\$
Brokerage, Investment Accounts	\$	Mortgages on Real Estate Excluding Primary Residence Debt (Complete Section 4)	\$
Assets Held in Trust	\$	Notes, Obligations on Personal Property (Complete Section 6)	\$
Loans from You to the Firm, Other Entities, Individuals, & Other Receivables (Complete Section 6)	\$	Notes & Accounts Payable to Banks and Others (Complete Section 2)	\$
Real Estate Excluding Primary Residence (Complete Section 4)	\$	Other Liabilities (Complete Section 8)	\$
Life Insurance (Cash Surrender Value Only) (Complete Section 5)	\$	Unpaid Taxes (Complete Section 8)	\$
Other Personal Property and Assets (Complete Section 6)	\$		
Business Interests Other Than the Applicant Firm (Complete Section 7)	\$		
Total Assets	\$	Total Liabilities	\$
Total Assets: \$		Minus (-)	Total Liabilities: \$

Equal (=)	Owner's Net Worth :
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Section 2. Notes Payable to Banks and Others					
Name of the Noteholder (s)	Original Balance	Current Balance	Payment Amount	Frequency of Payments	How Secured or Endorsed Type of Collateral

Section 3. Brokerage and custodial accounts, stocks, bonds, retirement accounts. (Full Value) (Use Attachments if necessary).				
Name of Security/ Brokerage Account/ Retirement Account	Cost	Market Value Quotation/Exchange	Date of Quotation Exchange	Total Value

Section 4. Primary Residence Information	
Primary Residence Address	
Date Acquired and Method of Acquisition (purchase, inherit, divorce, gift, etc.)	
<ul style="list-style-type: none"> • Names on Deed • Purchase Price • Present Market Value 	
Source of Market Valuation	
Name of all Mortgage Holders	
<ul style="list-style-type: none"> • Mortgage Acc. # and balance (as of date of form) • Equity line of credit balance • Amount of Payment Per Month/Year (Specify) 	

Section 4(a). Real Estate Owned (Including Investment Properties, Personal Property Leased or Rented for Business Purposes, Farm Properties, or any Other Income Producing property). (List each parcel separately. Add additional sheets if necessary).

	Property A	Property B	Property C
Type of Property			
Address			
Date Acquired and Method of Acquisition (purchase, inherit, divorce, gift, etc.)			
<ul style="list-style-type: none"> Names on Deed Purchase Price Present Market Value 			
Source of Market Valuation			
Name of all Mortgage Holders			
<ul style="list-style-type: none"> Mortgage Acc. # and balance (as of date of form) Equity line of credit balance Amount of Payment Per Month/Year (Specify) 			

Section 5. Life Insurance Held (Give face amount and cash surrender value of policies, name of insurance company and beneficiaries).				
Insurance Company	Face Value	Cash Surrender Amount	Beneficiaries	Loan on Policy Information

Section 6. Other Personal Property and Assets (Use attachments as necessary)

- Automobiles and Vehicles (including recreation vehicles, motorcycles, boats, etc.) Include personally owned vehicles that are leased or rented to businesses or other individuals.
- Household Goods / Jewelry
- Loans from Owner to Firm, Other Entities, Individuals
- Other
- Accounts and Notes Receivables

Type of Property or Asset	Total Present Value	Amount of Liability (Balance)	Is this asset insured?	Lien or Note amount and Terms of Payment

Section 7. Value of Other Business Investments, Other Businesses Owned (excluding applicant firm)
Sole Proprietorships, General Partners, Joint Ventures, Limited Liability Companies, Closely-held and Public Traded Corporation

Section 8. Other Liabilities and Unpaid Taxes (Describe)

Section 9. Transfer of Assets: Have you within 2 years of this personal net worth statement, transferred assets to a spouse, domestic partner, relative, or entity in which you have an ownership or beneficial interest including a trust? Yes No If yes, describe

The above information is accurate. I authorize the Dayton Black Pride organization to review and submit additional certification application on my behalf.

Print Name: _____
Date _____